

Dr. Leana Wen

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Margaret Flinter: Welcome to Conversations on Health Care with Mark Masselli and Margaret Flinter, a show where we speak to the top thought leaders in health innovation, health policy, care delivery, and the great minds who are shaping the health care of the future. This week, Mark and Margaret speak with Dr. Leana Wen, newly appointed president of the Planned Parenthood Federation of America, which seeks to promote equal access to quality health care and protection of women's reproductive rights in America. Dr. Wen is bringing her considerable expertise as Baltimore's Health Commissioner to advance the public health mission at Planned Parenthood.

Lori Robertson also checks in, the managing editor of FactCheck.org, looks at misstatements spoken about health policy in the public domain, separating the fake from the facts.

We end with a bright idea that's improving health and well-being in everyday lives. If you have comments, please email us at chcradio@chc1.com or find us on Facebook, or Twitter, iTunes, or wherever you listen to podcasts. You can also hear us by asking Alexa to play the program, Conversations on Health Care.

Now, stay tuned for our interview with Dr. Leana Wen, president of Planned Parenthood on Conversations on Health Care.

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Mark Masselli: We're speaking today with Dr. Leana Wen, newly appointed president and CEO of Planned Parenthood Federation of America, dedicated to protecting reproductive and other health rights nationwide. An emergency room physician and patient advocate, Dr. Wen recently served as Baltimore's City Health Commissioner, where she earned national acclaim for her public health interventions. A Rhodes Scholar, Dr. Wen earned her medical degree from Washington University School of Medicine and completed her residency training at Brigham and Women's/Mass General.

Dr. Wen, welcome back to Conversations on Health Care.

Dr. Leana Wen: Thank you so much.

Mark Masselli: You say you took this job because you see the threat to women's health as one of the nation's greatest public health challenges. I'm wondering if you could share with our listeners your vision for Planned Parenthood under your leadership as well as some of your concerns as you take on this new challenge.

Dr. Leana Wen: I am deeply honored to be serving in this role, leading Planned Parenthood as we provide life saving, life changing health care to

nearly 2.5 million patients every year. This job is deeply personal to me. My mother was a patient of Planned Parenthood when we first immigrated to this country. She couldn't get health care anywhere else. Planned Parenthood was there for her just like one in five women in America.

I am deeply troubled by how women's health care is singled out, stigmatized, and attacked. We treat it differently than any other aspect of health care. Take the [inaudible 00:02:43] that the Trump Administration has proposed. It would mean that doctors and nurses would be forced to censor what we can and cannot say to our patients about reproductive health care. Imagine the outrage of this for any other aspect of medicine.

Doctors now can't tell our patients information about insulin, even if they have diabetes that are coming in specifically asking for it. Yet we silo out reproductive health care and women's health care, when actually we in medicine know what's true, which is that reproductive health care, women's health care is health care. Health care must be a guaranteed human right. Fighting to protect that right and fighting to provide access to health care is the honor and privilege of a lifetime to be able to do that now at Planned Parenthood.

Margaret Flinter: Well, Dr. Wen, I want to maybe delve a little more deeply into some of these enormous threats that are on the horizon to women's health, what the appointment of Brett Kavanaugh to the Supreme Court will mean for women's health, and large swaths of the country where safety net clinics have been forced to close, putting so many women at risk. Share with us, if you can, some of the guiding elements of your plan for confronting these enormous challenges.

Dr. Leana Wen: I'm learning more about the organization now and seeing for myself, just how committed the exceptional physicians, clinicians, staff are who work at our over 600 health centers around the country. We provide primary health care. We provide reproductive health care for many of our patients. We are their only source of health care. We have seen what happens when safety net clinics close around the country. We're talking about women going without access to breast and cervical cancer screening.

Planned Parenthood does more to prevent unintended pregnancy every year than any other organization. We're also seeing what's at stake with this Supreme Court and the relentless attacks on women's health. There are 15 cases on reproductive rights that are just one step away from the Supreme Court, which means that we are facing a real probability that Roe v. Wade could be overturned or further eroded in the next year. That means that 25 million women could be living in States with no access to reproductive health care and abortion services.

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How would we tolerate this for any other aspect of medicine? We have 400 laws that were passed in the last seven years that directly restrict women's access to reproductive health care, not based on science. They are politicians telling us what we can and cannot do, like a forced ultrasound, laws like a 72-hour waiting period, which we do not apply for any other safe legal medical procedure. There are also laws that have forced so many clinics to close that in several states.

There's only one provider left in the entire States and women have to drive hundreds of miles to access life saving health care. We will continue to refine and implement our contingency plan for health care access because that's what Planned Parenthood has always done and that's what we will continue to do.

Mark Masselli: Dr. Wen, your life experiences bring so much to the job, both as a young immigrant, a former Planned Parenthood patient yourself, a physician, City Health Commissioner in Baltimore, confronting such things as the opioid crisis, gun violence, infant mortality, and you really have incredible consensus building strategy. I'm wondering how you plan to leverage these skills of building consensus to expand the mission at Planned Parenthood.

Dr. Leana Wen: I've been privileged in Baltimore. I'm glad to have led efforts at our city, like Vision for Baltimore, together with partners, including Johns Hopkins and Warby Parker, the glasses provider, to get glasses to every child who needs them in Baltimore. I also led a collaborative, B'more for Healthy Babies program, dropping infant mortality by almost 40% in seven years, and cutting the disparity between black and white infant mortality by more than 50% in that period. Our work around the opioid epidemic also involved many partners around a North Star [PH 00:07:03].

No matter what political backgrounds we come from, we can focus on what's most important, the lives of women, which equals the lives of families, and the statistics around health outcomes that frankly are poor. The U.S. is the only industrialized country where total maternal mortality has increased, not decreased, but increased over the last 20, 25 years here. African-American women have a three to four fold higher mortality for maternal mortality and a 40% chance of dying from breast cancer than white women. As a physician, as a public health leader, I am committed to reducing these disparities. That's something I hope that we as a country can get behind.

Margaret Flinter: Well, in this climate we have with so much political wrangling going on, I think it's critical that we remind our listeners that abortion actually represents only about 3% of the overall health services provided by Planned Parenthood. You really are the dominant women's health care provider for primary and preventive health in so many communities.

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The other thing I think that gets lost is what a significant trend we've seen in reduced unplanned pregnancies. Can you just speak to how the important services provided by your organization are actually helping to reduce unplanned pregnancies?

Dr. Leana Wen:

The data show that we are at record lows for teen pregnancies, for unintended pregnancies. It's no coincidence that we also had the Affordable Care Act that gave 55 million women the ability to have no co-pay birth control. In Baltimore, as a result of our expanding sex education, so that it's comprehensive in middle schools and high schools and providing services, we had a 61% drop in teen pregnancies in the last 15 years.

That's what Planned Parenthood does around the country. That's what we do together with our medical and public health partners. We're actually seeing these gains that we've made being rolled back. In Baltimore, the Trump Administration cut our Teen Pregnancy Prevention funds. We sued them and we got our funding restored, which allows 20,000 of our young people to once again receive comprehensive sex education.

Less than 24 hours after the midterm elections, President Trump issued a new rule that would allow employers to deny women access to birth control. I just cannot believe that it's 2018 and we're still debating birth control. I also think it's hypocritical if the goal is to reduce unintended pregnancies and the need for abortions that we should be investing in what the data show us to work, which is birth control, which is comprehensive sex education, and I think it's important to talk about abortion in that context. One in four women will have an abortion in our lifetimes in America. It is part of the full spectrum of reproductive health care.

Look, I've treated women who've been in all types of circumstances, women who got pregnant because their birth control failed, women who had much desired pregnancies, but then something went wrong. I treated a patient who was diagnosed with metastatic cancer while she was pregnant, and she needed an abortion to save her life. These are the very real, very personal circumstances that we find our patients in. My job as a physician, as a provider, isn't to judge my patients. It's to give them medically accurate information and empower them to make the best decisions for themselves. I trust my patients. I trust women.

Mark Masselli:

We're speaking today with Dr. Leana Wen, newly appointed president and CEO of Planned Parenthood Federation of America. Dr. Wen, we've had the great privilege of having Cecile Richards on the show before, your predecessor. She was quite vocal about bringing the organization into the 21st century. She launched a number of mobile-enabled digital programs that have had a huge impact on expanding

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the organization's ability to reach a larger number of people. I wonder if you could talk about that modernization of Planned Parenthood's approach and how telemedicine and other technology interventions will allow you to serve a broader population.

Dr. Leana Wen:

We have not talked about another core aspect of what Planned Parenthood does. We are the largest provider of education for sexual reproductive health in this country. We have millions of visitors to our website every month to learn about these critical topics. We also realize another core tenet of public health, which is that we should meet people where they are. Meeting people where they are includes telemedicine. It includes one of our programs that does chat text, that people can text us and ask us questions, and we will respond in real time.

Part of meeting people where they are is realizing too that it's not only through technology, that the personal outreach is also important through partnerships. We partner with school districts around the country to deliver sex education. We also reach people where they are through outreach in communities. We have a promotores program with community health outreach workers, who are doing sexual reproductive health education and health promotion in barbershops, in migrant farms, and really where it is the people are. I'm excited about continuing to emphasize this core public health crucible as I start in my work here at Planned Parenthood.

Margaret Flinter:

Well, Dr. Wen, looking at the challenges that were on deck when you took on the role of Baltimore's Health Commissioner and now in your role at Planned Parenthood, but, I think it's very instructive for our listeners to hear a little more about that work. You had the death toll from the opioid crisis going up, just a deadly epidemic of gun violence going on in the community. You implemented some really effective interventions on all these fronts. Talk to our listeners about that, particularly maybe about the work that you did in the opioid crisis, but also what you did around gun violence.

Dr. Leana Wen:

Well, around the opioid epidemic, when I first came into my role in Baltimore, we were seeing an escalating number of people dying. I wanted to do whatever I could as soon as I could, which is another core principle for me, coming from the emergency department. You always do what you can now. You never say, let somebody else do that first. You do whatever you can with what you have. Working in the ED, I know about using naloxone, or Narcan, the opioid antidote. I've seen how someone who is overdosing and about to die will be walking and talking within seconds to minutes of getting this antidote.

I issued a blanket prescription to every single one of our 620,000 residents in Baltimore. As a result of this blanket prescription, we were able to have everyday residents in our city save the lives of

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nearly 3,000 family members, friends, and fellow community members.

We also mobilized and worked with all of our acute care hospitals in Baltimore because we believe that it's up to all of us to be treating addiction as a disease that it is. We're the first major city to have gotten together all of our hospitals to now be in level 1, level 2, level 3. Then we also started a 24/7 ER for addiction of mental health, called a stabilization center. I'm very proud of the work that we did in collaboration, doing what we can now, going to where people are.

You mentioned about gun violence. We also focused on treating violence as the public health crisis that it is. There is no question for me, after treating victims of gun violence, after treating people who died from gunshot wounds, that gun violence is absolutely a health issue. How could it not be a health issue? We also look at the research that shows that violence is a contagious disease. It spreads from person to person, just like the flu. It's something that is able to be treated and able to be prevented.

I led a program in Baltimore, called Safe Streets, where we hired individuals from the communities that they serve. Many of these individuals are recently released from incarceration. These individuals walk the streets and they mediate conflict, stopping gun violence before it happens. In one year, they mediated nearly 1,000 conflicts, 80% of which were found to later to be at likely or very likely to escalate into gun violence and gun death. We need to be looking at public health solutions to many of the most pressing problems facing our society, including gun violence.

Mark Masselli: Well, all of those were inspired interventions in public health and we applaud you for that. I think most of our listeners know the role that Planned Parenthood plays in reproductive care and as well primary care. Not sure they understand the role that you play in educating the next generation of health providers. I wonder if you could talk a little bit about the role Planned Parenthood has played historically in making sure that next generation of health providers are fully equipped and knowledgeable to provide care throughout the country.

Dr. Leana Wen: We are proud to provide exceptional, high quality, judgment-free health care to all our patients in our over 600 health centers around the country. We also have traditionally and continue to partner with universities, with residency programs, to train the next generation of OBs, of family physicians, and really all doctors who should be able to treat reproductive health care.

It's long past time that we understand that we need to treat a person as the whole patient. We're proud to be educating the next generation on sexual reproductive health. At the same time, we also

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are expanding our services. Under my leadership, we will continue to be not only providing health care and fighting to protect access to health care, but my vision also is to expand our reach, expand our services.

The patients who come to us don't just have one need. They may come to us for STI testing. They may come to us for birth control. They may also have unresolved and untreated mental health issues. They may also have addiction. They may also be in need of primary care services. Maybe they also have untreated hypertension. Maybe they also need to have their blood glucose checked. We should be able to provide the full spectrum of all health care and our health centers. Reproductive health care should be provided in all medical settings because reproductive health care and women's health care is health care.

Margaret Flinter: We've been speaking today with Dr Leana Wen, president and CEO of the Planned Parenthood Federation of America, an organization that's dedicated to protecting reproductive and other health rights. You can learn more about their work by going to their website, plannedparenthood.org, or follow them on Twitter @PPFA. You can follow Dr. Wen's work on Twitter @DrLeanaWen, and that's L-E-A-N-A.

Dr. Wen, thank you so much for your powerful advocacy for population health, for women's health, and women's reproductive health rights. Thank you so much for joining us on Conversations on Health Care today.

Dr. Leana Wen: Thank you.

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Mark Masselli: At Conversations on Health Care, we want our audience to be truly in the know when it comes to the facts about health care reform and policy. Lori Robertson is an award-winning journalist and managing editor of FactCheck.org, a nonpartisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in U.S. politics.

Lori, what have you got for us this week?

Lori Robertson: In late October, hours after the mass murder at a synagogue in Pittsburgh, President Donald Trump told his supporters, "We have to bring back the death penalty." The federal government in 31 states already have the death penalty, but there hasn't been a federal execution in 15 years, and state executions have sharply declined in recent years. The federal government reinstated the death penalty in 1988. There are currently more than 60 prisoners on federal death row according to the Death Penalty Information Center.

However, there have been only three executions since the federal death penalty was reinstated. The last one occurred in 2003. As for state executions, there has been a steady decline in recent years. Eight states carried out 23 executions. That was half the number of seven years ago and the second lowest total since 1991. So far this year, there have been 19 executions.

Robert Dunham, executive director of the center, said there are multiple reasons for the decline, including the inability of state government to obtain the drugs they need for lethal injection.

The National Conference of State Legislatures says lethal injection is the primary method used in states that have the death penalty. In 2008, the Supreme Court ruled that a three-drug lethal injection doesn't violate the constitution's ban on cruel and unusual punishment. Specifically, the High Court approved a three-drug combination that includes a sedative, a muscle relaxer that induces paralysis and stops respiration, and a third drug that causes cardiac arrest. Drug manufacturers since then have refused to sell their drugs for executions. States have had difficulty in obtaining the right combination of drugs.

Hospira Inc., the sole U.S. manufacturer of one of the drugs, sodium thiopental, suspended production of the drug in 2009 due to difficulties procuring its active ingredient, and then two years later, stopped production permanently after moving its manufacturing to Italy. In 2011, the European Union also banned exports of the drug. Arizona, California, and Tennessee turned to imported sodium thiopental from other foreign sources until death row inmates in those three states successfully sued to force the FDA to prevent the importation of a drug that was not FDA approved.

That's my fact check for this week. I'm Lori Robertson, managing editor of FactCheck.org.

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Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you'd like checked, email us at chcradio.com. We'll have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

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Margaret Flinter: Each week, Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. When Chef Karl Guggenmos grew up as a kid in postwar Germany, he lived on a diet of organic and locally grown foods. Now, he's the dean of the

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culinary arts program at Johnson & Wales University in Rhode Island. He realized that he has responsibility to teach the next generation of chefs how vital, natural, and simple ingredients are not just to creating good food, but to the health of the population as well.

He watched the obesity epidemic take hold in this country and decided to use his platform to create a new approach to chef training. He teamed up with a professor of medicine at Tulane University Medical School in New Orleans, and together they created what they believe is the first course in culinary medicine in the United States, teaching chefs and fourth year medical students how to understand the synergy between healthy eating, good food, and good health.

Karl Guggenmos: We created this program where our students are actually going to Tulane Medical School for an internship, and they work side by side with medical students and physicians working in the community, doing research, using an evidence-based approach to this whole idea of culinary medicine.

Margaret Flinter: In addition to learning knife skills, sauté, and poaching techniques, fourth year medical students are given a lesson in food pairings, learning which foods are most poised to foster good health and to combat obesity in their future patients' lives.

Karl Guggenmos: The medical students at the Center for Culinary Medicine, they have their own coursework that we helped them develop. They identify ingredients as to their relationship to health. They then start basic introduction to cooking from knife skills to how to sauté, how to poach, how to roast. Then they do recipe conversions. Then they have to do research. Our students are there. They're engaged working side by side with the medical students, exchanging information and techniques from each other. It's really unique. It's one of its kind. I think it's the first around the world. We're getting more and more traction about this.

Margaret Flinter: He strongly believes in the idea that chefs will be the pharmacists of the future. A dean of a reputable culinary program, teaming up with a medical school to train future doctors, armed to assist their patients in healthier eating, now that's a bright idea.

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Mark Masselli: You've been listening to Conversations on Health Care. I'm Mark Masselli.

Margaret Flinter: I'm Margaret Flinter.

Mark Masselli: Peace and health.

Margaret Flinter: Conversations on Health Care is recorded at WESU at Wesleyan

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