

CORNER OFFICE

Leana Wen of Planned Parenthood Wants to Tackle the 'Fundamental Unfairness in Our System'

Dr. Wen immigrated to the U.S. at 7, graduated college at 18, became a Rhodes scholar and is now at the front lines of the fight over women's health care rights.



By **David Gelles**

May 2, 2019

When Leana Wen became president of Planned Parenthood last year, she had big shoes to fill. Her predecessor, Cecile Richards, emerged as a major voice on issues involving public health and women's rights during her 12 years in the job.

But Dr. Wen, who is 36, came with her own eye-popping credentials. She was born in Shanghai and immigrated to the United States when she was 7, living first in Utah, then in Los Angeles. She skipped high school and started college when she was 13, aspiring to be a doctor.

She graduated summa cum laude at 18, then went to the Washington University School of Medicine in St. Louis, did a residency at Brigham and Women's Hospital in Boston and was a clinical fellow at Harvard. She also received master's degrees in economic and social history and modern Chinese studies from the University of Oxford, in England, where she was a Rhodes scholar.

She has served as president of the American Medical Student Association, penned an essay that won her a trip to Africa with The New York Times columnist Nicholas Kristof and wrote a book, "When Doctors Don't Listen: How to Avoid Misdiagnoses and Unnecessary Tests."

In all her work, Dr. Wen has made efforts to treat not just her patients' immediate concerns, but to address what she sees as the systemic causes of poor health, including pollution, poverty and bad laws. Dr. Wen was serving as health commissioner for Baltimore — which she described as her "dream job" — when she made the move to Planned Parenthood.

This interview, which was condensed and edited for clarity, was conducted at Planned Parenthood's offices in New York City.

What was your childhood like?

I was raised mainly by my grandparents. My mother was in school and working. My father had a lot of political issues and was incarcerated for part of my childhood. My mother ended up coming to Logan, Utah, as a student, and my father and I came a few months later.

We went from a city of 26 million people to this town in northern Utah. There weren't any other immigrants there, and there was no English as a second language program. I just had to learn. But the other kids and teachers were so kind to me.

Were your parents able to find work?

My parents were both professionals in China. My mother taught English at a university and my father worked as an engineer. But in the U.S. they had trouble finding jobs that were appropriate for their skill sets. My mother initially cleaned hotel rooms, then did some translation and worked in a video store. And my father worked a lot of odd jobs, then worked in a cheese factory. He still can't look at cheese.

And you picked up English pretty quickly?

I had to. It wasn't an option not to. My parents sacrificed everything because they wanted a better life for me and my little sister. That's why we came to the U.S. So it wasn't an option not to step up to those high expectations. So I didn't go to high school. There was an early entrance program at California State in Los Angeles, and I started college at 13.

How did that happen?

If my parents could work two, three jobs each and raise me, then it's the least that I could do to learn English and test into college. And I was really fortunate that early on in college, I met mentors who believed in me in a way that I didn't believe in myself. I had this childhood dream that I wanted to be a doctor, but I came from a neighborhood and an environment where nobody around me was a doctor. I literally didn't know how one goes from studying in college to becoming a doctor.

Why did you want to be a doctor?

I had severe asthma when I was a child and I saw doctors growing up. Seeing someone who could not only help me medically, but also assure me that I was going to be O.K. at this really terrifying time — that's what I wanted to do.

And when I was growing up in L.A., I saw all the people around us who didn't have access to health care. My family depended on Medicaid and food stamps and Planned Parenthood and other services for our care. When I was 16 and I wanted information about birth control, Planned Parenthood was the first and only place that I could think of going for my health care and education.

Did medical school meet your expectations?

I was learning the science, which was really interesting and the medical care, which was really important. But I had a patient who was 8 years old who kept on coming in for asthma. Asthma is something that is fairly easy to treat, but this boy came into the E.R. multiple times. And it wasn't that his medications were off. It was that he and his mother were without housing. They were experiencing homelessness. They were in and out of different shelters where people smoked.

At some point they were living next to an incinerator, and at some point they got into a rowhouse. The rowhouse itself was fine, but the two houses on the side of them were vacant and who knows what kind of mold and allergens were growing there. And I thought, I need to not only be addressing the medications,

which is what I was learning through medical school, but how do I address these other questions, too? These other factors that are actually resulting in him being ill.

Much of your career has been defined by a willingness to address these sort of social and environmental factors that can contribute to poor health. But in some camps, there seems to be a belief that doctors should stay away from ostensibly political issues.

I have a big problem with the stay-in-your-lane argument. There are people that have told my predecessors in medicine and public health that they have no role to play in environmental regulation, in automobile safety, in talking about the dangers of cigarettes. But imagine where our world would be now if medical and public health leaders did not speak up. Imagine how many millions of lives are owed to them because they refused to let other people define their lane. I also think it's important to note that it's not doctors and patients and nurses that have made medical care political.

When you became Baltimore's health commissioner, you walked away from what you described as a "perfect" situation — working in the E.R., teaching, writing and spending time with your family. Why make that choice?

When I was first approached about the job, I thought, "I don't think that I'm qualified for it." Then a friend gave me the speech that we should be giving women and people of color, which was: "If you were a white man, you would say, 'I meet three out of 10 qualifications. I'm going to apply.' But if you're a woman or a person of color, you look at this and say, 'I only have eight out of 10, so I'm not going to apply.'"

I came to Baltimore and met with a lot of people to understand what this job would entail, and it was everything I'd ever wanted to do. It was my dream job to actually not only treat the patient in front of me, but to address these systemic issues in food availability and housing, in health systems and structures, and addressing deep-seated racial inequities.

If you are wealthy, if you are privileged, you will get the best medical care. But if you are a person who comes from a low-income background, struggling to make ends meet, as my family did, then you were out of luck. That fundamental unfairness in our system is what I wanted to address. I do not accept that health care should be a privilege that's reserved only to some. It has to be a guarantee and a fundamental human right to everyone.

So why did you leave your dream job for this one?

I had no intention of leaving. I just had a baby. All my brain was occupied with figuring out how to be a mom. But then two things happened around the time I heard about this job. Somebody gave me a copy of Cecile Richards's book. And then I gave the commencement address at the Bloomberg School of Public Health at Johns Hopkins, and my message to the graduates was that we need to take action now, that we shouldn't wait for others to step up first.

I thought a lot about my son as I was giving the speech, and asked whether I would be able to tell him that I did everything I could. So then I read Cecile's book, and here I am.

What's your priority as president of Planned Parenthood?

Planned Parenthood has always been about holding two things together. One is providing health care and education, and the second is fighting to protect access to that care. In my job in Baltimore, I handled natural disasters and outbreaks. But the crises at Planned Parenthood are all man-made. There are thousands of

people who wake up every day thinking that their job is to take away everything that we stand for, to take away bodily autonomy, to take away the right to health care for millions of people who depend on us. That is a sobering thought.

This is a more combative role than the ones you've had previously. It's not just advocacy. You're having to fight.

In a way, that's what I've been doing my entire life. There are people who are on the right side of history, and there are people who are on the wrong side of history. Providing access to health care is on the right side of history, and it's those battles that I've been fighting throughout.

If Roe v. Wade is overturned, one in three women of reproductive age — 25 million women — will be living in states where abortion is outlawed, banned and criminalized. We know what happens when we do not have access to safe, legal abortion, which is that women will die. That's what happened pre-Roe, and that's what will happen again.