THE ECONOMIC CLUB
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Interview with COVID-19 Experts

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MR. RUBENSTEIN: Thank you, everybody, for joining today. This is the fourth in our virtual series of presentations during this COVID-19 crisis. Hopefully we won't have to do that many more of these, but I suspect we'll have a number in the future.

We actually have one already lined up for next Wednesday, where we will have the CEO of NASDAQ, Adena Friedman, talking about the impact on her companies – technology companies, others on NASDAQ – and we'll also have Ted Gayer, who is the senior fellow in economic studies at the Brookings Institution. So, they'll talk about the business world and the economic world.

Today what we wanted to do was to have five individuals in two different segments. The first two individuals will be in the segment relating to the health-care world and what's going on in hospitals, and then the second segment will deal with individuals who are dealing with major problems associated with the COVID-19 crisis and what their companies are doing to assist in that crisis.

So, this morning the first segment will have Dr. Stephen Jones. Dr. Stephen Jones is the CEO of Inova, which is a Northern Virginia-oriented health-care provider. And I'll talk about – more about what Inova is in a moment. He is by training a medical doctor, a urologic oncologist. He has previously been the president of the Cleveland Clinic regional hospitals. And he assumed his current position at Inova in 2018. And he is trained as a medical doctor at the University of Arkansas Medical School, where he also did his undergraduate work.

We also have with us today Ken Samet, who is the CEO of MedStar, which is a health-care provider that's focused more on Maryland and the District of Columbia. And it is a very large health-care provider in those areas; Georgetown Hospital, for example, is a part of MedStar's system. Ken is somebody who is a graduate of Old Dominion and then did his graduate work in health-care studies at the University of Michigan. And he has been in charge of this position and – current position since 2008. Previously, he was the chief operating officer for MedStar from 2003 to 2008.

So, we're very pleased to have both of you here. And if I could, let me just ask you if I said something incorrect about your organization. Stephen Jones, if you were to describe Inova very quickly, how would you describe it?

J. STEPHEN JONES, M.D.: Yeah, we've got five hospitals, all here in the Washington, D.C. area, as you mention in Northern Virginia, and all of our hospitals have been rated by CMS five-star. So, quality and safety are the key issues for us, and they've certainly been important here in these recent days.

MR. RUBENSTEIN: OK. And, Ken, how would you describe your organization better than I described it?

KENNETH A. SAMET: Certainly, nobody can do it better than you. But 10 hospitals, including the major academic medical centers of Georgetown and the Washington Hospital

Center across the state of Maryland and the District, and 300 other care sites as we touch the communities across the broad region.

MR. RUBENSTEIN: OK. So, for both of you, in a normal situation – forget COVID-19 for a moment – Stephen, how many patients would you be seeing in a year? Your system sees how many patients a year?

DR. JONES: We take care of about 2 million patients here in Northern Virginia.

MR. RUBENSTEIN: OK. And, Ken, how many do you typically see a year?

MR. SAMET: So, I'll answer that question by saying we touch one in five across the region.

MR. RUBENSTEIN: OK. So, for both of you, how many COVID-19 people are you now helping in your hospital system? Ken?

MR. SAMET: So, we've seen real growth. Today we had 203 COVID-positive patients in our hospitals, about another 75 what we call PUIs – persons under investigation – that could be positive. We have to treat them that way until testing comes back. That is up from 50 just a week ago, and that's an important set of numbers that we can dive into at some point.

MR. RUBENSTEIN: OK. Stephen, how many are you treating?

DR. JONES: We're seeing a similar rise in the number of cases. We've got a total of 370 positive cases. As of 7:00 this morning, our last report, we had 116 patients; 34 of those were in intensive care.

MR. RUBENSTEIN: OK. So, if you watch television, you see what's going on in New York, what is going on in New York hasn't yet hit the Washington area. Is that correct? You don't have people who are unable to even get in the hospitals? You're not lacking in hospital materials, gowns, masks? Is that correct, both of you?

MR. SAMET: That's correct.

DR. JONES: Right.

MR. RUBENSTEIN: And – right. So, now, you have presumably stocked up. So, did you have a hard time getting the masks, the gowns, the other kinds of things you need, or you did not have a problem?

MR. SAMET: I'll jump in and then Stephen could add to that. I think it is clearly one of the national issues. You're talking to the CEOs of two very strong health-care systems, so we were on this early. We have a normal supply chain that works this. And I would say that for MedStar – and Stephen will answer for Inova – we are certainly good today, but that is a relative word. If we had a surge like what we see in New York City, no one is ready for a peak that is not controlled, which is why keeping everybody home – social mitigation – matters. But today we

have supplies to keep our people safe. We are working supply chain every single day, and there is an underbelly of that that's not pretty going on around the globe right now.

DR. JONES: I agree.

MR. RUBENSTEIN: When you say that, you mean you have to fend for yourself? You mean FEMA's not getting you what you need or the governor's not getting you what you need?

MR. SAMET: I mean, everybody's trying. We clearly are working for ourselves. We're using all of the connections we have. We've actually benefitted from some of the members of the Economic Club, and I thank them, who have contacts around the globe. But everybody is working for their own organization. We'll always work together, and Stephen and I have had many phone calls together. FEMA's working, the governor's working, the White House is working, but you have to take care of your own organization first.

MR. RUBENSTEIN: OK. Stephen?

DR. JONES: Yeah. Fortunately, we started back in January hoping that we were preparing out of an abundance of caution and that we wouldn't need what we had. As it turns out, obviously, we do, so we're in very good shape right now. It's, obviously, evolving significantly, and I hate to predict the future, but right now we're in very good shape.

MR. RUBENSTEIN: So, let's suppose I am scheduled for elective surgery at one of your hospitals. Are you calling me up now and telling me not to come in because you have a lot of COVID-19 people hanging around or you have your professionals working on other things? What are you telling elective surgery people?

MR. SAMET: So, we told you that two weeks ago we actually stopped all elective surgeries/procedures into our medical offices back on the 19th of March. So as part of preparing for a surge and being responsible, all the hospitals in this region have done that and did that several weeks ago.

MR. RUBENSTEIN: OK. But let me make sure I – go ahead, Stephen.

DR. JONES: I think the important thing on that, David, is that we stopped doing those operations not because – as much concern for safety related to COVID as we want to preserve all of our PPE, or personal protective equipment, for use because we believe that the need for that will be increasing. So that's really the most significant reason we're doing that, is to make sure we use our resources and keep our hospitals able to take care of whatever number of patients come forward.

MR. RUBENSTEIN: OK but let me make sure I understand. So, let's suppose you're a doctor who is a specialist in, let's say, cancer. Right now, COVID is not a cancer, so what are those doctors doing? Are they able to transfer their services a bit into COVID-19, or are they staying home, or what are they doing?

DR. JONES: Our surgeons, for one thing, there are still of course urgent surgical cases, so it's not that the operating rooms have stopped completely, although significant drop from before. But there are situations where people have, you know, heart attacks, specific cancers that can't wait that are still having their surgery as they would have. But anything that's, quote, "non-urgent" we've put off.

MR. RUBENSTEIN: OK.

MR. SAMET: I'd just add – I would just add to Stephen's comments and say, so all of these are critical, essential resources. All of the physicians, even if they're in a space there where they're not practicing today because perhaps, they were doing elective orthopedic cases, they're all going to be redeployed. We're actually training them. We know vent management, as an example, will be a significant issue as we see the surge come at whatever level it comes. Those surgeons actually used to – they knew how to train on a vent. They knew how to do that a long time ago, but they haven't done it in a while. So, we are training up, getting them ready for a surge to come.

MR. RUBENSTEIN: So, the surge you expect to come in the next one week, two weeks, three weeks? What is your – what is your modeling telling you when the surge is going to come?

MR. SAMET: So, no one knows for certain, but the modeling all certainly says for our area in the next seven to 14 days. The issue for everybody when they hear "surge," they immediately think New York City. And our great hope is that – and there are reasons why we don't believe the surge has to be at that level here. But there is significantly going to be an increase under the definition of surge coming.

MR. RUBENSTEIN: OK. Stephen, you agree with that?

DR. JONES: I do agree with that. It underscores how important it is that people continue to be serious about social distancing, as that – the more that we keep that surge at a manageable level, the more that we can assure that everyone's taken care of appropriately as they would have at any time been in the past. The surges that you've seen in New York and other places are, obviously, tragic. We want to do everything we can to prevent that.

MR. RUBENSTEIN: Now, I – fortunately, I'm feeling OK right now as I'm talking but, you know, I'm always a hypochondriac, always thinking something's going to be wrong and I've always got some problem that, you know, some doctor can fix. So, let's suppose I say I just want to make sure that I don't have this problem, this disease, this virus. Can I just walk into your hospitals and get a test right now?

MR. SAMET: That would be a really bad idea for a lot of – for a lot of – a lot of reasons. But I will say what you can do – and this is one of the glass-half-fulls that is going to come out of this. Health-care systems around the country – and I'll just speak for MedStar – have really stood up a phenomenal platform for telehealth and e-visit that is so much more significant than where we were before this started, and you could have a visit that way.

And let me just give you some numbers. We were seeing maybe 25 patients a day on our telehealth platform before COVID. The adoption rate around the country on that is low. Yesterday we did 2,000 scheduled appointment e-visits with our MedStar Medical Group physicians. So, if you need to see a doctor, you can do that; you're just not going to walk in the hospital. And that is going to be part of how health care gets provided long after COVID's behind us.

MR. RUBENSTEIN: Right. But let's suppose I actually have a fever and I really feel pretty bad. Should I come in then?

DR. JONES: What we would strongly recommend is that you contact your own health-care provider, let them know that you've got symptoms that you think are suspicious for COVID, and then you would be directed to a place that's set up to assure the right care. We set up what we call respiratory clinics that are in what historically were urgent-care clinics all around Northern Virginia. And in those places people call, they get an appointment, they come in, they're pre-screened – as Ken said – by a telehealth visit, and if indeed they meet the criteria for that they come in and they get tested in their cars. I happened to have the pleasure of visiting one of them yesterday afternoon and I was the only person who pulled in the parking lot who didn't undergo testing for COVID, and they've really got it down pat and, importantly, aren't using personal protective equipment that's more needed for other causes. They can then concentrate that.

MR. RUBENSTEIN: Let's suppose I want to drive by and get one of your drive-by tests to see whether I have it, and let's suppose it says – how long does it take to get the results?

MR. SAMET: I'll let Stephen answer for his, then I'll jump in on testing.

MR. RUBENSTEIN: OK.

DR. JONES: Yeah. Testing has been a real challenge. The headlines are very accurate, is that right now we still have patients who we were sending tests out to labs and it's taking up to 10 to 14 days in certain circumstances. We are bringing testing in-house and expect to have that imminently to be able to do our own testing, with the only limitation being the reagents or the chemicals that are required for the testing. Otherwise, we've had the equipment in place now for probably several weeks.

MR. SAMET: So, this is a really important issue – just to add to Stephen's comments – because the public doesn't understand, and there were statements made at some point that said everybody could have a test if they want a test. And that's actually just not doable. We don't have capacity for that. It might not even make clinical sense today. But clearly, we can't do that.

So to Stephen's point, if you came in to get a swab testing at one of the drive-through sites – again, like Stephen, we've set one up in Bethesda, we have one in Baltimore, we use our 14 urgent-care sites. But if you're on an outpatient basis prescribed by a doc to get that swab, they go to the big commercial labs, Quest or LabCorp. Anywhere from six to eight days to more, as Stephen said, for turnaround. And if you don't have a high fever and other symptoms, go home, stay self-quarantined, assume you're presumptively positive.

We brought our platforms –

MR. RUBENSTEIN: Let's suppose –

MR. SAMET: Just to finish one thing, David, we did bring up four rapid-cycle platforms at MedStar, so today we can run 500 tests between 45 minutes and six hours. That's all focused on inpatients, on PUIs, and on our health-care associates. That's the start point. If everybody can ramp up more on that – to Stephen's point, if there's more reagents – we'll be able to do more on the ambulatory side, but not today.

MR. RUBENSTEIN: Let's suppose I have a fever. I come in. I drive by. I won't get the results right away. Should I get admitted to the hospital, or shall I go back and – back to my house? I mean, how do you decide who to admit and who not to admit?

MR. SAMET: I'm going to let the doctor answer that.

DR. JONES: Remember, I'm a cancer surgeon, Ken.

MR. SAMET: [Laughs.]

DR. JONES: So, our clinicians, who are now very familiar with seeing patients with COVID-19, they would assess you as they would with any other condition, for example influenza. And as you know, people also get seriously ill with influenza or sometimes even pneumonia and other diseases that we don't even know the cause. But these patients can get intensely ill quickly, so that if you are indeed in any way unstable or appearing to have significant breathing problems you would be admitted to the hospital. Otherwise, Ken's made the point the more that people go and stay away from anyone else, the better, probably, for them because most patients will coalesce completely without significant intervention. And then we assure that we use that more intensive care for them.

MR. RUBENSTEIN: OK. So, the individuals – as we've seen, Chris Cuomo on television, he now has this, but he's not going to a hospital. He's trying to deal with it at home. How do you decide if you need to be just self-isolating and kind of sweating through this problem or if your life is in danger and you really need to be at a hospital and get a ventilator? Who makes that decision, the patient or the doctor?

MR. SAMET: You would call –

DR. JONES: A doctor should do that, yeah.

MR. SAMET: You would call your physician and, again, from fever, from shortness of breath, from the constriction in your – in your chest, and we're going to bring you in if we're worried. The physicians are going to make that call. And those are the patients that are in the hospital now. And you heard Stephen's numbers in mind, whether they're COVID positive or we don't know yet, but those are the ones that are absolutely coming in.

MR. RUBENSTEIN: And the ones who are coming in and getting admitted, they tend to be, what I'll call, Baby Boomers, like me, who are aging, or are they younger people?

MR. SAMET: So, it actually runs across the gamut. Everyone knows that the mortality rate's higher for certain underlying cohorts, and the elderly. But across the country, the young people were wrong when they thought this couldn't impact them. And we're seeing that across the board to include, unfortunately even now, a few infants around the country. Everybody should take this very seriously.

MR. RUBENSTEIN: Now, we've heard a lot on television about the lack of ventilators. Why are ventilators so important? And do you all have enough ventilators for the surge you anticipate?

MR. SAMET: So, we don't – so I'll speak for MedStar, and then Stephen could speak. Today we have ventilators available. And, now, of the 200 patients in house, about 60 percent are on a ventilator. And we have more. Your question, though, said for the surge you anticipate. And I think every single health care provider, every CEO, including me, is worried about ventilators, because if the surge is too big, there's not enough ventilators.

MR. RUBENSTEIN: And a ventilator is something that is put – you put it down your throat, and you are sedated when that happens. And how long are you on a ventilator typically?

DR. JONES: Go ahead, Ken.

MR. SAMET: So, the average right now around the country's 10-14 days for patients that end up – a COVID patient that end up on a ventilator. There's obviously exceptions on both ends. And so, again, everything about this discussion for every hospital around the country is keeping people from being seriously ill, from getting COVID. Everything after that, if you get this, becomes to multiply for the country. Remember about 80 percent, 82 percent of the folks that actually end up with COVID, they don't need to be in a hospital. They're mildly ill. You'll be fine. Stay in the house and take care of yourself. The rest of the discussion is around the other 18 percent. And that's where the end matters. If we don't control this and we have the broad numbers like we do for the flu that have COVID, given that it is a higher mortality rate, and it is more infectious, that overwhelms the health care system. Everything about staying at home is, so we don't overwhelm the health care system. And remember, we have heroes at Inova, heroes at MedStar, and every hospital around the region and the country that are coming in, that are putting themselves selflessly in harm's way. And we have to be able to have enough PPE to keep them safe. They have to feel that the care environment's safe, because if they don't feel safe and they don't come in, then we have a really different situation.

MR. RUBENSTEIN: Well, let me address that. And, Stephen, let me ask you about it as well. Are you having your health care workers say, well, they're sick and some of them are coming down with COVID-19, or some of them taking leaves of absences because they're nervous, or are they just coming in and just working around the clock?

DR. JONES: We certainly have had some of our team members who have had COVID exposures. We've had at various times two or three dozen who we've had home on self-quarantine, mainly early on before we had an understanding of who needed to be quarantined. Fortunately, all of those have done very well and, in fact, many of them are back to work right now. As far as being willing to come to work, it's been almost the opposite, although every single person is nervous about this, of course. We've – for example, I was in our cardiac intensive care yesterday, so an area that normally doesn't take care of anything like this. We've converted it to take care of these patients. They had 30 extra shifts they asked for volunteers for. It took less than 10 minutes to get those shifts to all fill up. So, our people are just, as Ken said, in both organizations doing inspirational work.

MR. RUBENSTEIN: So today your health care workers are just basically doing the same precautionary things as other people, washing a lot, wearing gloves, so forth. Now, there's a dispute, and I think the federal government's going to try to make a comment on it today perhaps, about whether you should wear masks. Do you recommend that people generally wear masks?

MR. SAMET: So, there's two things on this. The federal government's going to make a statement, supposedly, around people wearing masks out in public spaces. That's different from what Stephen and I have to deal with relative to should everybody wear a mask in a care environment. And again, we've moved from perfect science to how do we protect, even incrementally, inside the care environment, in a hospital environment, because people can spread asymptomatically. We are actually giving masks now, we have been doing this for a week, to anybody that comes into our hospitals as just an incremental addition to keep our health care workers safe. That is different than should you wear a mask on K Street.

MR. RUBENSTEIN: Well, should you wear a mask on K Street?

MR. SAMET: There's not enough masks for everybody. Stay home. Stay away from folks, six to 10 feet. And if you really feel like you want to put a scarf around yourself do it. But stay home.

DR. JONES: I have a comment on that.

MR. RUBENSTEIN: OK, Stephen.

DR. JONES: If we use those masks inappropriately, then they won't be available for people who need them. And you've unfortunately seen that in a couple of parts of the country already.

MR. RUBENSTEIN: Now, there's been a big discussion about the N95 masks. Can you explain what N95 mask is?

DR. JONES: Sure. It's a mask specifically to theoretically keep 95 percent of pathogens, whether it be viruses or bacteria, from passing through. So, it's just a theoretically more secure mask. There are some studies that would suggest that it's not as much better than a surgical mask as perhaps is believed. But there are certain circumstances, especially what we call

aerosolizing procedures, where droplets may be put out, or in patients who are COVID positive, where we do assure that people have those masks.

MR. RUBENSTEIN: So, to date, do you think that what COVID-19 is, is it a virulent strain of an influenza, or is there something different in influenza?

DR. JONES: It's a different bacteria. It's a different class of bacteria. Coronavirus is a very common virus. Probably everyone who's watching today has had a coronavirus at some point, frequently a common cold. This is a novel, meaning new, coronavirus, which is clearly more virulent than most of the ones that any of us has been exposed to historically.

MR. RUBENSTEIN: So, let me ask you what both of you are doing. You know, you are important people in the health care system, but you have to stay healthy. So, what are you doing to stay healthy? Ken, what are you doing to stay healthy, and how do you keep going on these hours you're going to have to work?

MR. SAMET: So, I wish I had a really great health care answer and say, well, I'm wearing each morning and I'm really taking care of my health and eating healthy. That actually is not right. So I think for me, you know, there's energy that comes from our people, the ability to actually do Zoom with your families on weekends, and to see my kids, and make sure my parents are safe, that reminds me why I'm doing this. But we all are trying. This is a long run. The biggest difference is, unlike anything else I've seen from SARS, to anthrax, to 2008, even to 9/11, we're not even at halftime yet. So, to your point of staying healthy, I think everyone's getting a little tired and we have to figure out how to balance this marathon.

MR. RUBENSTEIN: Stephen, what are you doing?

DR. JONES: I think the most important thing that Ken said is being inspired by the people who are really doing the work. And you know, that's why I'll be out at Inova Loudon this afternoon, because it keeps me energized and focused on doing everything we can to protect them. In addition, everybody should be taking care of themselves. I happen to have my little hand stuff here to sterilize with. But hand washing is, by far, the most critical thing, in addition to not being around people where you may be spreading, especially if you may be ill.

MR. RUBENSTEIN: So if you want to go get some food to go to the supermarket, I guess you guys probably aren't going to the supermarket right now, but I mean how does somebody go to the supermarket and not see somebody else?

MR. SAMET: The greatest thing for 32 years of marriage, let me just thank Stacy for having food when I come home. [Laughs.]

DR. JONES: I will acknowledge, I'm probably not the best supermarket person, but my wife, Kathryn, has become a frequent user of Instacart recently. And when they've come, and they've been nice. And when they come in, we do, of course, do the appropriate things to clean off, just in case.

MR. RUBENSTEIN: So, what can the business community or the members of The Economic Club of Washington do to help you? What – or stay out of your way, or what should they do?

MR. SAMET: I'll jump in, and Stephen can add. I mean, first, thank you very much for keeping your people at home. The generosity of business leaders matters. I'm sure Stephen will comment. You can go to the MedStar COVID webpage. And for us, we're doing fundraising for an emergency support fund for our associates. While they're being heroes, again, it could be their spouse, their family. They have lots of needs. We started an emergency fund at MedStar. We put $2 million into it. And I've been really pleased to see the support of the community and business leaders. And then finally, I just want to thank business leaders, including a number on this call. Your texts and emails have mattered. And a number of you have contacts around the world, and you have really helped us. And I will never forget that.

MR. RUBENSTEIN: Stephen.

DR. JONES: It's been overwhelmingly gratifying of many people, including on this call right now, have reached out to us, helping us with financial support. This is a significant financial event for every health care organization, including helping us get personal protective equipment occasionally. I'll acknowledge there's lots of gougers out there, and unfortunately, we see way more of that than anything else. But we have been able to get care with that. But the support from the community, including simply reaching out to those people on the front lines who are indeed putting themselves in harm's way for all of us is very appreciated.

MR. RUBENSTEIN: Now, the financial impact on your hospital, just let me address that before we conclude. I think under the recent legislation, I think it was $150 billion is going to be provided to hospitals. Is that going to make up for all the losses that you have – are presumably suffering now because you're not doing your normal business?

MR. SAMET: It's a start, and we're appreciative. What I would say, and Stephen can jump in on this, this is the single biggest financial challenge or crisis in the history of American hospitals, in my three decades of leading hospitals. Just know that our hospitals are 30-70 percent empty right now in preparation for the surge. We're doing all the right things. That does not count the tens of millions of dollars we're spending on PPE, and capacity, and our people. But at the end of all of this, we will need to rebuild and re-solidify America's hospitals. And the $110-120 billion that we'll see, assuming that we'll see it, it is important. But I would say it is – it needs a four or five X before this is all done.

MR. RUBENSTEIN: Stephen.

DR. JONES: Ken's clearly right on the math there. The way I've looked at this is, as some of our colleagues in New York and in Italy before that have said, this is war. And unfortunately, we have a war in which the military, the folks who are right now taking care of the patients, are being told basically: You're on your own for getting your own protective equipment. And by the way, we're cutting about 40-50 percent of your budget to be able to do that. So, this is a significant financial challenge.

MR. SAMET: One last thing, David, on that, if I could. Remember, hospitals in America are always the first or second largest employers in cities across America. So, if America's hospitals are not financially strong going forward, not only will we not have world-class hospitals, but there are just hundreds of thousands, millions of people that make their livelihood on that industry. We have to come back and address this. To be clear, it is our people first, patients and our associates, financial second. But there will be a time after COVID to have this financial talk.

MR. RUBENSTEIN: OK. Well, this is very sobering. And I want to thank you both for giving us your time, and all the work you are doing. And please convey our appreciation to all your health care workers, and to your families, for having to deal with all of this. So, thank you for your time. And obviously, if anybody in The Economic Club of Washington wants to be supportive, they can contact your offices and they can participate in the employee support funds that you have put together. Is that right?

DR. JONES: Absolutely.

MR. SAMET: Yeah, thank you. And to my friend, Dr. Jones, thank you very much for your support. We're here for each other.

DR. JONES: Indeed. This has been a time we pull together. Thank you.

MR. RUBENSTEIN: Thanks a lot. Thanks a lot, guys.

MR. SAMET: Thanks, David.

MR. RUBENSTEIN: All right.

So, we are now going to go to another panel of individuals. Can you hear me?

JANE ADAMS: I can hear you.

MR. RUBENSTEIN: OK. Are the other panelists ready?

MS. J. ADAMS: I think we haven't had the – oh, now we're joined by video.

MR. RUBENSTEIN: OK. OK. All right. So, we have Jane Adams, Everett Eissenstat, and Gina Adams. I don't see Gina. I guess she'll be coming on in a second. There she is, OK.

GINA ADAMS: OK, great.

MR. RUBENSTEIN: So, let me give an introduction to these three panelists if I could. Gina Adams is the senior vice president for government affairs at FedEx. And she's been in that position – she joined FedEx in 1992 and been in this position since 2001. And she's well-known for her active involvement in the community, a native of the Washington area, but also for her active involvement, of course, in The Economic Club of Washington.

You don't have to have the last name Adams in order to be on this panel, but we do have another Adams. And that's Jane Adams. And Jane is the vice president of U.S. federal government affairs for Johnson & Johnson, which is the nation's largest health care company. And she is not a native of this area, but she got her graduate work done at Georgetown and has been here for a number of years. And she joined Johnson & Johnson in 2003 and was promoted to her current position in 2016. She's previously had been at Medtronic.

And then Everett Eissenstat, who is the senior vice president for global public policy of General Motors. He previously worked in both the Obama administration and the Trump administration. And he is a graduate of many different schools but did his undergraduate work at Oklahoma State and his law degree at University of Oklahoma. And I want to thank all of you for making time available to us today to talk about what you're doing.

So why don't we just start by asking each of you: What is your company's biggest focus right now on COVID-19? What is your company doing right now to help on the COVID-19 problem? Why don't we start with Gina Adams?

MS. G. ADAMS: First of all, thank you, David, for having me represent FedEx. I do want to quote our chairman, who you know. And he has said: This is who we are, and this is what we do. FedEx has been on the forefront of so many disasters, at least as many as I can remember. Of course, you've heard already the thing this morning, that these are unprecedented times. And we are one of the only companies in the world that has the networks and capabilities to keep commerce and aid moving. And that's only because we are an essential service, and because of the help of our 475,000 employees. And I'm not just – I'm talking about couriers, and pilots, and active handlers around the world. We have been able to deliver aid and supplies to keep the economy moving and to help ensure that communities and hospitals have the critical supplies they need.

MR. RUBENSTEIN: I see. Gina, have you had to lay off employees because business is down, or you've had to hire more employees before more people are sending things through FedEx?

MS. G. ADAMS: Of course, it's more of the latter. We have – we have not had to lay off any employees at this point. In fact, because of all the business that we're doing we've had to bring on some employees. Of course, we're waiting to see what happens down the road. We all are anticipating that things are going to get a little bit worse, then better. And you saw the jobless rates today. So right now, we're in good shape, but we'll see what happens as we continue to try to deal with this situation.

MR. RUBENSTEIN: OK. Jane, let's talk about Johnson & Johnson for a moment. Johnson & Johnson's right at the forefront of this. And what are you doing to work on a vaccine? As I understand it, you are with the federal government working on coming up with a vaccine, if possible.

MS. J. ADAMS: We are. And thank you, again. I really appreciate the opportunity to be here today with my peers, my colleagues. A real privilege to share what our company and other companies are doing to address the crisis. And I think, you know, Johnson & Johnson, we are

the largest and most diversified health care company in the world with 133,000 employees. We touch over a billion patients and consumers a day. So, we have a responsibility to do all we can. And while I'll talk about the vaccine development in a moment, I think to quote our CEO and Chairman Alex Gorsky, you know, Johnson & Johnson is built for this.

This is a crisis that we have been engaged in from the beginning. We have already a robust and proven track record in vaccine development. So, on Monday Alex announced an extended partnership with the government, with BARDA, the Biomedical Advanced Research and Development Authority, to partner on a billion dollars for our lead vaccine candidate. We actually have several that we're working on, but we have one that is so promising that we've accelerated that timeline so that'll be in human trials.

It's in animal trials right now. It'll be in human trials at the latest by September. And then we're hoping that with the expected and hopeful progress, that it will be available globally by the beginning of 2021. And again, remember, Johnson & Johnson has a proven track record of vaccines. We've already instituted the Ebola vaccine in West Africa. We have phase two and phase three trials in TB, RSB, HIV. So, we already had a platform that allows us to accelerate and adapt to this novel coronavirus.

MR. RUBENSTEIN: Right. Now, have to lay off people as a result of declining business in some parts of your business? Or are you hiring more people? Or everything is stable?

MS. J. ADAMS: Everything is the same. I think what we've been able to do is internally be able to convert certain manufacturing, for example, to produce more hand sanitizer, for example. We also manufacture Tylenol and there's, you know, an exponential consumption of Tylenol because of some of the symptoms of the virus. So, we are able to, you know, move within the existing confines of J&J. And I also want to say, our partnership on our supply chain, our global supply chain, is over 60,000 employees, and partnering with great organizations and partners like FedEx has allowed us to make sure that we're addressing patient and consumer needs.

MR. RUBENSTEIN: OK. Now, Everett, your company makes automobiles and trucks, among other things. But now you're making ventilators. How are you qualified to be making ventilators, to be honest?

EVERETT EISSENSTAT: Well, you know, David, it's a great question. And first, let me just thank you for having us on, on behalf of General Motors. I know Mary Barra really made the mantra for us when this crisis started rolling across the country that we needed to be able to do the right things for our communities, our workers, our customers, our stakeholders, and do everything we can to be part of the solution. So in addition to all the work we're doing to ensure, you know, successful operations, serving our customers to the best we can through our connectivity, through our OnStar system, and making sure our dealers are open so that if they need car repair they're able to do that, we've also take on a challenge that really started with a phone call.

There's an organization called Stop the Spread that has been working hard to connect manufacturers to those with the intellectual property and help them ramp up production to get the

kind of assets we needed to hospitals. I saw on your show earlier this morning that ventilators can be a real problem, and we want to be part of the solution. So, it all started with a phone call on March 18th. We got a call from Stop the Spread. My CEO immediately leapt into action, talked to the CEO of Ventec, which is a small manufacturing company in Washington.

We had a group on the ground within that weekend, working around the clock to see what we could do, and really reached out to our supply chain, which was incredibly responsive and said, OK, how do we help a company that is producing 200 ventilators a month ramp up to, you know, tens of thousands of ventilators a month? And in order to do that, you need a robust supply chain. And the automotive supply chain was very responsive. We were able to source about 100 percent of the 700 parts needed within 72 hours. We have a facility in Kokomo, Indiana where we were training union workforce along with salary workforce, volunteers – paid volunteers, but volunteering to be there and take on this challenge – to get these up and going as quickly as possible.

MR. RUBENSTEIN: So, you're going to make about 10,000 a month. Is that right?

MR. EISSENSTAT: That's right. And it takes a while to ramp up to that level, but we're well on our way. We should have production going –

MR. RUBENSTEIN: So, when you make ventilators, do they come in different options, or colors, like they're cars, or it's all one the same?

MR. EISSENSTAT: We're focused on utility right now. We'll look at design a bit later. But that's a great question. I'm sure we could do a Corvette of ventilators that would be –

MR. RUBENSTEIN: So, people are not – people are not buying a lot of cars these days, so you had to lay off some of your workers. But people apparently are buying a lot of pickup trucks. Why is that?

MR. EISSENSTAT: Well, you know, it's a great question, David. I don't have the exact answer. I will give you a hypothesis. I think that there are other areas of the country that are not feeling the effects as rapidly. So pickup sales tend to be, you know, middle America and the rural areas. So, I suspect, you know, we've got – we've instituted some great financing options because we know people are under stress. It could be that part of it. I think the coasts are being hit more proportionally harder. And so, I suspect sales are lower on the coast, where pickup sales were not always as strong.

MR. RUBENSTEIN: So, at one point, President Trump wasn't happy with General Motors. Now he seems to be happy. Is that where the current state is?

MR. EISSENSTAT: We're always happy to be helping the federal government, and working with the president, and his team. And, you know, we get frustrated, and I'm sure he does as well, the pace of change we need to engage in is tough, but we're working hard.

MR. RUBENSTEIN: All right.

Now, Gina, I didn't want to leave the impression that you were so busy that you're just doing this for profit. I assume you're giving away a lot of your services and you're doing a lot of things in an eleemosynary way. Can you describe some of those things?

MS. G. ADAMS: Sure. We work with a lot of our philanthropic partners, direct relief, the American Red Cross, to make a lot of philanthropic deliveries. So, we've done quite a bit of that. We're also doing quite a lot with the U.S. government to provide test kit sample transportation for remote COVID-19 test sites across the U.S. Over 10 days we shipped more than 60,000 COVID test samples from remote test sites to labs for analysis. We designed an operation inclusive of dedicated airline networks and specialized pickup and delivery operations and associated ground transportation to receive these samples from various test sites. And we're delivering those to LabCorp and Quest lab. You heard them referred to today.

And we're doing a lot of this, David, yes, philanthropically, but we're also, you know, getting paid for a lot of our services with the U.S. government. We're moving shipments through what's called SenseAware, and this technology allows us to constantly monitor what's happening with these test kits through what we call Project Air Bridge. FedEx is supporting FEMA, and the State Department, and coordinated commercial charter flights to transport PPEs around the world. We have the first of two supporting flights scheduled for next week, where we will be transporting PPEs from Vietnam to the United States.

We've been working with HHS and the Tennessee Air National Guard and other agencies to move COVID-19 test kits. And as a matter of fact, I was at the White House meeting with the president, and the vice president, and others in his administration last Sunday. There were a number of distributors there who were trying to push their products out to make sure they get to where they need to be. And I was there to talk about the logistics aspect of all of that, and to make sure that those products are moving through our system smoothly.

MR. RUBENSTEIN: I see. When you were at the White House were you wearing gloves and masks? And how close could everybody get to everybody? I mean, did you shake the hand of the president, or you didn't do that?

MS. G. ADAMS: I did not shake the hand of the president. They practice very good social physical distancing. We had our temperature taken before we entered the White House and then again once we got inside. There was plenty of sanitizing equipment around that we used constantly. I washed my hands several times. And the seating was far enough apart that I think that we were following World Health Organization, CDC guidelines.

MR. RUBENSTEIN: OK.

Jane, what is J&J doing philanthropically? Are you giving away some medical supplies? Or what you doing in an eleemosynary way?

MS. J. ADAMS: Sure. So, we were very engaged early on, back in January, gave over a million masks to China alone. We don't make the masks. We don't make the PPE. But obviously, as

large manufacturers and diversified manufacturers, we have significant PPE that we already own, so we don't make those. But what we've really been able to do is focus on the frontline health workers. And that's a platform that J&J has had traditionally for many, many years. You've probably seen on television our ads about the nursing campaign, and campaign for America's nurses, and nursing future.

But we really recognize the burden on the health care worker, and the frontline health care worker. And so, we've contributed almost $300 million to frontline health workers through the World Health Organization, through COVID Solidarity Response Fund. We also have matching funds for our employees, so when the employees make a contribution that also goes – the company will match that. So, our contributions are not only product donation which we, again, continue to do, but also a recent $1.5 million donation to the American Nurses Foundation to help with their education and access.

And I will also say, when our – with the vaccine development, we've made it very known that that will be not-for-profit pricing, especially during the pandemic. And so, we think that making sure that it's accessible and affordable globally is very, very important and core to Johnson & Johnson's credo.

MR. RUBENSTEIN: So, one of the lessons that some people have taken away from all of this is that our medical equipment, PPE equipment, is often dependent on manufacturing in China, among other places. Do you think when this is all over, hopefully sooner rather than later, we will manufacture more things in the United States that we need for these kinds of emergencies or you think it won't really change things?

MS. J. ADAMS: Well, I can tell you on our vaccine development one of the commitments was to erect U.S. manufacturing. So, while we do this globally and we have partners all over the world for our vaccine development and manufacturing, we will be, again, instituting U.S. manufacturing immediately upon authorization. So that's something that will be, you know, new to us for the vaccine space. But, you know, I think that we're – as my peers have said – we are recognizing the need for global connectivity. But the U.S. manufacturing base is significant, and one that will, you know, continue to grow.

MR. RUBENSTEIN: OK. Everett, let me ask you about General Motors. It's been publicized, of course, that you're making ventilators, but are you not making some other products as well in the health care system?

MR. EISSENSTAT: Absolutely, David. And thanks – thank you for the question. It's really – we want to serve – first, our collaboration with the federal government has been great. It's ongoing. It's daily. It's intense. I mean, we have phone calls back and forth with different agencies. It's complicated to ramp something up this quickly, but the kind of collaboration we've had has been very inspiring. And we appreciate that. We're also using a facility in Michigan to produce masks for the hospital – the types of needs you heard this morning. We're going to start production next week. We're going to start with about – I think we're going from 20,000 next week, and then we're going to be up to 10,000 a month.

We'll have – once we're up to total production we'll be doing 1.5 million masks a month. So those are going to be available for local communities, for the federal government. And I can say that the kind of grassroots support we're gotten from our GM employees is astonishing. They've set up a network for distribution. They're donating – as you mentioned some of your employees are donating money, they're going to blood banks. They really want to be part of the solution. And it's really inspiring to be with a company that has the ability to have an impact and make a contribution like this.

MR. RUBENSTEIN: Now, of the companies that are on this panel, your company is probably going to be the most adversely effected by this, because I assume automobile production and sales are going to be way down. Is that likely to be the case? Do you expect a financial hit from all of this?

MR. EISSENSTAT: Well, it does – it's certainly going to be – it's going to be a transition, for sure. I think the way it – what we've been hearing candidly almost immediately, it's not just the automobile industry, but remembering the whole integrated supply chain, and how many small suppliers rely on the auto companies for their livelihood. So, I think that's where you might see the first immediate impacts. So, the stimulus package that went through was a very good start for a lot of those companies. We are in pretty good shape. My CEO has been very diligent in preparing for something like this.

If it stays prolonged, it's hard to make money when your factories are not producing cars and your dealers can't sell cars. So, what we hope for, flatten the curve, quick response, keep our employee base ready to go. And we talk every day about how do we be ready to ramp up as soon as we can and be ready to get this economy charging again, because we think we can come out of it pretty good, but it's not something that's going to happen on its own. We need to be prepared for it.

MR. RUBENSTEIN: So, I buy a new car roughly every 20 years or so, so if I was going to buy one now, is this a good time to buy one? Am I going to get a good price?

MS. EISSENSTAT: Well, we have our friends and family. I think you might qualify. [Laughter.] But even beyond that, I think we also have the great financing right now through GM financial because it is a difficult time for people to shop for cars. We're actually making those available through our dealer network. They'll actually come to your house. There's all kind – [off mic].

MR. RUBENSTEIN: [Off mic] – car now. Are dealerships open, or people coming in? Or what are they doing? Are they wearing gloves when they come in, or what?

MS. EISSENSTAT: Well, as I was just saying, many of the dealers now can actually go online dealing and deliver the car to your house. So, you don't even need to go to the dealership. And if you have a particular model you're interested in, I am happy to connect you with somebody. [Laughs.]

MR. RUBENSTEIN: All right. Well, I understand you have zero percent financing, which is pretty attractive also.

MR. EISSENSTAT: That's right. For 84 months. And we've got some great new vehicles we just bought out, so.

MR. RUBENSTEIN: So, Gina, what are you doing personally through this crisis? Are you working out of your home, or when you're not going to the White House to meet with the president what are you doing?

MS. G. ADAMS: So, yes, I'm mostly working out of the home, although I'm in the office today. Don't tell anybody. I'm the only one here. We're trying to be very strict. Spending a lot of time talking to our folks in China. We are constantly changing our schedules to meet the demands coming from around the world. So, I am on the phone – I've already had probably about five or six conference calls this morning with our Asia folks trying to get some things moving out of there. And they go through the night.

And one of the things that we talk a lot about, David, is the big things that you all hear about in the news, the products that we're moving, the tons of equipment that we're moving around the world. But there are a lot of other things that we're doing outside the health care. We're shipping household supplies. And I hope that the audience is using FedEx to get some of those. We're shipping care packages to cruise ships. We have been utilized by a lot of colleges and universities with various colleges' and universities' move-out requirements.

And you will be happy to know, because I chair the education committee and you're so generous in your support of D.C. Public School students, that we have had large print orders from D.C. Public Schools associated with COVID-19 school closures. And in fact, this newly launched learning program allowed our teams to deliver a few million pages last Monday for the program. So, we're doing everything with respect to FedEx. And we get a lot of calls from members of Congress and the administration officials who are trying to get things around the world. And we've been helpful in that respect.

But we've also done a lot of little things to help folks in tough situations. And I have to brag on one of our FedEx team members who did a print job, but also helped the customer get, of all things, toilet paper. [Laughter.]

MR. RUBENSTEIN: So, if I need to send a package to somebody, can I go to my local FedEx store? Are they open now, and I can go in there? Do I wear gloves? Or what do I do?

MS. G. ADAMS: Yeah. You can – they are open. We're open for business. They're open. We're practicing, all of us, social and physical distancing that's required. You should wear gloves. We're requiring our people to wear gloves. There should be lots of sanitizers around. We're sanitizing our facilities constantly, our trucks, our drivers, our airplanes. So, you should be safe.

MR. RUBENSTEIN: OK.

So, Jane, what are you doing? Are you working out of your house, or what is the normal policy now for J&J employees?

MS. J. ADAMS: Yeah. So, J&J has required all who can to work from home. And that's been in place since the middle of March. So, I'm home. But we are, you know, enabled by great technology to be able to stay in touch with our teams, doing Zoom and video conferencing, as we're doing right now, because it's so important to make sure that we're staying in touch with all of our employees around the globe. And like Gina, you know, are in touch with our Asia colleagues constantly, as well as Europe and Latin America. So, it's really global connections.

I'd say, for me, I have a 15 – we have a 15 and 11-year-old. So, there's lots more noise, a lot of video games, homeschooling. But it's been an adjustment. But everyone's hanging in there, and I think a lot of similar stories. And some of the silver linings is that you actually get to be a little bit more engaged with your family and who's under the roof, as challenging as it could be. But J&J is really providing us with great capabilities to stay in touch with things globally.

MR. RUBENSTEIN: So, you're not getting stir crazy yet?

MS. J. ADAMS: Oh, we're – no, no. We definitely are getting stir crazy. This was supposed to be spring break week. But we're trying to find alternatives. You know, the fields in Virginia and parks are all closed. So, we go outside and shoot baskets, and run around the yard, and do what we can, working out in the basement. Lots of movie nights, Scrabble games, Monopoly. So that's actually been nice. But it's been very, very busy at J&J, similar to Everett and Gina.

MR. RUBENSTEIN: And when you work at J&J do you get free Band-Aids, or you don't get those? Discounts?

MS. J. ADAMS: They're not free. They are discounted on the company store. So, like Everett, I think I can get you a deal if you need anything. We have lots of good products.

MR. RUBENSTEIN: OK. All right.

So, Everett, where are you working out of? Your home, your office, a dealership? Where?

MR. EISSENSTAT: No, we're – all the salaried employees that can work from home are working from home. And we're pretty adamant about the safety of our workforce and took these guidelines on and are applying them pretty strictly. You know, if they're in the manufacturing sector, the unionized workforce, some of our engineers and designers need to be on site. And we are taking unprecedented safety precautions, including, you know, spacing, and sanitizing, and how many people can be in a facility at one time.

I'm not in one of those facilities. I'm working from home. And as Gina says, it's been incredibly busy. Our IT system has worked flawlessly. And I'm very impressed with their ability to keep us all connected. In many ways, I probably talk to the global team more

frequently than I did when we were, you know, running back and forth on the Detroit-D.C. shuttles. So, it's an interesting exercise. Going great for now. We'll see in a couple of weeks – we can revisit it.

MR. RUBENSTEIN: OK. Let me thank all three of you for taking your time to both be members of the Club, but also to participate in this. What we're trying to do is to let other members of The Economic Club and others who are watching from the diplomatic community or other Economic Clubs in other cities know what other companies are doing, how they're dealing with the philanthropic needs, and also how they're keeping their business going. And I think you gave us a very good cross section. I want to thank you for doing that.

This entire broadcast, in effect, will be on our website, www.EconomicClub.org, very shortly after this is completed. And we have another broadcast, our virtual broadcast, next week, as I mentioned, with Adena Friedman, who is the head of Nasdaq, and also with Ted Gayer, who's a senior fellow in economics at the Brookings Institution. That will be next Wednesday at 10:00 a.m. in the morning – 10:10 in the morning. So, if any of you have any questions for The Economic Club you can send them to us on our website. I want thank Mary Brady and all the other people who work with her for organizing this.

And, again, thank you Everett, thank you Jane, and thank you Gina for participating, and thank you for what you're doing during this crisis. Thank you all.

MR. EISSENSTAT: Great. Thank you, David. Thanks Gina, Jane. Pleasure.

MS. J. ADAMS: Thank you.

MS. G. ADAMS: Thank you, guys.

J. Stephen Jones, MD, MBA, FACS, President and CEO, Inova Health System

J. Stephen Jones, MD, is President and CEO of Inova, the Washington, DC region's leading not-for-profit healthcare system serving more than 2 million people annually in its five hospitals and numerous ambulatory programs. He is also Professor of Urology at the University of Virginia, which is working with Inova to bring undergraduate medical education and expanded research to the flagship Inova Fairfax Medical Campus.

Stephen previously served as President of Cleveland Clinic Regional Hospitals and Family Health Centers. He also served as Professor of Surgery at Cleveland Clinic Lerner College of Medicine at Case Western Reserve University. He was previously Department Chair and held the Leonard Horvitz and Samuel Miller Distinguished Chair in Urologic Oncology. This endowed chair has now been renamed the J. Stephen Jones Distinguished Chair in Urology Research and

is to be held in perpetuity by the sitting Cleveland Clinic Urology Department chair, currently Dr. Georges Pascal-Haber.

Stephen earned a Bachelor of Science degree in Zoology at the J. William Fulbright College of Arts & Sciences at the University of Arkansas and his medical degree at the University of Arkansas for Medical Sciences (UAMS). After residency at Vanderbilt University, he joined the Springfield Clinic/St. John's Health System in Missouri. Under his chairmanship, the Department of Urological Surgery became the highest rated community urology program in America, according to U.S. News & World Report in 1999.

He has published over 200 peer-reviewed manuscripts and over 40 book chapters. The American Urological Association named him the next Editor of its journal, Urology Practice, in 2018. He has previously been Editor of Urology & Kidney Disease News, Associate Editor for Renal & Urology News and Urology, and has served on the Editorial Board of BJU International, formerly British Journal of Urology. He has published two books for the lay patient population and is editor of five medical textbooks. In 2010, Stephen earned the distinction of admittance to Beta Gamma Sigma, the International Business Honor Society, as one of the top-achieving 20% of business school graduates in the nation upon graduation from the Weatherhead School of Management at Case Western Reserve University.

Castle Connolly consistently lists him as one of America's Top Doctors, signifying the top 1% of all cancer physicians in addition to the top 1% of urologists in the nation. He also was elected to the AMGA (American Medical Group Association) Board of Directors in 2015 and its executive committee in 2018. (https://www.inova.org)

Kenneth A. Samet, FACHE, President and CEO, MedStar Health

MedStar Health President and Chief Executive Officer Kenneth A. Samet is responsible for a $5.7 billion not-for-profit, healthcare delivery system. With more than 35 years of experience in healthcare administration, Samet provides strategic oversight and management for MedStar Health—the largest healthcare provider in Maryland and the Washington, D.C., region, comprised of 10 hospitals, a comprehensive network of health-related businesses that includes ambulatory, home health, a large multispecialty physician network, and an insurance product with approximately 91,000 members. MedStar has large research and innovation platforms and one of the largest graduate

medical education programs in the country. In addition, MedStar Health is one of the region's largest employers, with more than 31,000 associates and 4,300 affiliated physicians, serving more than half-a-million patients and their families each year. MedStar is proud to be the long-standing clinical and medical education partner of Georgetown University.

Prior to becoming MedStar's president and chief executive officer in January of 2008, Samet served as president and chief operating officer of MedStar Health from 2003-2008; and as the system's first chief operating officer since MedStar's inception in 1998.

Samet has dedicated his career to health care. He received his master's degree in health services administration from the University of Michigan in 1982. Samet served as president of MedStar Washington Hospital Center, one of the nation's largest tertiary care hospitals, in the District of Columbia from 1990 to 2000. From the mid-1980s to 1990, Samet held a variety of leadership positions with the Medlantic Healthcare Group, which merged with Helix Health in 1998 to create MedStar Health.

Samet is presently a member of the board of directors of a number of organizations to include: Greater Washington Partnership, Economic Club of Washington, Greater Baltimore Committee, United Way of the National Capital Area, and Goodwill of Greater Washington; and serves on the Executive Committee of the boards of Georgetown University and the Greater Washington Board of Trade. He has held leadership positions on the boards of the American Hospital Association (AHA), District of Columbia Hospital Association (DCHA) and Maryland Hospital Association (MHA), and served on the board of visitors for the University of Maryland School of Nursing. Samet is also a past board member and chair of the Academic Affairs Committee of the Old Dominion University Board of Visitors, where he received his bachelor's degree in business administration in 1980 and an honorary doctorate of humane letters in 2012 following his commencement address to the school's graduating class. In 1996, the American College of Healthcare Executives named Samet the national Young Healthcare Administrator of the Year. Most recently, Samet was honored with the Anti-Defamation League 2015 Achievement Award, which recognizes leaders who have demonstrated a lifelong commitment to justice, pluralism and understanding. (https://www.medstarhealth.org/)

Gina Adams, Senior Vice President, Government Affairs and Regulatory Affairs, FedEx Corporation

Gina F. Adams is the Senior Vice President for Government Affairs at FedEx Corporation. She is responsible for shaping and promoting the interests of all FedEx Corporation operating companies, including FedEx Express, FedEx Ground and FedEx Freight in the political and policy arenas.

As a lawyer and the company's top lobbyist, she works with Administration officials, members of Congress, the diplomatic community and industry associations on domestic and

international commerce and transportation issues. Ms. Adams also oversees one of the largest corporate PACs in the United States for her company, which serves more than 220 countries and territories.

She joined FedEx in 1992 as Managing Attorney of the International Regulatory Affairs Office and has held a number of positions since that time. She was promoted to her current position in 2001 and is a three-time recipient of the FedEx Five Star Award, the company's highest employee achievement award.

After receiving a BS (School of Public Affairs) from American University, a JD from Howard University School of Law and an LL.M. in International and Comparative Law from Georgetown University Law Center, Ms. Adams began her career as a lawyer in the Attorney Honors Program at the U.S. Department of Transportation.

Ms. Adams is extremely active in the Washington, D.C. community sits on a number of boards, including American University Board of Governors (Chair, Audit Committee), Howard University School of Law Board of Visitors; Alvin Ailey American Dance Theater (Vice Chair), Town Hall Education Arts & Recreational Campus (THEARC), National Museum of Women in the Arts (First Vice Chair), and the Economic Club of Washington (Chair, Education Committee), and is a past chair of the DC Chamber of Commerce. In 2016, she received several recognitions including, Howard University's "Alumni Award for Distinguished Postgraduate Achievement in the field of Business"; the "Unsung Corporate Community Uplift Award" from the Greater Washington Urban League; the "Triumphant Woman of the Year" from the National Action Network and was selected to Elle Magazine's top 10 women in DC Power List. In 2017, she received the ICON award and an Honorary Doctorate of Laws from Trinity University, Washington D.C. In 2018, she was inducted into the DC Hall of Fame and honored by the American Association of Airport Executive Foundation with a permanently endowed scholarship in her name for female students enrolled in accredited aviation programs. (https://nbmbaa.org)

Jane Adams, Vice President, U.S. Federal Government Affairs, Johnson & Johnson

Jane M. Adams serves as Vice President, US Federal Affairs, Johnson & Johnson and manages a team of 15+ DC-based federal lobbyists and political programs professionals. Johnson & Johnson is the world's most diversified healthcare company with 128,000 global employees and annual revenues of approximately $75B. J&J is recognized as one of the world's most iconic and trusted brands. She joined J&J's Washington, DC office in December 2003 to manage the medical device sector team and was promoted in March, 2016 to direct all of its cross-sector portfolios that also include biopharmaceuticals and consumer health products.

Jane's background in Washington, DC spans over 26 years in public health and biomedical research policy; patient advocacy and public affairs. She has led efforts on behalf of the medical

technology industry and the healthcare community on issues including FDA and NIH reform, Medicare patient access issues and commitment to federal funding for the NIH. Jane leads J&J's legislative and advocacy efforts dedicated to scientific public-private partnerships and to global business development opportunities to promote growth in life sciences and med tech innovation. She staffs senior executives on a number of US and global trade associations and business organizations.

Prior to joining the Johnson & Johnson office, Jane served as Director, Government Affairs for Medtronic, Inc. managing medical technology advocacy and policy issues. Jane also previously directed government affairs efforts for the Juvenile Diabetes Research Foundation (JDRF) and continues to serve in several capacities for both the local and national JDRF organizations. Jane directed congressional affairs for the National Association for Biomedical Research and worked in media and congressional relations for the National Cattlemen's Association following an internship with the Senate Agriculture Committee.

Jane received her undergraduate degree in political science from the University of Vermont and her Master's degree in Public Policy from Georgetown University where she serves as a guest lecturer throughout the academic year.

She is a board member of the Public Affairs Council; a member of the Washington Caucus, the Government Relations Leadership Forum, and she is a founding member of RightNow, a professional women's organization dedicated to electing women into public office. She leads federal volunteer advocacy efforts for ChildHelp, a national organization dedicated to treating and preventing child abuse. She also serves on the Global Citizen corporate advisory board and was selected to represent Johnson & Johnson at the 2017 Global Moms Digital Relay/Moms for Social Good partnership with the UN Foundation. Jane continues to serve on House and Senate members' steering committees to help guide health policy agendas in the 115th Congress and speaks regularly at industry, advocacy and women's business conferences.

Jane was featured on the cover of Influence Magazine in 2004 as one of Washington's most effective corporate lobbyists. She and her husband Scott Galupo have a son Sam and a daughter Abigail and reside in Arlington, Virginia. (https://www.uschamberfoundation.org)

Everett Eissenstat, Senior Vice President, Global Public Policy, General Motors Company

Everett Eissenstat joined General Motors in August 2018. Prior to this role he had been with the White House as Deputy Assistant to the President for International Economic Affairs and Deputy Director of the National Economic Council from June 2017 to July 2018. Jointly appointed to the National Security Council and the National Economic Council, Eissenstat led the White House international economic team responsible for the development and coordination of policies related to international energy,

international trade and development finance institutions. In this role Eissenstat also served as the United States lead negotiator for the G-20, APEC and G-7 international economic summits.

Prior to his role at the White House, Eissenstat served as chief international trade counsel for the Senate Finance Committee from 2011-2017, where he managed international economic issues. Prior to that position, he was with the United States Trade Representative (USTR) as Assistant U.S. Trade Representative for the Americas from 2006-2011, where he negotiated and implemented international trade agreements with foreign governments and partnered with members of Congress on trade legislation.

Through his work in Congress, the Office of the U.S. Trade Representative and the White House, Eissenstat has developed broad and deep experience on issues important to the automotive industry, including international trade and regulatory matters, energy policy and sustainable development policies. Over the past two decades, he has also worked on every facet of U.S. international economic policy, including the North American Free Trade Agreement and the U.S.-Korea free trade agreement as well as playing a critical role in the passage of legislation modernizing U.S. trade and customs law.

Eissenstat, a native of Oklahoma, holds a juris doctorate degree cum laude from the University of Oklahoma College of Law, a bachelor of science degree in Political Science and Spanish from Oklahoma State University and a master of arts degree in Latin American Studies from the University of Texas at Austin. (https://media.gm.com/media/us/en/gm/home.detail.html)