New Planned Parenthood President: No Politics in the Exam Room

Jennifer Abbasi

With only $40 in their pockets, 7-year-old Leana Wen and her family emigrated from China to the United States in 1990. Health care was hard to come by, so her mother turned to the only source available—Planned Parenthood. Later, Wen herself went to a clinic for information about birth control, and as a medical student at Washington University School of Medicine, she volunteered at a Planned Parenthood health center in St Louis.

Those experiences helped bring her to where she is today: last November Leana Wen, MD, became Planned Parenthood's new president. She's only the second physician to hold the role, and the first in almost 50 years.

Wen's age—she turns 36 in January—belie her accomplishments. She overcame poverty to graduate high school at age 13 and college at 18. Medical school and a Rhodes Scholarship came next. She practiced emergency medicine at George Washington University in Washington, DC, which she followed up with a 4-year stint as Baltimore City Health Commissioner.

As Baltimore’s head doctor, Wen fought fiercely to improve access to care. Last summer, the city took the Trump administration to court over funding cuts to its teen pregnancy prevention programs, winning back $5 million for the sex education initiatives. During her tenure, Baltimore also filed suit against the administration for sabotaging the Affordable Care Act.

In her new job at Planned Parenthood and the Planned Parenthood Action Fund, Wen will draw on both her medical and public health experience. She’s still pulling shifts in an urgent care clinic. But she also fervently believes that it’s her responsibility—and that of all physicians—to protect patients’ access to medical care.

That access is increasingly under attack for women, she says. Late last year, for example, the Ohio legislature outlawed dilation and evacuation procedures, the most common method of second-trimester abortion.

“The threat to reproductive rights, the threat to abortion rights, the threat to women’s health care, is real,” Wen said in a recent interview with JAMA. “We need to be doing everything we can to speak up on behalf of our patients. That’s our job—at the end of the day—to talk about the impact on the patients that we serve.”

The following is an edited version of the interview with Wen, which took place on the 28th anniversary of her family’s arrival in the United States.

JAMA: You worked in an emergency department and then led Baltimore’s health department for 4 years. Why did you make the switch from practicing medicine to public health?

DR WEN: Being a doctor has always been my lifelong dream. It’s something that I’ve wanted to do for as long as I can remember. It was working in the emergency department, though, that I saw the limitations of medicine. I remember a patient of mine who cut her blood pressure pills into halves and then quarters. Another patient couldn’t afford asthma inhalers for her child. Another patient waited more than a year before having a lump in her breast examined. By the time she came in, she was diagnosed with metastatic cancer and not long after, she died, leaving behind 3 young children.

I took on the job of the Baltimore City Health Commissioner, so I could address health needs on a larger scale. So that, ideally, I could prevent people from getting sick in the first place.

JAMA: What did you accomplish in Baltimore that you’re most proud of?

DR WEN: We got a lot of things done, but I’ll highlight 3 that illustrate the breadth of what we can do in public health.

Within 7 years, we cut the infant mortality rate by 38% and reduced the disparity between black and white infant mortality by over 50%. And I started...
Every year we have 2.4 million patients who come to our over 600 health centers around the country. For many of the patients that we serve, we are their only source of health care. This is where people come for breast and cervical cancer screenings, for sexually transmitted infection tests, for HIV tests, for their well-woman, well-person exams.

Unfortunately, women’s health care has been under attack. In the last 7 years there have been over 400 restrictions on abortion and reproductive rights that have been passed on the state level. The Trump administration recently finalized a rule that would allow employers to deny women coverage for birth control. I mean, it’s 2018, and we’re still arguing about birth control.

We’re facing a situation where within the next year we could see Roe v Wade overturned or further eroded. There are more than 20 cases right now that are 1 step away from the Supreme Court that directly involve reproductive rights and health care.

**JAMA:** Baltimore City took the Trump administration to court to protect access to teen pregnancy prevention programs. What challenges does Planned Parenthood face under the current administration?

**DR WEN:** This is a difficult time for us. One specific aspect that I want to mention is Title X, the national family planning program that provides services to 4 million low-income women and families across the country. This is a program that enables Planned Parenthood and many other providers across the country to provide cancer screenings, well-women exams, Pap smears—the full range of reproductive health options. It’s a necessary program that’s part of the safety net in many communities. Part of the Trump administration’s proposed rules around Title X include the so-called gag rule, which is so unethical and unconscionable that I can hardly believe that I’m describing it. The government is telling [health care professionals] what we can and cannot say to our patients about abortion and reproductive health.

The irreparable damage that would do to the doctor-patient relationship is something that we all need to speak up for. We should not let politics enter the exam room.

**JAMA:** The Supreme Court recently declined to hear an appeal in cases involving state efforts to ban Medicaid reimbursements for health care services provided by Planned Parenthood because it’s an abortion provider. How important was this decision?

**DR WEN:** I want to clarify 1 thing first. Federal taxpayer dollars do not go toward paying for abortions because of something called the Hyde Amendment. Politicians in Louisiana and Kansas were trying to block Medicaid patients from accessing lifesaving care at Planned Parenthood. The Supreme Court declined to hear appeals in the case, which means that the lower court ruling stands, and our patients can keep on getting the health care that they need.

I want to emphasize how discriminatory this legislation is, which is why we’re very glad that the Supreme Court declined to hear this case. It’s saying that if you have private insurance, you can go wherever you want. But if you are a person of low-income and you depend on Medicaid, you’re not allowed to come to Planned Parenthood, even if we are your only source of health care. We’ve seen what happens when politicians try to block access to Planned Parenthood. In Iowa, after politicians forced us to close 4 health centers, sexually transmitted disease rates skyrocketed. In Texas, 30,000 fewer women accessed services after the state blocked our health centers.

So, what does the decision from the Supreme Court mean? Yes, this is a win for Planned Parenthood and, most importantly, for the patients that we serve. But the fight is by no means over. A decision to not hear a case is not the same thing as a ruling in favor of reproductive health care.

**JAMA:** You’ve said that you dislike the politicization of health care. Can Planned Parenthood be less political in the face of all these challenges?

**DR WEN:** Our patients are not trying to make a political statement. They’re trying to get vaccinations. They’re trying to get medications. They’re trying to prevent and maybe treat their cancer. We’re here, first, to provide health care. That’s what we’ve been doing for over 100 years, and that’s what we will continue to do. But it’s just as important for us to continue fighting, because this is about our patients’ lives.

**JAMA:** What does the decision from the Supreme Court mean?

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**JAMA:** Have you spoken with your predecessor, Cecile Richards?

**DR WEN:** I have been deeply troubled in my medical career about how 1 aspect of health care is singled out, stigmatized, and attacked. I went to medical school at Washington University in St. Louis, and I lived close to the Planned Parenthood there. I would see how, in order to get medical care, women in particular were having to walk past throngs of protesters. People shouting at them. Causing them fear and stigma. Just because they were trying to get something as basic as health care. That’s what I bring to this role: the understanding that reproductive health care is health care.

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**JAMA:** What does a physician bring to the table for Planned Parenthood?

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**JAMA:** Tell us about the new This is Health Care initiative.

**DR WEN:** One of the first things that I did is launch this national awareness campaign. This is Health Care emphasizes that the work that we do at Planned Parenthood, and more broadly the work of reproductive health and women’s health care, is standard medical care.

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DR WEN: I have. I’ve also had meetings with 2 of my other predecessors, Faye Wattleton and Gloria Feldt. All of them have been through hard times because that’s what’s involved in working at Planned Parenthood. There are personal attacks, security threats, attacks to our core values and to our identities. My predecessors remind me that Planned Parenthood has always been scrappy and innovative, that our founder [Margaret Sanger] went to jail for trying to do something as basic as providing education on birth control. Planned Parenthood has always been about thriving under extremely difficult circumstances.

JAMA: Expansion is part of your vision. But with Planned Parenthood clinics closing around the country, how do you plan to grow?

DR WEN: It’s hard to expand when you’re under attack every day, but we see the unmet needs of our patients. We’re looking into how to do this. It may include innovative ways of delivering care, for example through telemedicine or mobile clinics. It may also include expansion of our services around mental and behavioral health, trauma, and primary care. And now that we have 25 governors who are prowomen and proreproductive health care, we will be looking at proactive policies that protect reproductive rights and abortion access.

Note: Source references are available online through embedded hyperlinks in the article text.