

# 'The Cut on Tuesdays' Podcast: How Leana Wen Gets It Done

- Molly Fischer: So I'm going to be here tonight talking with Doctor Leana Wen of planned parenthood.
- Molly Fischer: [inaudible]
- Molly Fischer: oh, I'm now going to embarrass by talking about for awhile. So actually at, um,
- Molly Fischer: a dinner party not long ago, I mentioned that I was going to be talking with you at this event and my friend who's from Baltimore was immediately like,
- Molly Fischer: well, yeah, my friend to Baltimore was like, Oh, well
- Molly Fischer: Leana Wen is probably the most brilliant person of our generation.
- Molly Fischer: And I was like, Whoa, you know, bold claim. But in this case, I think it holds up. I think it's actually pretty plausible,
- Molly Fischer: you know, and I mentioned that my friend was from Baltimore because of course before doctor when took her position as president of planned parenthood, she was the city Health Commissioner of Baltimore, which was a job she took when she was 32 and it was a job where she had to address huge, huge problems including, you know, just the fundamental inequalities and healthcare disparities that result then injustice in the healthcare system in this country. Um, and she went about addressing those big problems in some pretty bold ways. I mean, for example, she issued a blanket prescription for Narcan for everyone in Baltimore to address the city's opioid crisis. Um, and I think it makes sense when you think about the fact that her background is in being an emergency room doctor, you know, you want to take direct dramatic action that can make an intervention and actually save lives.
- Molly Fischer: Um, I also noticed in reading about her and learning about her work that like it's pretty clear that you really kept up an emergency room doctors pace in the course of her life as a public official. There's this really great Atlantic profile of her where the journalist is like, I literally cannot keep up with Alina when I cannot manage to be in all the places where doctor Leana one is. So I won't rehash her whole resume. Um, she's also a writer and a former Rhodes scholar, but she has managed to achieve a really staggering amount of stuff for someone who is not yet 40. Um, I will also say it helps if you go to college when you're 13, as she did. Um, she's the first physician to lead planned parenthood and 50 years. Uh, and we had the cut, figured she was the perfect person to talk to for an interview series. How I get it done, which is all about how ambitious accomplished women do the things they do in their lives. I'm not just because

she herself does so much, but because of the organization that she now runs has so much to do right now. Uh, so welcome Dr Alina one. [inaudible]

Leana Wen: so I want to get started someplace. Very basic. Doctor Leana Wen, what time do you wake up in the mornings? So we're starting at the very beginning of starting at the very beginning, really early, really early. How early is early, early five o'clock or so. And I am not a morning person, so this has been a big transition for me. Transition. When is this like something recent since you've had a kid or, so I have a almost two year old, 22 month old, but I still call my baby. I can call him a baby. Right. He's a little kid. And so, um, I don't know. I hear that up until the time that they are 30 or something, you can still call them. You're my mom still does and I am 32 so, well I am I it was because of the baby. Yeah. And before that I was a night owl but then I learned that I had to get up early to take care of all the baby stuff and breastfeed and get ready for work.

Leana Wen: And I think one, when I first came back to work in particular, the things that I thought would take a really short time because you know, I'm one of those people in and out within 15 minutes I can be in a car and off to work. But everything that I thought I knew how to do took so much longer and I just ended up moving up my day. What kind of examples come to mind for that? What kinds of tasks did you find taking way longer than you expected with the kid getting out the door? Just literally. I had no idea. I mean we see the statistics as an example of how many women miss their postpartum appointments. And I think a lot of it is that women who are postpartum, people who are postpartum, I should say to be gender inclusive, but people who are postpartum have a lot going on.

Leana Wen: And your first concern probably is the child and everything else. Sometimes it's returning to work, it's figuring out the rest of your family and making ends meet and caring for him, everybody else. And you're not caring for yourself anyway. But there's another part to it too, which is that it literally just takes so long to get out the door. And I think I almost missed a whole number of appointments because it just took me, you know, it was the diaper bag and there's the car seat and then you need a stroller. And it took me long enough to figure this out. So how did you transform yourself from a night owl all into a morning person? Was it just brute force alarm setting or did you do anything tricky that you know listeners could adapt? I think it was sleep training for the baby. That was actually my sleep training.

Leana Wen: So I don't know that I would recommend it for people who don't have to do this. Um, but I think now it is helpful because otherwise I would never get any exercise. So I usually wake up in the morning and I go to the gym very early because otherwise the day just gets away from me and I would work out. Yeah. Well, so let's talk about your morning routine. What's the first thing you do when you wake up? I make sure that the baby is okay and he's always fine. She's sleeping, but I always go into his room and make sure he's fine and then I make coffee. I mean, this is really not interesting.

Molly Fischer: [inaudible] here's one. Here's one. Where do you keep your phone?

Leana Wen: Where do you keep your phone? I usually keep it right with me at all times, which again is not something that I think is a best practice. Um, but I don't have it with being right now because I'm doing a podcast and I was

Leana Wen: hold that. It's usually not yet. I'm going to have a phone buzzing in the back. We don't want to hear the buzzing of the phone. So

Molly Fischer: thinking about, uh, your phone and having it with you at all times, like what's the first thing that you want to check when you wake up? Like what feels most urgent? Once you've confirmed that the baby is alive and it's doing well, you look at your phone and what are you going to? So since starting my job at planned parenthood, I've been traveling a lot. And by the way I say this because it's a great honor and privilege to be able to do this. This is not a complaint on my end when I'm about to say it's just a trade off that I very specifically decided to make. And I think that all people make it at some points at our lives. And I went from a job in Baltimore where I was home every morning and home every evening. And I traveled very rarely and my job, I mean Baltimore's a small city and so I was able to see my son even during the day because there were a lot of community events and other things where I would naturally bring him to.

Leana Wen: And I went from that to a job where I'm on the road maybe three to four days a week. Yeah. And especially when I first started, I wanted to do a listening tour and I wanted to see you, what we do every day across the country and how different and how similar our healthcare is that we provide all around the country. And it's been so inspiring. I mean, I visited in seven months. I visited 26 of our affiliates around the country. Wow. And saw how in so many cases, I mean we, this is something I didn't know until I started my job at planned parenthood, that we are the, we are one of very few national healthcare organizations that has a presence in all 50 states. One in three women in America have come to planned parenthood for their care, including me and my mother and my sister. And we serve men and all people. And so we're really proud to serve all these people in all across the country. But in traveling so much, um, it has been a very different experience. And so when I'm on the road, the first thing that I check in the morning is I check to see if I have any messages from my husband. And

Leana Wen: He sends me from the night before. She wants apps me all the time. And so I usually wake up to a number of notifications,

Leana Wen: um, and what I'm home, I will check email. Yeah. And I, and again, I think that's just, I don't know that that's necessarily a healthy thing that I endorsed, but things right now in the reproductive health and rights world are moving very quickly. And even if the last time that I checked my email was 1:00 AM by 5:00 AM something likely as in my inbox. Yeah. Well, so you mentioned how it's been a transition in terms of the way your family runs since you've taken this new job.

Tell me a little bit about the kinds of conversations that you and your husband had in terms of figuring out what that was going to look like, how you are going to handle childcare, all that heavy. We, um, my husband and I both grew up in families where being home for dinner and being with each other was really important.

Leana Wen: Um, and we both grew up with extended families in our hometowns, but he's South African, his entire family is in Johannesburg. Um, my parents and I immigrated from China. My mother passed away from cancer, um, about, uh, nine years ago now. And my father remarried and lives in Canada, in Vancouver. And I have a little sister who lives in China. She was a peace corps volunteer in the, decided that she was going to stay in China. And my husband's entire family and his brother and their kids live in select them. So we have no extended family here. I mean, we've got a great network of friends in Baltimore, but we don't have family here. And so I think that was a big part of our conversation in deciding to do this. And you know, at the end of the day, my being here and I think for a lot of us, our of the choices that we made actually has a lot to do with 2016 and with Trump, I don't think I would be here if it weren't for Trump, as strange as that sounds.

Leana Wen: Um, but it's because, you know, I've thought a lot actually. I was um, my entire pregnancy coincided with all these efforts to attack the ACA to Gut Medicaid and I thought a lot about but what kind of trade offs, what I have to make. I mean I was very fortunate that I had a job where I, I ended up having a high risk pregnancy, which no one anticipates right? I mean no one wants to have a preexisting condition. Um, I had to go in for a lot of monitoring and blood tests and just tests. I never had to think about am I going to lose my job if I go for this blood test or what I pay for this monitoring or pay for food and rent from my family. And I thought a lot about the trade offs that other people have to make in this country right now.

Leana Wen: And also thought a lot about when my son was born, what kind of life I would want for him. And I cannot imagine any of us wanting our children to live in a world where they have fewer rights than we do. So at the end of the day, that for us, for my husband and I, that was what compelled us to be here. Yeah. And what kinds of choices have you made about how to navigate that in a practical way? Um, what have you done to sort of figure out how you're going to balance a balance taking care of the kid with both of your lives? I mean, to be honest, I don't think that we figured this out by a long shot. Um, when I first started in my job I had, I thought that it made sense to do big blocks of travel so that I could have ideally some more time at home. But then I realized that after a week of not seeing my son, but I just got weird. What do you mean? How did you get weird?

Leana Wen: I didn't really do facetime before. I mean I started doing, I was doing face time a lot, but then I would get emotional and teary all the time just thinking about facetime. I would be pulling up pictures to show my coworkers all the time. And

they were like, do we really have to look at your baby again? And I mean even that was a, a calibration that I learned over time. I mean, I learned that seven days away. It's probably my Max at 10 days. It, I definitely get too weird. Um, but I also figured out on me our offices for planned parenthood for national office are in DC and New York and I'm still trying to figure out now what is that right schedule. Um, and how many days do I spend in one place versus another. Um, um, what time do I leave?

Leana Wen: I may use to travel up to New York on Sunday night, but I'm now traveling on Monday morning. Just so that I can spend a bit more time with family. Yeah. And we're really lucky that we can afford great childcare and we have a nanny who we adore and it's just fantastic. And I think, you know, her three sons are like our family and our son is like her family. And we're really, really fortunate to have that. Yeah. But that's not something that I would say we figured out at all. And even now might being here at us, I'm happy to be here with all of you, but I do really miss my son.

Molly Fischer: Well, so with all of that time that you have on the road, how do you, how do you spend your travel time, your commutes, your plane rides, your train rides? What are you typically doing while you're in transit? I do value efficiency a lot. My, um, one of my mentors is congressman Elijah Cummings who always talks about being efficient and effective. And I think about that, that's, I would also like to live a life as he does that's efficient, effective, and in his case, and I hope mine too impactful, um, and meaningful. Um, and I try to maximize the travel time. The you ideally phone calls work when I can on the plane ride today I was working connected to the Internet and as I was flying from Baltimore to Salt Lake City on my way here was when I got the news about title 10 and how we initially had preliminary injunctions to block the Trump administration's gag rule, um, to take effect and why was flying somewhere.

Leana Wen: Um, that was when I found out that that was, that care for millions of people across the country is now in jeopardy. But because I was connected to the Internet, like what's able to respond and, and work with them to work with my team on a, on a responses. So I do maximize that travel time as much as I can. Well, that's a lot of being constantly connected to, I mean, how do you make that manageable for yourself? Like I, I, I mean I feel like I am always scarcely in control of my own inbox in my inbox. I'm sure it's a zillion of what yours is. So how, how do you manage to feel in control of things like that? I think we all have maybe those mechanisms that work for us. Um, I'm an inbox zero person.

Leana Wen: That's important to me that there was a little bit of a murmur in the crowd when you said that, but it causes me stress to look at my inbox and have more than maybe four or five emails that I haven't answered by the end of the night. Oh my God, four or five single digits. Um, but you know, we all have, we all have things that, that helped me cope. So how do you do that though? How do you make time to get it down? So it's only like under four or five in a day? I think it's

because I archive a lot too. I do file these away and say respond later on later. And so sometimes later becomes a lot later. Um,

Leana Wen: but I mean, I also am fortunate that I have a really good team. I'm a team that I know very well who have worked with me before, and two I'm very comfortable with. And so I think we, you know, it's, it, it, it's synergistic. Yeah. Well, and looking at the kinds of demands you have on your attention and the people who are asking for your time, how do you figure out what you're going to say no to? How do you draw those boundaries? I'm figuring it out. Um, when I was in Baltimore too, it probably took me two years to navigate this and to know what are the things that I need to go to versus what are the things that I can go to for part of it, but somebody else can go to or what are the things that actually somebody else is a more appropriate representative or one of the things that I should go to once and thereafter, somebody else can, can go.

Leana Wen: And I think to them in my role now, I mean, you all know Cecile Richards, who is an icon, a hero of mine. She had been in the role for 12 years. And so what worked for her after 12 years would be different than what would work for me coming in new after a few months. And so I think there was, there's a lot of calibration and learning that I have to do there too. Um, and it's a learning process. Yeah. Well to talk about Cecile Richards a little, I mean she as you said, as someone who was in that role for a long time had become in a lot of people's minds, sort of synonymous with planned parenthood becoming the head of planned parenthood would be a huge job and a huge challenge no matter what. But I'm sure it's even more difficult in some ways when you're sort of filling big shoes in that way.

Leana Wen: What has that been like? Um, you know, I am, I had a conversation with, with the ceiling, um, before I started this job and I continued to talk to her too as somebody who I really admire and who is a mentor and a guide. And she gave me a lot. She has given me a lot of exceptional advice in this job. Um, one of them that I haven't done so well with is about taking care of yourself, which I should know better too as a physician. Right. I mean that you have to take care of yourself, take care to take care of others around you. But I will say that it is really hard to do that. In this climate mean in this year alone, we've had over 300 restrictions on abortion care that had been introduced in 47 states and the most restrictive bands that we've ever seen since roe versus Wade happened this year.

Leana Wen: Alabama's law that would, that is no exceptions for rape or incest that puts doctors in jail for up to 99 years longer than the rapist. I mean we have Missouri that came within hours of being the first state in the country to have no access to abortion care that over a million women in Missouri where I went to, where I went to medical school. So this is very personal to me. These are people that I took care of who would not be able to have access to care in their own state. I mean the assaults come on one after the other. And I will say that that's really challenging. Not only for me, I mean I'm, I understand that I'm in a sprint here,

but I'll also need to be looking out for my team and it's hard to always be running and to be running from one crisis to the other because there are so many crises, but we also have to take care of ourselves in this, in these not just, my role is very challenging.

Leana Wen: I think that when I visited our health centers and our clinicians on the front lines and to seem what they go through every day, just to keep their doors open and to literally provide care and we, the things that we would not find, no normal person finds to be normal in terms of security precautions and what they have to go through. But they do that boldly and defiantly, and I'm so inspired by what they do because our mission is to provide care no matter what. Yeah. Well this is an intense moment to be taking the reigns for sure. I mean, what, what kinds of guidance to talk a little bit more about what kinds of advice to seal offered to you about what it meant to be taking over at planned parenthood in this moment? Well, actually one of the questions I asked her maybe to your previous question, um, to, um, it's about what it would be like to follow her.

Leana Wen: I mean, I wanted to ask her this question, right? And say you're such an icon. I mean, she's an icon and hero to me. What would it be like to follow you and how would I go about introducing myself to our partners and other people who know you as planned parenthood? And she said to me that you and I in some ways are so different. I mean, our mission and our values are the same, but we come from very different backgrounds and to be okay with that, and I've taken that to heart. I mean, I've come to this, um, we both come to this as people who are so passionate about access to healthcare and the understanding that bodily autonomy that if we do not have access, if we do not have control over something as fundamental as our bodily autonomy, then we can not be truly for your equal. That is

Leana Wen: that fight

Leana Wen: and that it's the fight for all these things. It's the fight for our health. It's the fight for justice. It's the fight for freedom. I mean, I actually am, by the way, don't appreciate how the other side have co opted these core values. I mean, I don't understand how they get to call themselves pro life where we are the ones providing life saving care every day.

Leana Wen: [inaudible]

Leana Wen: and what we do, we ensure that people are healthy before, during, and after their pregnancies. We ensure that people understand that being pro women and being prohealth care means that we're also approached child and pro family and pro equality. And why do they get to have all the, all the terms like freedom and faith? Why don't we reclaimed that narrative too?

Leana Wen: Okay.

Leana Wen: Absolutely. Yeah. But, um, he's going by all means. Let me back to, um, I think that, you know, see you, when I come to this work, into our values in the same way we come from different backgrounds, her as an advocate, organizer, activist, and I as AME doctor. But at the end of the day, it's the same things that we're doing because it's from working in the Er that I also saw how will you keep people unhealthy that that's a tool of oppression. And now when we specifically stigmatize reproductive health care, that that is a tool of the Sargenti that nothing that's happening right now with all these bills. They have nothing to do with medicine or science. They have everything to do with power and control over women's bodies.

Molly Fischer: You mentioned the kinds of rhetoric that opponents of reproductive rights we'll deploy. I mean, planned parenthood has become unfairly such a political lightning rod, you know, what is it like to be at the forefront of an organization like that? What kinds of abuse or attacks do you find yourself fielding day to day? Well, I do want to first say that we are not the ones that have made healthcare political for us. And for the millions of people who walk through our doors every year. They're there to get medications and cancer screenings. They're there to get affordable birth control and STI tests. And yes, safe legal abortion care, which is healthcare. They're there to get healthcare. And the reason we fight is that we cannot sit silently on the sidelines when our health and our rights are being taken away. And that's why we are advocates. That's why we're fighters.

Leana Wen: Because at the end of the day, for me, this is about my patients. This is about the people that I serve. And that's true for every single person who works for us, that they know that it's not just what we're fighting about, it's who are fighting. For now it's, it is hard, as you said, to beam in the cross hairs. And I will say that, you know, I, I've, one of the things I've done is to stop looking at social media. I have a great team who look at social media for me. Um, I happen to, actually that's not true, that I've totally stopped. I do still look at Twitter from time to time, especially when I can't sleep at night.

Molly Fischer: Oh no, that's a terrible idea. What are you doing? I don't get enough sleep. You're looking

Molly Fischer: at on Twitter when you look late at night stories, people's responses and I don't know, I just really like when I can't sleep and maybe I'm waiting for my four more baby pictures to come through if I'm from like, um, but, um, actually, so for mother's Day, my team and I put together a short Twitter video, um, and I wished everyone happy mother's Day. And I, I don't know actually what decision I would've made now. Um, and so I'll back backup for a moment and say that when I was the health commissioner in Baltimore, I was, and then I had a baby and because I served my city, um, and I thought that, you know, it was very, it was my community. I had no, I didn't even think about what the, to talk about my pregnancy and to be in pictures with my baby.



Leana Wen: It was just my job, my job was my community. Right. And so I just never in ever even crossed my mind to not have my baby and my family be part of my social media presence. But I think about that a lot now because I made this mother's Day video where my son and I were just playing and I wish everybody happy mother's Day. And my message was we have to take care of ourselves on mother's Day. Um, and I hope I'm going to take a little bit of time to myself this mother's Day. I hope that you all will too. I mean, it was a pretty, I think, basic, not controversial message really had no as far as I could tell, no political messaging in there whatsoever. It was a happy mother's Day message. Um, on Twitter. That video probably received the most number of vile comments and they were all about my son. And I think you can use your imagination, perhaps a mind and stretch that much about, um, about what people said about my son. But I think that if I were entering my job now and I didn't have a child and then did, I might've made a very different decision about their profile and my family.

Molly Fischer: Well, it is because it is such a public facing role. I mean, what did you do to sort of gear yourself up for that, that kind of position? I mean, how did you, what were you worried about? What was on your radar? What wasn't, I mean you kind of talked about how you wouldn't have necessarily anticipated that your family would be implicated in this way. Walk me through what your thinking was like before you stepped in and he actually, there was a thought that really consumed me and still does. Um, you know, my, my mother died, um, when, um, well she died tonight nine years ago and I was an adult by then and I mean, I miss her very much now and I think about her a lot, especially as with my son now. Um, she loved kids with a teacher and I think about her a lot in that context.

Leana Wen: But also I have a much younger little sister and my sister was 16 when my mother died and my mother was consumed by leaving my sister before she grew up. And then she left my sister before she grew up. And I just think that thought of not being there for my son is the single thought that consumes me. And I again, I say this and no way to imply that it's not a tremendous honor and privilege to be leading this organization. I mean this organization that does so much for people's health and rights that provided me with medical care, um, that provided, you know, one in three women in America with medical. That was my mother's place of refuge when she came, when we came from China and my mother couldn't get care anywhere else. This was where she went to get medical care at planned parenthood.

Leana Wen: And so it is such an honor and privilege to be leading the organization, but I do worry about my safety and not for me, but because I want to be there for my son. I would love to hear more about your mother. I mean, it seems like it would be a good day to talk about her perhaps. I mean, what do you feel like, tell me more about her experiences with planned parenthood. Yeah. So, um, when we first immigrated from China, so I was almost eight and we came from Shanghai from a big city, so, you know, in Shanghai. And My mother at that time was given two options of where she would immigrate. She was given the option of

going to Chicago or to Logan, Utah, little town in the mountains of Utah. This was pre Google days, right. And so should depended on the wisdom of her mentor. And her mentor said, Logan, Utah is where it's at.

Leana Wen: And so we settled in Logan, Utah, which was a big change from Shanghai in 26 million people to, I don't know how many, but it was a Logan as a town in, in, in Utah. Um, and when we came, I mean, I just remember, you know, I was almost eight and so I don't have all my memories from that time, but I do remember very vividly, um, we didn't have clothing. I mean it was really cold in Logan and all we had were multiple pairs of pants and I just remember I was that kid at school who just for like six pairs of pants talk about layering and um, anyway, I mean I another something else I remember very vividly from my childhood was how hard both my parents worked. I mean in a way it's a typical immigrant story that my parents came because they wanted a better life for me.

Leana Wen: And then eventually for my little sister too, and even though they were both professionals in China, when they came to the u s they couldn't find jobs in their fields. My father couldn't speak English, my mother didn't have the qualifications and so they both worked random jobs. I mean my mother cleaned hotel rooms. She worked at a video store until she got her certificate to start teaching. And then my father deliver newspapers and washed dishes at a restaurant. I mean we depended on Medicaid, we dependent on food stamps. We depended on planned parenthood. And I give you this background now because my mother in her later years had a particular lesson for me and for my sister too. And that lesson was to spend time with your family while you can. While my mother was in her early forties she was diagnosed with metastatic cancer. She was diagnosed with breast that by the time that it was spelled, had spread to her lungs, her bones and her liver. And she had many rounds of chemotherapy and radiation and she actually fought her cancer successfully for quite a few years. And her cancer diagnosis also coincided entirely with my medical training. I was a second year medical student when she was diagnosed and I was a resident when she died. And actually I saw a lot in the process of her care of how, I mean she went through almost a year, actually, maybe even more than a year of misdiagnosis.

Leana Wen: Hmm.

Leana Wen: Before she was finally diagnosed with metastatic cancer. And the implicit bias that physicians have and nurses have. That's not, you know, nobody was trying to do the wrong thing. Right. Nobody was trying to miss diagnoser. But just the number of times that she had gone to a provider and said, I know there's something wrong, and they would look at her and see a middle aged woman who was a teacher who seems fine and just didn't and didn't do further testing me. At some point she was diagnosed with depression and then with anxiety when actually what she had was cancer. But that experience coincided with my medical training and I saw how much of a disconnect there exists because health professionals are trying to do the right thing too. And that's why so much

of my career has been focused on bridging that disconnect and helping people to get the care that they need. Yeah. One, what have you learned about how people, how to communicate across those barriers with people? Like what, whether it means crossing political divides or crossing doctor patient divides, like what are some of the, the tools you've amassed?

Leana Wen: I mean that's a really good question and I actually think a lot about our work, about my work now and planned parenthood's work now in this context too. I think so many of the misconceptions and the stigma that's imposed on women happens because people can't imagine themselves in that person's shoes and we know that to be true, right? We know that to be true based on research to that. There may be all kinds of misconceptions about wild who has an abortion as an example, and when they find out that 60% two thirds of the women who have abortions are mothers. That changes people's minds a little bit. When we sent her the woman in this, in this, and talk about her reasons sometimes, I mean, as a physician, I treated women who have had abortions because they were diagnosed with a severe fetal anomaly that was unsurvivable and she thought that it was the most compassionate thing she could do for that child.

Leana Wen: I've treated women who had a life threatening issue. I've also treated women who thought that at that time in their lives, they were not ready for a child. Maybe they were trying to finish their schooling, maybe they just couldn't afford another child. And I think that empathy, that idea of saying I have not walked in her shoes, I cannot make that decision for her. And certainly politicians should not be making decisions for people about something so deeply personal as their health and their lives. I think that's a critical lesson that I drop her by work in patient care, that it's not my job as the doctor to judge my patients. It's my job as the doctor to provide my patients with all the information they need to make the best decision for themselves. And as a doctor, I trust my patients. I trust women.

Molly Fischer: [inaudible]

Molly Fischer: well, it's feels like a significant reshaping of this role to have it be filled by a doctor. I mean, how do you think that that has inflicted your time as president of planned parenthood? Me, it's a, it's a good question and I get asked about this a lot, but I think it's hard to see this when you're in it right now. Yeah. Um, I've only been in my job for seven months and it's been an incredibly busy seven months. Um, and

Leana Wen: okay.

Leana Wen: You know, I think that for me and I actually, for all the work that we do in planned parenthood, it is about sensory. Our patients and the people that we serve. That's our north star. That's why we come to work every day because it's about the people that we serve and I think at the same time it's recognizing that while we provide exceptional healthcare and a lot of the, the work that I want

to do is they'll only providing that care, but also expanding access to that care. Because if someone can tell me that we have enough healthcare in this country or that maternal mortality as an issue is salt, then maybe we can say let's not increase our healthcare. But right now maternal mortality is 50% of women today was pregnant. It's 50% more likely to die in childbirth. Then her mother, I mean an African American woman is three to four times more likely to die due to pregnancy related causes than a white woman.

Leana Wen: I mean, we have to acknowledge structural racism and what's going on here. We also have to say we need a lot more health care. Not less. And by the way, these same states that had been imposing these awful bands on care are also the same ones that have the worst health outcomes. Georgia, for example, imposing a six week ban, which is before many women even know that they're pregnant at that time. Second worst maternal mortality in the country. Um, a pregnant person in Georgia, 10 times more likely to die in childbirth and a pregnant person in California. I mean these are the types of disparities, Alabama with this crazy band that just happened, sort of highest rate of cervical cancer in the country. I wish that instead of trying to take away health care, that these politicians who say that they're pro life and pro child and pro family would actually be improving healthcare for people that they serve.

Leana Wen: [inaudible]

Molly Fischer: amazing to see the sense of urgency and intensity and drive that you bring to this role in this moment. I'm curious to hear more about what you've learned about what it means to be a leader and a boss and to like sort of have a team of people that you also have to motivate to come with you and to keep pushing even when things are super challenging and even when you're facing a lot of adversity, trying to do the work that you do. Well, I think that's the beauty of planned parenthood, that the people that I have the great honor and privilege of working with every day, they are fighters. I mean they have been through so much just by virtue of their work, I mean things that no one should have to go through. Right? Know what? Why should you just to provide healthcare, have to walk through picketers and protesters and be thinking about whether your tires are going to be slashed when you come to work or when you come back to your car.

Leana Wen: I mean I learned actually in, I draw inspiration from the people that I work with every day and I actually think that my job is easy because they are already so motivated and inspired. And this is something that actually I saw in my previous job as well in Baltimore because the people that I served alongside also had that same passion because we were fighting for our community. Everything for us, just like it as a planned parenthood was deeply personal when we were addressing the opioid epidemic. It wasn't random people who are dying, who was our family members, our friends at our neighbors when we started a program to get glasses for every child in our city, that also meant getting glasses and eyecare and, and um, and hearing and vision and other testing and, and

mental health services to the families who worked for us and with us in our health department. And so I just feel very fortunate to have always been in jobs. I think where the work is deeply personal to everyone working there and you get to feel like you're part of a team that is all driving towards the same goal in an exciting way. Yeah. Well, what's something that you've learned on the job so far? Would you say?

Molly Fischer: Where do I start? Well, yeah, let's, let's break down some specific lessons.

Leana Wen: MMM,

Leana Wen: no, I mean it's a hard question because I think there are just so many things. I mean I'm seven months in and it's building the plane and flying it at the same time, which I actually think is one of the lessons is how do you, as you're coming into a new role transition and learned the ropes while also fighting some of the most existential threats of our time when there cannot be a misstep because the consequences are really grieve for them, our patients. I mean, I think for my work, I draw on the experiences of working in the er too because so much of the work in planned parenthood to is triage that yes, you may have this one bad bill right now, but what about the fever? Worse issue? That's coming up, you know, within hours or what about this one issue that will affect people in an entire state? How do you prioritize that? And so I think that the learning how to triage but with a different framework is another part of what I'm learning here too. That makes sense. Is there a specific example you could point to or like a moment when you watched that play out? I'm curious to hear a story.

Leana Wen: I think just the last several months have been, have been um, these signify exactly this and I actually, I'll, I'll, I'll tell you two stories of something that happened one week apart. Um, so I was in, I was back in, in, in, in Missouri right before we announced our lawsuit to try to prevent our last health center that provides abortion care in Missouri from closing. And I spoke to our staff and it was actually, they were just finding out then that we were filing this lawsuit and that if our lawsuit was unsuccessful, then they would have to start providing abortion care by the end of that week. And so I thought, I mean, I thought people would be very emotional and devastated and they were emotional, but I don't know if devastated was the right term for them because they were defiant. I mean they were saying we are glad to be suing the state because year after year we have watched the regulation upon regulation imposed upon us that have no basis in medicine or science in any way that are things like unnecessary pelvic exams that people don't need.

Leana Wen: I mean that's just basically in one of our doctors there said on, on on Rachel Maddow that it's basically you steep sponsored a fault, right? I mean this is, this is what's happening. And they were saying, look, we are here to fight and we're glad to be fighting. And I actually remember this moment when we, when we got our, um, our initial win from the court, again, a temporary when, but initial

when our staff unfurl this large banner across our health center that said, we are still here. And I think that is a theme across the country.

Leana Wen: But while that was happening and just a week later I went to Charlotte and Charlotte was at the site of a new health center being open. And that in itself is exciting, the new health center to provide state of the art care to our patients. I mean I thought it was incredible that um, it was at the first time that abortion care was going to be provided in Charlotte for decades. And there was a woman there named Sarah Brian who had first started the chapter of Planned Parenthood in Charlotte 50 years ago. And she came to this, to this ribbon cutting and I thought that was kind of amazing. And by the way, they also put in this new health center of red telephone and it was the same red telephone that Sarah had used to call vault to call volunteers and donors back in the day, which was really sweet.

Leana Wen: But that was not the real story. I thought already a ribbon cutting you health center. Pretty exciting that the real story was that they had been fundraising for this new health center for almost four years. They raised eight and a half million dollars and then open the health center all without anyone knowing that it was a planned parenthood health center almost four years of work. And why couldn't they tell anyone? Because they thought that they would have opposition that would prevent this health center from being opened. And I just say this because I think those two experiences really illustrate for me what is happening around the country that on the one hand fight of our lives, emergency response, public health crisis. And on the other hand we are expanding access to care, albeit in a way that is not appropriate, right? I mean nobody, we shouldn't have to keep plans for a health center under the wraps because who else does, but look at the amazing work that's being done.

Leana Wen: And I think being able to straddle that and knowing when to prioritize one over the other. Or do you do both? And do we highlight, what do we highlight? Do we highlight the fact, by the way, this year we've heard about these bad bills. You should also know that in this year we have had more proactive pieces of legislation to protect and expand access to reproductive healthcare. Then any year in recent history that a quarter of all the proactive, nearly a quarter of all the proactive bills that have been passed since 2011 had been the, in this legislative session in 2019 but what do we emphasize? The proactive work or the defensive work? Yeah, it's tough. Well, I'm both, I'm conscious of time because I want to make sure we have a minute to get audience questions as well. So just to wrap things up with me, I wanted to ask, what, if you look back on the early days of your career, what piece of advice would you give yourself?

Leana Wen: Actually, one of my mentors said this to beam that actually gave me a lot of reassurance at that time. I was coming out of residency and I think I had this feeling coming out of my medical training that I needed the perfect job, you know, and either the job that for me would allow me to keep on practicing medicine, which I still do now. Um, to teach, to be an advocate to do all these

things, but in one and of course there was no perfect job and so I was kind of stressed thinking, well, what is this? How am I going to do this? And my mentor said, don't think of it as that perfect job, but rather think of it as seasons in your career. Maybe the first season is the season where you focus on your clinical work. Maybe the next season is when you focus on teaching. Maybe the next season is when you focus on advocacy. And actually that's been unintentionally, that's how my career ended up working out that it was focusing on clinical work, focusing on teaching, focusing on patient advocacy, focusing on public health. And now I'm fighting for reproductive rights and this other fight of our time. It's an intense season.

Molly Fischer: Well, with that, let's, let's go to the audience who has some questions

Molly Fischer: I think in the back there. Wait for the mic.

Molly Fischer: I think we've got a mic for you. Just a moment.

Audience Member: Hello. I am a nursing student in Missouri and I was actually very angry with the bill that was passed and I plan on going into women's health when I graduated nursing school. And I was wondering what are some ways that I can get into now to defend planned parenthood's because abortions are going to happen, but with this law they're going to be unsafe. And then it's going to go back to back in the Times where women were dying for not being able to have safe abortions. I was just wondering what are ways I can be involved to make sure that that doesn't happen to the women now and the women and the next generations that come up that don't have, that will not have brights. Possibly.

Leana Wen: Amazing question. Thank you so much. I'm so glad that you're going into women's health and from Missouri. I think this is all amazing. Thank you for, for being part of this fight with us. Um, yeah, I mean I first just wanted to second what you said that we know and again, I mean I go back to I'm a doctor and a public health person and I have to use science and evidence and the science that evidence tell us that banning abortion is not going to stop abortion, but it will stop safe legal abortion around the world according to the WHO 30,000 women die every year because they don't have access to safe legal. It's one of the leading causes of maternal mortality worldwide and we simply cannot go back to that time in this country. Um, and so I really applaud what you said. Um, and just wanted to second what you said.

Leana Wen: I mean, we would love to have you involved in planned parenthood in every way. And actually that goes to all of you to, um, you know, and I will tell you that when I've gone on my health center visits, what have been so amazed by is how many volunteers said that these started volunteering after 2016. And I'm not making a political statement here, I'm just saying that the fact is that a lot of people started volunteering as clinic escorts. They started volunteering, however they can. I mean as accountants, you know, as, as volunteers and whatever capacity with our health centers who really need your help, especially

at this time. So I'm sure you're a health center in Missouri would definitely appreciate that and would also encourage everyone to get involved with our planned parenthood action fund. Now our action fund has 13 million supporters and growing and I just wanted to call out someone who is here today for, has been instrumental in building the planned parenthood action fund. Download Ganz is here in Aspen is a key leader in planned parenthood and our movement.

Leana Wen: Yeah.

Leana Wen: And I know don would agree that we need every single person to join us to mobilize, to organize, to educate too. I don't know if I'm allowed to do political language here, but to mobilize and um, and I, you can join, um, our, our um, our work at a couple of other ways too. You can text, um, no bands, two two to four, two, two, no bands to two to four, two, two and join with us in stopping the bands. And we actually just launched a new campaign earlier this week called bands off my body that we'd love to have everyone be a part of. We have time for another question or two perhaps over there.

Audience Member: Hi, firstly, thank you so much for your insights and wisdom. Um, I am a health policy. You graduate students focusing on increased increasing access and lowering healthcare costs. And something that I struggle with is drinking from the firehose of all of the good information that is out there. And I'm sure you're constantly just deluged with information. So how do you filter, refine and prioritize what's important based on everything that is out there?

Leana Wen: Well that's a great question and I think it's great that you think there's a lot of good out there too. Like sometimes I think when I look at the news that there's a lot of bad, are we going to war today? I mean, it seems to be, you know, you look at the news after a couple of hours, like what, what just happened? Um, I mean I think your question also is about priorities too. And how do you prioritize, and I have to say that in the last couple of months for me in this role as we've been battling these awful bands and fighting what's happening in Missouri and a state potentially going without abortion care, I mean, we're in the court again tomorrow. We're facing this imminent situation again tomorrow. So this is really top of mind. I think it's hard to get to the important when you're focused on the urgent.

Leana Wen: But for me, that's why I have people on my team who I specifically request that they have to turn their attention to the important too because otherwise we just go from fire to fire and we don't really move the ball down the field. Is that the right, that's how sports work. Yeah. Right. So, um, but actually while we're also calling out incredible leaders, I also wanted to acknowledge somebody else who is another hero of mine was here today who used to be the chief medical officer at planned parenthood national was our medical director of planned parenthood, the Maryland Nail, an ob Gyn, someone who I deeply respect as a partner in all my efforts in Baltimore and at planned parenthood Dr. Reagan like, but like Donald Mosley is here as well.



Leana Wen: [inaudible]

Molly Fischer: and we have time for one last question. I think there will have a microphone for you if you yeah,

Audience Member: I'll ask the big questions. I had some small questions but we'll get to the big benefits. Last one. Since you are obviously an expert in health care, what would you suggest for our country for improvements in our overall health care system?

Leana Wen: Wow, that is the last question. We have another hour ride to talk about this. No, I mean I, it's a great question and I think we need to start with the premise that our healthcare system is broken. We just have to, I mean, when we are the wealthiest country in the world, but I'm treating patients. I mean the other day I saw a patient whom was rationing, hurry alone because she couldn't afford her insulin. Um, and this is a woman who had a stroke before. I mean this is, you know, what kind of country do we live in when people don't have access to health care and we provide them with great healthcare ones, they get sick. I mean this is the, this is the perverse thing about our healthcare system to that. If this patient had come to me with a stroke in the Er, we would have spent hundreds of thousands of dollars of, of exceptional care.

Leana Wen: We would have given her an exceptional care when she had her stroke or a heart attack. But what are we doing to prevent people from having that stroke and heart attack in the first place? And why are we pricing people out of the ability to live pricing people out of the ability to take care of their families? Something that is, I is as fundamental as the value as there should be. So I don't have an answer for you in terms of how we fix this. I will say that I think we're on the right track here because even compared to a few years ago, the narrative has really shifted and people understand that the ACA is a good thing, that we shouldn't be priced out of healthcare because of preexisting conditions. They had people don't plan for catastrophes. That emergency is that we need to have that in. People also understand, I mean we now have support for Roe versus Wade at 77% an all time high.

Leana Wen: Wow.

Leana Wen: And people are also understanding that reproductive healthcare is healthcare. You don't separate out a part of your body. You can't stigmatize certain people, women and young people and Lgbtq people for a certain part of their body. I mean it's just not something that's medical care. And I think that we are getting close to the point that at least we can center on our values and here are the valleys. And I hope that maybe this is an optimistic way for us to close today that the values should be then nobody is priced out of the ability to pay for their healthcare. That healthcare must be a right that scare into to all and not a privilege that's only affordable to some

Leana Wen: [inaudible].

Molly Fischer:

I think that is the perfect note to end on. Thank you so much, doctor Leana Wen. Thank you Molly.