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Lifelines: A Physician's Fight for Public Health

Dr. Russell:

A prominent physician shares her journey from immigrant child to public health leader. Welcome to ReachMD *Book Club*. I'm your host, Dr. John Russell. Today I'm talking with Dr. Leana Wen, Public Health Professor at George Washington University, about her new book *Lifelines*.

Dr. Wen, welcome to the show.

Dr. Wen:

Thank you so much. Great to join you today.

Dr. Russell:

So your family arrived in the US and had a lot of struggles, correct? It was so beautiful how you talked about it in this book. Could you tell our listeners a little bit about your start in the United States?

Dr. Wen:

Well, I was born in China. My parents and I came to the US just before I turned 8, and we in a way had a typical immigrant story, which is that it is not particularly typical, except I think many of the themes might resonate. We initially moved to a little town in the mountains of Utah, and when we came, we had about \$40 to our name. We then eventually moved to Los Angeles. And despite working multiple jobs, my parents still had trouble making ends meet. There were times when we experienced homelessness and had to go to shelters. We were at different points dependent on food stamps, on SNAP. When my mother was pregnant with my little sister, she depended on WIC for her nutritional assistance. And I think it gave me a sense very early on in life about the social safety nets that many families like mine depend on.

I start *Lifelines* with a story of how when I was about 10 years old, a kid who lived in the apartment building, or the apartment next door to mine, died in front of me from an asthma attack because his grandmother was too afraid to call for help because they were undocumented immigrants, and she was afraid that if she called for medical help that the family would be facing deportation, and so I just had the sense early on that we live in a society that is profoundly unequal and where healthcare is not the human right as it really should be.

Dr. Russell:

So throughout the book you weave through this concept of Chiku. Could you explain to our listeners what that is? And how has that kind of intersected through your life?

Dr. Wen:

Yes, so Chiku in Chinese means to eat bitter. The rest of the quote is that you eat bitter in order to taste sweet, meaning that there are sacrifices that people go through in order to have a better life after. In a sense, this is what everyone universally around the world does. I

mean, now that I have two children of my own, I certainly would want to sacrifice to give my children a better life. That's exactly what my parents did in coming to the US. They were professionals in China who ended up coming to the US and had faced all these hardships. My father was an engineer in China, and in the US, he delivered newspapers and washed dishes in a restaurant. My mother was a professor. She taught English in China. She ended up becoming a 2nd grade teacher in LA, but before that was cleaning hotel rooms and working in a video store. These are the types of sacrifices that my parents were making for a better life for me and for my little sister, and I think that very much made me who I am and informed my view of what it is that we are in the world to do.

Dr. Russell:

So you were an academic superstar. You went off to college at 13, you went to med school at 18, and you found yourself very involved in the organization AMSA. Can you talk about that?

Dr. Wen:

Well when I was an undergraduate student, I became involved with the American Medical Student Association, with AMSA, and in medical school I became very involved mainly because there was so much that I was seeing in my medical training that I didn't think that medicine alone could solve. I wrote in *Lifelines* too, for example, about patients I saw who did not have health insurance. This is in the days before the Affordable Care Act. And we would see so many people who were ill, not because of a disease process but because of something else in their lives, and I wanted to figure out a way to address these issues because I knew that we couldn't do that in the four walls of the hospital, and so I got very involved with AMSA in running for national office, eventually becoming national president and taking a year off from medical school to advocate on behalf of 65,000 physicians in training in favor of universal healthcare, eliminating health disparities, and other core issues. I think that activism early on in my medical training gave me a sense of the possibilities of what can be when we as physicians, as clinicians, stand up and advocate for our patients.

Dr. Russell:

So as someone who's so passionate about public health, how did you find yourself doing an emergency room residency in Boston?

Dr. Wen:

Yes, so it was actually the other way around. It was actually from working in the emergency department that I saw there are so many factors outside of medical care that influence our patients' health and well-being.

I had a patient, for example, who came in all the time with asthma, but he didn't need a better inhaler. What was going on was that he and his mother were experiencing homelessness. They were in and out of shelters where people around them smoked. At some point they lived in a rowhouse surrounded by other empty rowhouses where there was a lot of mold. And so what was triggering his asthma was the conditions in his life. And I wanted to also be in a position where I could figure out how can we address food and housing that are also health issues too, and so, when I had the opportunity to become the Health Commissioner for the City of Baltimore, it was my dream job because I was able to work on the social determinants of health, these other critical issues in people's lives that have a lot to do with how well and how long they live.

Dr. Russell:

If you're just tuning in, you're listening to ReachMD *Book Club*. I'm your host Dr. John Russell, and I'm speaking with public health leader and professor Leana Wen about her book *Lifelines*.

So when you're taking on the job of the health commissioner of a large city with lots of social ills, isn't that a bit overwhelming to even say, "Oh my gosh, what am I getting into?" Did you have some trepidation of jumping into that very deep pool?

Dr. Wen:

Oh, absolutely. And I would say that every opportunity we have should be challenging, and if it is challenging, we would be remiss to not have some level of trepidation along with it, but I also saw this as this tremendous opportunity. Given the predecessors I had in Baltimore, I knew what was able to be accomplished in our city. I also understood the depth of the problems that Baltimore and many cities like it face. But here's the thing. The mayor who appointed me, Mayor Stephanie Rawlings-Blake, she had a saying that if

everything is a priority, nothing is a priority. That definitely is true in all aspects of medicine and certainly when it comes to public health because sometimes in public health, when everything is by definition tied to another thing, sometimes there can be a sense of decision paralysis that, "Hey, where do I even begin if everything is tied to one another?" And so we said we're going to focus on a few specific priorities.

One was addressing the overdose epidemic, which is still a major issue now. At that time, we were facing a rise in fentanyl overdoses, and we said we're going to focus on getting naloxone, Narcan, the opioid antidote, to every resident in our city. We were able to change legislation in our state, and then I issued a standing order, which is essentially a blanket prescription for naloxone, to every resident in our city back in 2015. We also started a first-of-its-kind stabilization center, which is the beginning of a 24/7 ER for mental health and addiction in our city, and we worked on increasing addiction treatment in all of our 12 acute care hospitals in our city, so we were able to get a lot done—and in that process, by the way, also saved more than 3,000 lives from opioid overdose in a 3-year period because of that naloxone standing order. Something else we prioritized was working on maternal and child health, working on youth health and wellness specifically. We had a program, still running strong now, called B'more for Healthy Babies that involves home visiting for pregnant and postpartum families, teaching on the ABCs of safe sleep, providing free cribs and housing resources. Within a 7-year period, we reduced the infant mortality in our city by 38% citywide and closed the disparity between black and white infant mortality by over 50% in that same time period. And so those are just some of the examples of things we were able to do with a focus on reducing disparities and improving health for all.

Dr. Russell:

So one of the things I thought was really amazing, despite all these things that you're taking on at the same time, you also experienced how do we deliver care to patients during a time of civil unrest in the City of Baltimore related to the Freddie Gray incident. What was that like trying to take care of people when the city was in such chaos?

Dr. Wen:

Well, this is the thing. Public health is not something that people necessarily think about in a time of crisis. There's a saying that "Public health saved your life today. You just don't know it." And actually, when the unrest first began in our city, I think a lot of people wouldn't have even thought about the health department being a key player in helping through this immediate unrest, as well as the recovery afterward. But in the immediate unrest, I mean, there were at least 13 of our pharmacies that were burned down, looted, or closed, and many hundreds if not thousands of our vulnerable elderly residents could not get access to prescriptions, and so we set up a 24/7 prescription access hotline, went door to door to help people fill their medications, get access to food, and then we went on addressing other health needs, including unmet mental health needs that were exacerbated, trauma that was generational in nature but were really brought out as a result of the unrest. And so all those were things that we went about addressing, focusing on short-term actions that gave a sense of urgency but also committing to long-term work as well.

Dr. Russell:

So over the last two years, you've shared a lot of your public health expertise with those of us kind of tuning in on television and watching you give some insight on the COVID pandemic. What are some of the public health lessons I think that we can learn on the back end that maybe we could go back and maybe change?

Dr. Wen:

Yeah, it's a great question, and I've been thinking a lot about this because there's no doubt that in the time of COVID that we have learned a lot of lessons, a lot of lessons the hard way and actually a lot of lessons that we've learned but have not yet implemented. One of them I would say is that public health depends on public trust. Getting the science right, of course, is really important, but when we're asking people to do things that they normally wouldn't do, I mean, something like masking when we don't come from a mask-wearing culture or quarantining and foregoing potential wages, it's really hard, and I think that if we could go back, anything that we could do to turn down the temperature and prevent this politicization that we've seen of basic public health measures would be really important.

I actually really worry about this now. I worry that the public health prior to COVID was really just the neglected topic. People didn't really think about it, but now it's in the political and cultural crosshairs in a way that's really dangerous. I worry about how the anti-vaccine movement might bleed into childhood immunizations and undermine the decades of work that we've done to save lives and we could see many vaccine-preventable diseases emerging again.

Another lesson that we've learned is how COVID didn't create problems but did amplify them. Health disparities existed way before COVID, but COVID unmasked these underlying problems. The underinvestment, undervaluing of public health happened way before COVID, but COVID also unmasked these issues as well, and so I hope that coming out of this period that there would be a renewed appreciation of public health, but also that we're able to turn down the temperature and really treat public health as a nonpartisan topic that really should unite our entire country and the world behind.

Dr. Russell:

And so to end on a final kind of upbeat note, I also think that the pandemic has inspired a lot of young people to think about lives of public service. What would be the advice that you would give to a young person who's thinking about a life of public service or a life in public health?

Dr. Wen:

Well one of my mentors who I cite extensively in *Lifelines* is the late Congressman Elijah Cummings from Baltimore who talked about pain, passion, and purpose; that your pain is often what fuels your passion that becomes your purpose. Now not everybody's passion and purpose have to be from something painful, but I think for many of us, definitely for me, what I care the most about is borne out of something deeply personal and deeply painful in my life, and so I would encourage those young people, if you will, to also identify what fuels them and turn that pain into passion and purpose.

The second thing that I would advise for young people is to not wait. So often I hear people who want to do something big and are waiting for that grand opportunity. Well, you don't get to that grand opportunity by waiting. You don't need to wait until you finish medical school to start making a difference in people's lives. And so I would really encourage people to take the opportunities they have at their disposal. Working for their campus organizations, volunteering for nonprofits, really any opportunity there is, don't turn it down.

And then third and finally, I would say bravo, that this is the time for young people to be involved in public health and public service and medicine. I mean, these are such noble careers. I feel so fortunate to be in this position of being able to serve and to help, and I strongly commend and want to encourage young people to join us in this journey.

Dr. Russell:

Dr. Wen, you certainly are an inspirational person, and it's a very inspiring book, so I would recommend people go out to buy *Lifelines*. It's a great read. And thank you so much for being on the program today.

Dr. Wen:

Thank you so much.

Dr. Russell:

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