

## Q&A: This pediatrician leads one of the world's largest philanthropies

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### Jennifer Lubell

Contributing News Writer

Priscilla Chan, MD, has worn many hats. The daughter of Chinese immigrants who fled Vietnam in refugee boats, she grew up near Boston, served as an interpreter for her grandparents and was the first person in her family to graduate from college.

She's been an after-school teacher in public housing units and a pediatrician at a San Francisco safety-net hospital. In 2016, she co-founded The Primary School, a nonprofit organization that provides K–12 education and perinatal care in the San Francisco Bay Area.

Her goals to improve health, science and racial justice on a global scale are also multifaceted.

"I love being on the front lines. I love being with kids and families, but I have to say that the systems that we work in make it really hard to actually have that impact," said Dr. Chan in an interview AMA Executive Vice President and CEO James L. Madara, MD.

Dr. Chan discussed the Chan Zuckerberg Initiative, which she co-founded with her husband Mark Zuckerberg. The initiative seeks to improve education and address other challenges such as eradicating disease. Dr. Chan, an AMA member, manages its day-to-day operations and recently spoke with Dr. Madara about the initiative's aims and her role as its physician-trained leader.

This interview, which was recorded for a presentation to AMA senior executives, was edited and condensed for clarity and readability.

**Dr. Madara:** In 2015, Priscilla and her husband, Mark Zuckerberg, founded the Chan Zuckerberg Initiative. Would you talk a bit about your own formation and how that links to and affects the initiative?

**Dr. Chan:** My family story is the reason why I do the work that I do. My parents, my grandparents

came to this country as boat people during the Vietnam war as refugees ... with a belief that there had to be a better future somewhere else. And how incredible is it that it all worked out? I had amazing mentors in my schooling. I had people who looked out for me, great public schools. And I ended up as a student at Harvard with opportunities that I had never known even existed.

And I felt so overwhelmed with all sorts of emotions, but a large one being gratitude—that I had to give back.

When I founded the Chan Zuckerberg Initiative with Mark, it really was—from my perspective—how do we make the systems work better? How do we give front-line practitioners better tools? ...

**Dr. Madara:** There must have been a learning element from the beginning of the initiative to today. Can you say something about that?

**Dr. Chan:** I was convinced for a long time that I needed to have gone to business school or there needs to have been a paper, a book, a reference that I could look at that would tell me what to do.

Turns out—I don't think there is. As a leader, oftentimes the questions that you have to deal with are the ones that don't have a clear answer. We deal with that in medicine. There are trade-offs and you have to make the best choice possible. Being able to look at data, look at imperfect data and make a decision is something I do every day.

**Dr. Madara:** The initiative has been described here [in *Recode*] as “one of the most well-funded philanthropies in human history.” Your initiative has deep pockets, but just in the U.S. health care system we have a \$4 trillion yearly ecosystem. How do you pick and choose, strategically, for impact given this vast system that you participate in?

**Dr. Chan:** The world that we work in is an enormous ecosystem. And we are a tiny, tiny fraction of that. So, when we say our goal is to cure, prevent and manage all disease by the end of the century, we are 100% not doing this alone. We simply have faith that if the ecosystem works together, and if we do our part—as well as many, many others—we have a chance of doing that.

We have an amazing multidisciplinary team of scientists, computational biologists, data scientists, engineers, product designers, policy folks, user-experience experts. And they have a unique skillset to be able to understand a problem and build software.

We had built a tool prior to the pandemic called IDseq, where we were able to take the outputs of a sequencer of any sample. Basically, what the software would do is take out all the human DNA and then identify what's left and match it against the known library of infectious diseases.

And we were able to help scientists and health practitioners identify— hypothesis-free—what

infectious agent might be in a sample. That was amazing, and we were excited about what it was able to do for unknown illnesses. ...

When COVID-19 happened, the software was immediately able to identify cases of COVID-19, and, in fact, identify one of the first cases in Cambodia—one of our partner sites.

We sent our scientists. We sent our user-experience experts. We sent our wet-lab trainers to departments of public health to try to meet their needs—a different set of practitioners who needed to be able to do metagenomic sequencing of COVID-19 to understand the barriers that were coming into their community. We by no means were the public health system, but we were able to fill in a gap to be able to empower those practitioners to do their best work quickly.

**Dr. Madara:** When we were speaking earlier about the AMA strategic framework, we made the point that the newest accelerator in our framework has to do with health equity. I know you have an interest in community-based work, as well as equity. Could you say more about that?

**Dr. Chan:** We cannot achieve our mission and vision of curing, preventing, and managing disease for everyone if we don't take health equity into consideration. It's a generalization, but largely true, that our basic science research overrepresents Caucasian men of European descent or folks of European descent in general.

And that leaves out a lot of people who are not represented in our scientific understanding of the human body. We just launched an RFA [request for application], looking at bringing in different data sets from folks of all different ancestries that are traditionally underrepresented.

We also look at age. I might be a little biased because I'm a pediatrician, but development happens and we cannot simply extrapolate that children are little people. Nor is an infant the same as a teenager. And so, how do we actually understand the course of development across different age groups, across the span of a human life, to actually enable us to understand and better serve folks of all different ages and backgrounds?