Dr. Leana Wen and the Politicization of Planned Parenthood

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Abstract: On July 16, 2019, Planned Parenthood fired its president of less than one year, Leana Wen. Planned Parenthood, both a political advocacy organization and the nation’s largest provider of reproductive health care, hired Wen in the fall of 2018 to replace Cecile Richards. As the president for more than ten years, Richards is credited with bringing Planned Parenthood onto the national political stage. Wen’s background as an emergency physician and the health commissioner of Baltimore contrasted with Richard’s career as a political organizer. From the start of her presidency, Wen emphasized her public health background and announced her plan to “depoliticize Planned Parenthood.” By focusing on Planned Parenthood’s role as a healthcare provider, Wen hoped to avoid attacks from anti-abortion critics and eventually reframe abortion as a healthcare procedure. Soon after Wen began the job, however, news outlets began reporting Planned Parenthood staffers’ dissatisfaction with Wen’s leadership. As key employees left, outsiders began to wonder if Wen’s leadership was flawed or if the organization was resisting her efforts to adopt a public health approach. This case explores why Wen was fired and the politics of Planned Parenthood and abortion in America. Given the history and current climate surrounding abortion, is it possible to de-politicize Planned Parenthood? Was Wen’s approach doomed from the start, or did her leadership skills lead to her termination? While women, especially Asian women, face extra scrutiny for strict leadership styles, Wen’s vision for Planned Parenthood demonstrated a disconnect from the organization’s employees and the political realities of being an abortion provider in the United States.

The Hiring and Firing of Leana Wen

On September 12, 2018, Planned Parenthood announced their new President: Dr. Leana Wen. At 35 years old and fresh from her position as the Health Commissioner of Baltimore, Wen declared her plan to emphasize Planned Parenthood’s role as one of the nation’s largest health care providers. Wen’s background as an emergency room physician provided a stark contrast from her predecessor, Cecile Richards, a seasoned political organizer. Richards led Planned Parenthood through more than ten years of attacks, including testifying before Congress after anti-abortion groups released misleading videos, keeping Planned Parenthood funded through the passage of the Affordable Care Act, the devastating loss of Hillary Clinton in 2016, and the transition to the Trump administration. After a long, hard run, Richards decided it was time to pass the baton.

From day one, Wen emphasized her lens as a physician and a public health leader, beginning with the campaign “This Is Health Care” (O’Connor 2019, n.p.). Wen’s strategy was a bold departure from that of Richards: by using a public health approach and deemphasizing abortion care, Wen hoped to de-politicize Planned Parenthood. In theory, this approach would
focus on the organization’s role as a massive provider of reproductive health care, give anti-abortion advocates less room for attack, and eventually normalize abortion as a regular medical procedure.

Wen’s vision, however, was met with resistance from key Planned Parenthood staff. Not only was her public health approach questioned, but Wen’s leadership style was poorly received. Several news outlets reported on a leaked 112 page “Special Assistant’s Guide” given to staff with strict instructions on how to best interact with Wen, showing external signs of an internal struggle (O’Connor and Cramer 2019a). By February 2019, several high-level political staffers had departed, citing personal reasons, and murmurs of turmoil continued to grow.

The conflict came to a head during the summer of 2019. In the midst of attacks on the right to abortion by Republican state legislatures designed to challenge Roe v. Wade, the board of Planned Parenthood began negotiating with Wen to plan her departure from the organization. When negotiations fell apart in early July, a public battle ensued. On July 16th, 2019, Wen tweeted: “I just learned that the @PPFA Board ended my employment at a secret meeting. We were engaged in good faith negotiations about my departure based on philosophical differences about the direction and future of Planned Parenthood. My statement to come shortly” (Wen 2019b, n.p.).

A public back-and-forth ensued, with Wen insisting that her departure was over “philosophical differences” as opposed to leadership challenges (Wen 2019c, n.p.). While Planned Parenthood attempted to guide the conversation back to their commitment to ensuring access to abortion for all, the spectacle left the organization vulnerable to attacks from anti-abortion critics, who took Wen’s departure as proof that Planned Parenthood does not want to support public health, but rather is a calculating political machine.

Wen’s short tenure raises questions about Planned Parenthood, Wen’s leadership ability, and the nature of abortion in the current political climate of the United States. Why did Planned Parenthood hire Wen, only to fire her eight months later? If the board resisted Wen’s efforts to employ a public health approach, why did they hire her in the first place? What was the nature of Wen’s leadership issues? Although extremely effective as Baltimore’s health commissioner, was she prepared to lead a national organization? Did harmful stereotypes about Asian American women impact how employees and the media viewed her leadership? Finally, is it possible to depoliticize Planned Parenthood, given its history and the political climate of the United States?

The History of Planned Parenthood

Planned Parenthood’s history is rooted in the American birth control movement of the 20th century. Because birth control is inseparable from personal and political values about gender, sex, reproduction, and power, Planned Parenthood has had to navigate fervent political opposition from its inception (Gordon 2002). Margaret Sanger, the founder of Planned Parenthood, emerged as a national leader during times when attitudes about birth control were shifting. During the 1910s, multiple forms of birth control were widely used, yet public discussion of contraception invoked claims of “race suicide” (Gordon 2002, 86). Furthermore, the distribution of contraception or information about contraception was illegal under the federal Comstock law, which declared the matter “obscene” (Planned Parenthood 2016). Sanger, a nurse from New York and former union organizer for the Socialist Party, saw the potential for birth control to transform the lives of women, especially poor women (Planned Parenthood 2016). Her methods, often considered “radical” by her peers, sought to use direct action to provoke challenges to laws that denied women access to birth control.
In 1916, Sanger, along with Fania Mindell and her sister, Ethel Byrne, opened the first birth control clinic in the United States in Brooklyn, New York (Planned Parenthood 2020b). Although the clinic was shut down and Sanger arrested, the founder’s dual method of challenging the law and delivering clinical services served as a template for the future of Planned Parenthood. In the early 1920s, Sanger opened the Birth Control Clinical Research Bureau and the American Birth Control League, which would eventually merge and become the Planned Parenthood Federation of America (PPFA) in 1942 (Planned Parenthood 2016). Throughout the 1940s, PPFA added affiliate health centers throughout the country and significantly expanded its services to include infertility treatments and marriage education and counseling (Margaret Sanger Papers Project 1985).

When the birth control movement unified to form Planned Parenthood, interestingly, it defined itself as “apolitical” (Gordon 2002, 242). Until the emergence of Second Wave Feminism, Planned Parenthood adopted a conservative view of the power of birth control, advocating for contraception as a means to preserve the traditional family unit, rather than upend it. However, Planned Parenthood’s support for the development of the pill, which was approved by the FDA for sale in 1960, and other reproductive health care services created radical societal changes that set the stage for a feminist revolution (Planned Parenthood 2020b).

The 1960s and 1970s saw a string of victories for Planned Parenthood. Several court cases striking down laws that forbid the sale of contraceptives culminated in Eisenstadt v. Baird in 1972, meaning that all adults, married and unmarried, could now buy contraception (Planned Parenthood 2020b). In 1970, Title X of the Public Health Services Act incorporated birth control into public policy, providing public funding for sex education and family planning programs (Gordon 2002). Furthermore, the 1960s and 1970s saw the emergence of the abortion rights movement, as states began legalizing or criminalizing abortion. In 1970, a Planned Parenthood in New York became the first to offer abortion services (Planned Parenthood 2020b). In 1973, Roe v. Wade legalized abortion in the United States (Planned Parenthood 2020b). Prior to legalization, abortion was viewed as an unfortunate private medical procedure. After Roe v. Wade, abortion was reinterpreted by feminists as a symbol of choice and autonomy, creating a huge backlash among the religious right and leading to the development of the anti-abortion, or “pro-life” movement (Gordon 2002, 301).

The Reagan Administration and the Moral Majority provided fierce political opposition to the right to abortion and Planned Parenthood. ‘Gag Rules’ passed by Congress prevented physicians from discussing abortion with their patients at the expense of losing public funding. Furthermore, Planned Parenthood clinics, physicians, and workers became the subjects of violent attacks, including bombings and arson. In 1989, Faye Wattleton, Planned Parenthood’s first woman and person of color to serve as President, created the Planned Parenthood Action Fund, which serves as a political advocacy branch at the national level (Planned Parenthood Action Fund 2020). Today, the President of Planned Parenthood heads both the Planned Parenthood Federation of America and the Planned Parenthood Action Fund, while separate boards of directors govern each organization.

The 1990s and 2000s saw breakthroughs in reproductive technology, including new methods of birth control, emergency contraception, the abortion drug mifepristone, hormone replacement therapy, and a vaccine for HPV, emerged in the 1990s and 2000s (Planned Parenthood

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1 Second Wave Feminism, which began in 1963 and lasted until the early 1980s, describes a movement of consciousness raising and legal action by women activists that expanded the role of women in the workplace and society at large and saw advances in reproductive rights, awareness of domestic violence, and discussion of female sexuality.

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Today, Planned Parenthood is one of the nation’s largest providers of affordable health care, providing a large range of services, including STI testing and treatment, birth control services and information, and breast exams and pap tests. In 2019, Planned Parenthood served 2.4 million patients (Planned Parenthood 2020a).

**Cecile Richards: Bringing the Political Fight to the National Arena**

Cecile Richards served as the President of Planned Parenthood from 2006 to 2018. During her time as president, Richards fought to bring Planned Parenthood to the main stage of national politics and defended Planned Parenthood from many attacks and attempts to defund it. Daughter of the famous Texas Governor Ann Richards, Richards brought with her national name recognition and an extensive career as a community organizer and political consultant.

After graduating from Brown in 1980, Richards began her career as a community organizer for labor unions for service workers, including nursing home workers, janitors, and those in the hospitality industry (Richards 2018). While Richard’s work took her to California, in 1987 her mother called her home to Texas to run Ann’s campaign for governor. Following her work as campaign manager, Richards started and ran several successful state-wide and national political advocacy groups, including the Texas Freedom Network and America Votes. Richards also served as Congresswoman Nancy Pelosi’s Deputy Chief of Staff from 2002-2004. By the time Planned Parenthood’s presidential search committee reached out to Richards, she was an established political force, with experience organizing in the community, in state legislatures, and on Capitol Hill (Richards 2018).

At the time when Richards assumed her post at Planned Parenthood, the organization desperately needed a leader to revamp their political advocacy. Jill June, President of Planned Parenthood Iowa, explained to Richards at the job interview: “We’re the very best at what we do, providing reproductive health care for women… But we keep losing ground in the political arena, and we can’t count on another organization to fix it for us. We need to get back to our movement roots” (Richards 2018, 149).

Richards had her work cut out for her. In addition to attacks from Republicans and the Religious Right, the Democratic Party was openly recruiting anti-abortion candidates. According to Richards, “I felt that it was critical to show that standing with us was both the right thing to do and the politically smart thing to do” (2018, 160). To do this, Richards began engaging Planned Parenthood in the political process in new ways: in 2007, Planned Parenthood held its first forum for presidential candidates during the primary election, and in 2008, Planned Parenthood organized furiously to elect Barack Obama. Their hard work paid off in 2012, when President Obama described the essential health care services of the organization during a debate with Mitt Romney, giving Planned Parenthood its first ever mention during a presidential debate (Richards 2018).

The legislative process of the Affordable Care Act\(^2\) proved a challenging time for Planned Parenthood. After organizing to support the passage of Obamacare for months, the last-minute Stupak Amendment threatened to prevent insurance plans from funding abortion. At the eleventh hour, Richards and Speaker of the House Pelosi gathered enough votes to defeat the amendment (Richards 2018). Furthermore, Planned Parenthood won an important victory when they successfully lobbied President Obama to include birth control as a preventive care service in the

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\(^2\) The Patient Protection and Affordable Care Act (2010), also known as the Affordable Care Act or ‘ObamaCare,’ is President Obama’s signature health reform legislation that expanded Medicaid eligibility, subsidized insurance for low income households, and regulated the private insurance industry to expand access to health care for all Americans.

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In July of 2015, the Center for Medical Progress, an anti-abortion organization, released misleadingly edited videos of Planned Parenthood staff talking about selling fetal tissue (Cramer and O’Connor 2018). The videos launched an attack on Planned Parenthood, with Republican governors and congressmen calling for an investigation. During this turbulent time when anti-abortion groups attempted to infiltrate the organization, Richards prided herself on not losing a single national staff member (Richards 2018). On September 29, 2015, Richards testified before the highly partisan House Oversight and Government Reform Committee on Planned Parenthood’s budget, providing measured responses in the face of incendiary, and often offensive, questioning (Richards 2018). The following attempts by House Republicans to defund Planned Parenthood failed.

With Planned Parenthood’s growing presence in national politics, the organization was an important player in the 2016 Presidential Election. In 2016, Planned Parenthood endorsed Hillary Clinton, offering its first presidential endorsement during the primary phase. Planned Parenthood threw itself into the campaign to elect the first woman president. Richards herself campaigned as a surrogate for Clinton and was devastated by the victory of Donald Trump (Richards 2018). Nonetheless, Richards stayed on to negotiate Planned Parenthood through the transition to a president and congress firmly opposed to the right to abortion. After defeating yet another attempt to defund Planned Parenthood, this time contained in “Trumpcare,” Richards finally announced that she was stepping down as president and CEO on January 26, 2018 (Cramer and O’Connor 2018). While supporters praised her leadership over her twelve year tenure, anti-abortion advocates used Richard’s “political savvy” as evidence of Planned Parenthood’s role as a political abortion advocacy group, rather than a health care provider, and ultimately credited her with strengthening the pro-life movement (Shellnutt 2018).

Leana Wen: ‘Doctor for the City’

Leana Wen was born in Shanghai, China in 1983. At the age of seven, Wen’s family immigrated to the U.S. as political asylees and settled in Los Angeles, California (Khazan 2015). During Wen’s childhood, her parents had to work multiple jobs to make ends meet and relied on Medicaid and Planned Parenthood for health care services (O’Connor 2019). In order to fulfill her childhood dream of becoming a doctor, Wen enrolled in college at the age of 13, and by 18, Wen had finished her bachelor’s degree in biochemistry and enrolled in medical school at Washington University (McGinn 2006). During medical school, Wen took a one-year leave of absence to serve as the President of the American Medical Student Association (AMSA), during which she represented 65,000 medical students and oversaw a budget of $3.5 million (McGinn 2006). Wen also served as a Global Health Fellow at the World Health Organization and was appointed to the Congressional Council on Graduate Medical Education by the U.S. Secretary of Health and Human Services (McGinn 2006). After medical school, Wen was named a Rhodes Scholar and earned two master’s degrees during her time at Oxford (Gelles 2019).

Wen completed her residency in emergency medicine and became a Harvard Medical School clinical fellow at Brigham and Women’s Hospital (Gelles 2019). In 2013, Wen co-authored the book “When Doctors Don’t Listen: How to Avoid Misdiagnoses and Unnecessary Tests” (Rehm 2013). The book was inspired from personal experience; two years earlier, Wen’s mother died of breast cancer after doctors misdiagnosed the severity of her mother’s cancer for a year (Rehm 2013). Continuing her passion for patient advocacy, Wen became the Director of Patient-
Centered Care at the Department of Emergency Medicine at George Washington University, where she both practiced medicine and served as a professor (Khazan 2015). Wen also delivered a highly viewed TED Talk about medical transparency and doctors’ financial conflicts of interest and started the campaign “Who’s My Doctor” to encourage doctors to publish their sources of funding (Wen 2013). Clearly, while Wen was passionate about serving her patients, her interests expanded beyond the emergency room.

In 2015, at the age of 32, Wen was appointed as the Health Care Commissioner of Baltimore City (Khazan 2015). Wen was eager to tackle the issues that put her patients in the emergency room in the first place; she likened asking her patients questions about their living and working conditions to “opening Pandora’s box” (Wen 2015). As the public health leader of Baltimore City, Wen would be able to open Pandora’s box and address the social determinants of health. Wen did face one significant obstacle: her lack of political experience. One senior staffer described Wen’s status as a political outsider as an advantage, allowing her to think differently, but others described her impatience as incompatible with the slow nature and limited funds of government work (Hsu 2016). Furthermore, the unique racial biases held against Asian American women result in increased scrutiny for Asian American women in leadership roles. Despite being characterized as the “model minority,” Asian Americans are under-represented in leadership roles due to stereotypes that mark Asian Americans as “socially incompetent” (socially introverted, submissive, and obedient) and therefore incompatible with leadership positions (Sy et. al 2010). For Asian American women, this manifests in what some have called the “Lotus Flower/Dragon Lady double bind” wherein behaving either quietly or outspokenly will result in the perception that they are unfit for leadership roles (Kramer 2020). As a bold leader, Wen may have faced undue criticism from staffers and the media due to these stereotypes about Asian American women.

In late April of 2015, less than five months after Wen began the job, the death of Freddie Grey in police custody and subsequent protests threw Baltimore, and the city’s deeply rooted racial inequality, into national focus (Hsu 2016). Wen coordinated the Health Department’s response, delivering prescriptions to seniors whose pharmacies had burned down, creating a mental health and trauma recovery plan, and ensuring access to resources for those in impacted neighborhoods (Planned Parenthood 2018). Wen also used the spotlight to argue the importance of public health as a tool to tackle the social inequality afflicting Baltimore. In the following months, Wen instituted a number of innovative public health solutions to solve Baltimore’s problems, while multiple media organizations, including National Public Radio, The Washington Post, and The Atlantic followed her story. During her two and a half year tenure, the Baltimore Health Department achieved many impressive successes, including: the issuance of a standing order or blanket prescription of Naloxone, the drug used to reverse opioid overdoses, to all residents of Baltimore City, saving 2,800 lives; expansion of the Safe Streets program, an anti-violence initiative that employs ex-offenders to mediate and prevent conflicts related to gun violence; and the “B’more for Healthy Babies” program, which saw a 40% reduction of infant mortality rates over seven years (Planned Parenthood 2018). Wen also challenged the Trump Administration for restricting funding for reproductive health. In 2018, the City of Baltimore successfully sued the Trump Administration for cutting funding to the Teen Pregnancy Prevention Program, and Wen

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3 According to the U.S. Centers for Disease Control, the social determinants of health are “conditions in the places where people live, learn, work, and play” that affect health risks and outcomes; public health professionals study the social determinants of health to better understand how disease impacts different populations (CDC 2018).

4 The “Lotus Flower” refers to the stereotype of the exotic, submissive, and eroticized woman, while the “Dragon Lady,” based upon villainous roles played by actress Anna May Wong, describes Asian women who are perceived to be aggressive, overbearing, and unlikable.
protested Trump’s proposed abortion “gag-rule,” which prevents health care providers who receive Title X funding from discussing abortion with their patients (O’Connor 2019).

Known as the “Doctor for the City,” Wen’s eagerness to get things done was evident to her constituents. However, while Wen accomplished impressive feats at the Baltimore Health Department, her impatience, perfectionism, and status as a political outsider proved challenging for her staff. Wen’s senior staff faced high turnover rates (Hsu 2016). In an interview, Wen’s assistant remarked that Wen could be a “control freak” and had trouble delegating tasks like speechwriting to her staff members (Khazan 2015). Alternatively, Wen attributed her perfectionism to a deep sense of urgency for her work and her action-oriented nature. Despite these internal leadership challenges, Wen achieved enormous results for the city, gaining the respect of Congressman Elijah Cummings and the people of Baltimore and earning national recognition, which ultimately caught the attention of the Planned Parenthood search committee for a new president.

President Leana Wen and the Public Health Approach

On September 12, 2018, Planned Parenthood announced that the search committee had unanimously chosen its new president. The video announcement and press release emphasized Wen’s background as a physician, the first physician to head the organization in almost 50 years, as well as her successful lawsuit against the Trump Administration while at the Baltimore Department of Health (Planned Parenthood 2018). While Wen stressed her plan to reframe Planned Parenthood first and foremost as a health care provider with the campaign “This Is Health Care,” she also conveyed her readiness to continue the political battle that Richards had fought for twelve years (O’Connor 2019).

The search committee’s choice was considered smart by some and a sign of fatigue by others. Outsiders speculated that the search committee sought a woman of color to meet the demands of advocates, and later began searching for a candidate with experience in health care delivery (Schmidt 2018). By putting a physician at the helm, Planned Parenthood was preempting the accusation by anti-abortion activists that Planned Parenthood is purely a political machine whose sole purpose is to deliver abortions. Vice President of March for Life, Tom McClusky, told Buzzfeed News, “It’s brilliant hiring her, I was preparing for another elected shill kind of person...To hire someone with a Dr. in front of her name— I think they think, with the most pro-abortion Congress we’ve ever had, think the time is right” to make the point that abortion is health care (O’Connor 2019, n.p.). Prominent Democratic strategists expressed concern that this strategy would not work: the attacks would keep on coming, and Planned Parenthood would be unable to adequately defend itself (O’Connor 2019). The Trump presidency required that Wen and Planned Parenthood constantly be on their toes: Brett Kavanaugh was confirmed as a Supreme Court Justice a month before Wen took office, empowering anti-abortion advocates to challenge Roe v. Wade, and the Title X “gag rule,” was proposed only months earlier (O’Connor 2019).

Wen’s first days at Planned Parenthood were characterized by a disconnect between experienced staffers and Wen and her team of aides brought over from the Baltimore Department of Health. The day before Wen arrived, staff received a memo about how they should operate under Wen’s leadership, including the statement, “No action or requests should be taken until approval from the [Office of the President] is given” (Stuart 2019). This memo foreshadowed Wen’s distrust of experienced staff and reliance on those she had brought with her. In January of 2019, the political action committee Emily’s List hosted a celebration of the new female congresswomen, providing Wen with an ideal opportunity to network among lawmakers and
influential donors. Instead of accepting help to prepare for what is usually a routine political photo-op, Wen’s team refused assistance and bungled the event, failing to identify and connect with key attendees, including the head of Emily’s List and top lawmakers (Stuart 2019). A frustrated witness remarked: “People are offering to help you. They want to help you. They want you to succeed and you’re just like: ‘No, I can do it on my own’” (Stuart 2019, n.p.).

Wen’s reliance on her staff that she brought from the Baltimore Health Department was a recurring issue. Soon after Wen began the job, aides circulated a “Special Assistant’s Guide,” with explicit instructions on how to work for Wen, including: “Nothing can fall through the cracks… Make sure to frequently look up [from Twitter] and make eye contact with Dr. Wen to see if she is trying to communicate urgent information… Dr. Wen ‘learns’ not ‘hears’…Try not to look at emails more than once. Take care of it then” (O’Connor and Cramer 2019a, n.p.). Staff, with years of experience at Planned Parenthood, did not value these instructions. Furthermore, Wen frequently had “secret meetings” with her staff from the Baltimore Department of Health, many of whom knew little about Planned Parenthood and would not consult other staffers about op-eds, speeches, and other decisions (O’Connor and Cramer 2019b).

The New York Times reported on another incident early in Wen’s tenure that put her at odds with existing staff. On Wen’s first day as president she gave an interview with Elle magazine in which she called undocumented people “illegal immigrants” (Barbaro and Kliff 2019, n.p.). At a staff meeting a few months later, a young organizer brought up her use of the term, explaining that Planned Parenthood serves people who are undocumented and how that language is derogatory. Wen refused to apologize for her use of the term (Barbaro and Kliff 2019). Other instances occurred of Wen using language that ignored the advice of Planned Parenthood staff. Despite being told it was incorrect, Wen repeated in numerous interviews and on Twitter that “thousands of women died each year of unsafe abortion before Roe v. Wade” (Kliff and Goldmacher 2019). The Washington Post eventually fact-checked her claim, giving anti-abortion activists free ammunition. Wen would not use transgender-inclusive language, such as “people” instead of “women,” and told staff that she feared discussing transgender issues would isolate the Midwest (O’Connor and Cramer 2019b).

By early February, key political staffers had begun departing from the organization, and the media took notice. Buzzfeed News reported that Deidre Schifeling, executive director of the Planned Parenthood Action Fund, and Wendi Wallace, director of political outreach, both announced that they were leaving in late January (O’Connor and Cramer 2019a). Schifeling and Wallace were both instrumental in building up Planned Parenthood’s political advocacy under Cecile Richards, and their departures hinted that Wen desired to take the organization in a new direction. While both insisted that their leaving was unrelated to Wen and that Wen remained committed to the political fight, many other high-level staff followed suit and left in the subsequent months. According to a former staffer, the board of directors hired an executive management coach to repair Wen’s relationship with the staff (O’Connor and Cramer 2019b).

Wen’s goal to emphasize and expand Planned Parenthood’s non-abortion care led staff to fear mission creep. Early on, Wen asked that information on the common cold, diabetes, smoking, and asthma be added to the Planned Parenthood website, despite the fact that Planned Parenthood does not treat these conditions (Kliff and Goldmacher 2019). Staff resisted, reminding Wen of an instance in 2015 when Planned Parenthood came under attack for suggesting that they provided mammograms, when they did not. The web pages were posted regardless, causing one staffer to ask in an internal email, “Are we the nation’s largest sexual and reproductive health provider, or are we something different?” (Barbaro and Kliff 2019). Newer staff members viewed Wen’s
approach favorably, however, and said that high level staff were unfairly opposed to Wen’s new initiatives and simply citing “mission creep” (Kliff and Goldmacher 2019). As early as February, news of internal strife at Planned Parenthood leaked to the public. Whether it was growing pains or mismanagement, Planned Parenthood needed a united front to face the spring and summer of 2019. Emboldened by Trump’s policies and his appointment of Brett Kavanaugh to the Supreme Court, Republican state legislatures began passing total or near-total abortion bans, often called “heartbeat bills” for outlawing abortion after the fetus has a detectable heartbeat, as early as six weeks into pregnancy (Barbaro and Kliff 2019). Indiana was the first state to pass such a bill, eventually followed by thirteen states, with the potential to impact millions of women. Wen attempted to mobilize to fight these bans, giving interviews on television shows and starting the campaign “Bans Off My Body,” but lacked the organizing prowess of her predecessor Richards (Barbaro and Kliff 2019). At the national Planned Parenthood conference in April, Wen delivered her keynote address on expanding Planned Parenthood’s services to provide mental health and addiction coverage, leaving staff feeling as though Wen missed an opportunity to rally the organization to fight the abortion bans (Barbaro and Kliff 2019). By mid-June, the board of Planned Parenthood asked Wen to step down as President. Negotiations began, with both parties hoping to part amicably, but talks broke down in early July. On July 6, without notifying the board, Wen posted an op-ed in The Washington Post titled “My Miscarriage Has Made My Commitment to Women’s Health Even Stronger,” which announced that Wen had suffered a miscarriage during the weeks prior and discussed her experience in the context of the abortion bans and the prosecution of women for experiencing pregnancy loss (Kliff and Goldmacher 2019). In all, her miscarriage had strengthened her dedication to fighting for reproductive health as the President of Planned Parenthood (Wen 2019a). In the midst of the breakdown of negotiations, Trump’s Title X “gag rule” went into effect on July 15, which cut off federal funding for birth control clinics that offer or refer patients to abortion services. Planned Parenthood historically served 40 percent of all Title X patients and stood to lose millions of dollars of funding (Stuart 2019). On July 16, the Planned Parenthood Board of Directors met in an emergency session, during which they unanimously approved the removal of Wen as president, and appointed Alexis McGill Johnson, a former board chair, as the acting president (Kliff and Goldmacher 2019). Wen tweeted that she had been fired in a “secret meeting,” as news organizations covered the story (Wen 2019b, n.p.). Later, Wen issued a statement and authored an op-ed in the New York Times, titled “Why I Left Planned Parenthood.” In the article, Wen wrote,

I had been leading our organization’s fights against these attacks, and believe they offer even more reason for Planned Parenthood to emphasize its role in providing essential health care to millions of underserved women and families. People depend on Planned Parenthood for breast exams, cervical cancer screenings, H.I.V. testing and family planning. To counter those who associate the organization with only abortion and use this misconception to attack its mission, I wanted to tell the story of all of its services — and in so doing, to normalize abortion care as the health care it is…. But the team that I brought in, experts in public health and health policy, faced daily internal opposition from those who saw my goals as mission creep. There was even more criticism as we worked to change the perception that Planned Parenthood was just a progressive political entity and show that it was first and foremost a mainstream health care organization (2019c, n.p.).
Wen’s critique, that Planned Parenthood failed to prove it was more than “just a progressive political entity,” gave anti-abortion groups the opportunity to assert that Planned Parenthood is not a health care provider and that abortion is not health care. While headlines and process stories about internal strife at Planned Parenthood dominated the news cycle, Republican state legislatures continued to restrict the right to abortion in pursuit of challenging Roe v. Wade.

Wen’s short tenure as the leader of Planned Parenthood provides insight into the politics of abortion in the United States, the skillset required to manage a national organization, and Planned Parenthood itself. Planned Parenthood hired Wen because her clinical and public health experiences legitimized the organization as a health care provider, in contrast to accusations that Planned Parenthood had become a political machine under Cecile Richards. However, Wen’s efforts to depoliticize abortion displayed her lack of experience in both national politics and reproductive rights work. It is impossible to depoliticize abortion in the United States, as it has become entangled with partisan politics. Wen’s strategy left Planned Parenthood vulnerable to attacks from the Trump Administration and conservative state legislatures. Furthermore, while it looked great to activists and political strategists to put an emergency physician and public health expert, as well as a woman of color, at the helm, the board was unwilling to make the changes necessary to support Wen’s vision of expanding Planned Parenthood’s role as a health care provider. Although Wen was an effective leader for the city of Baltimore, she was unprepared to manage an organization of such a large size and scope. Furthermore, Wen’s reliance on her staff from the Baltimore Department of Health and failure to recognize the work of existing Planned Parenthood employees resulted in high staff turnover and a lack of respect for her leadership. Harmful stereotypes about Asian women may have impacted Wen’s lack of acceptance by Planned Parenthood staff, as well as harsh press scrutiny about her job performance. Failures committed by both Wen and Planned Parenthood contributed to her lack of success in managing the organization and resulted in the harmful fallout from her removal. Anti-abortion advocates weaponized Wen’s critique of the organization and used Wen’s removal as evidence that Planned Parenthood is nothing more than a political motivated abortion provider.
References


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