

## Section III: Practical Politics

The material in this section gives information and suggestions for practical action in the existing political structures of society. Major avenues for political action that currently exist for individual nurses and for organized nursing are highlighted.

# Nurse Political Action: Interview with Marge Colloff

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**T**HE YEAR 1979 was an unusually hectic one for the schools of nursing and indeed the nursing community at large, encompassing President Carter's veto of the Nurse Training Act, his rescission requests and the reauthorization of the Nurse Training Act Amendments of 1979. The year was a complex proving ground of nursing's political prowess. Through the unified action of leaders and members of the four largest nursing organizations—the American Nurses' Association, the American Association of Colleges of Nursing, the National League for Nursing and the Student Nurses Association—members of Congress were immediately and continuously apprised of the portent of the president's action, the ill effect it would have on the current and future supply of nursing care givers and the concomitant stress that further shortages

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*The views expressed by Marge Colloff are those of the staff and do not necessarily reflect the opinion of the members of the Subcommittee on Health and the Environment.*

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of nurses would place on patients needing home, agency or institutional care.

Sympathetic editorials appeared in newspapers, press conferences were called by deans of nursing schools, letter and Mailgram campaigns were waged, demonstrations and rallies were held and although at times, at least on the grass-roots level, it appeared that all the stops had been pulled, the nursing profession probably only scratched the surface of its lobbying potential.

However, the apparent success of these efforts—a sizable decrease in the rescission request and new, thoroughly livable 1979 amendments—has put nursing into a high-visibility position which now must be carefully evaluated. While in the main nurses continue to enjoy the support of Congress, there are indications that nurses are viewed as underpaid, mostly female do-gooders in need of protection by the predominantly male congressional world. Recent assertiveness casts welcomed doubt on this image but brings with it challenges for the future. An excerpt from Rep. Silvio Conte's (R-Mass.) floor speech supporting the substantial cuts originally recommended by the House Appropriations Committee serves as ample illustration of this point:

Mr. Speaker, nurses have never had a greater friend than myself in the 21 years that I have been in Congress. I have never voted against a nursing program. I always

said . . . "You do not turn your back on a nurse." And I never did turn my back on nurses. My wife is a registered nurse for a good many years . . . and it hurts me to stand here and support my Chairman (Ed Natcher, D-Ky.) but I think he is right. It also upsets me, Mr. Speaker, when members up here are going to go against the rescissions that we have made and support the gentleman from West Virginia (Rep. Harley Staggers), and then come in here to cut \$37 million for a badly needed facility for the National Institutes of Health for Child Health Care. But unfortunately those women who are interested in prenatal research and those unborn children, just did not have a big lobby to send a lot of people telegrams here in the House of Representatives. If Members want to put this money back in, fine. But do not cut it out of another worthy program!<sup>1</sup>

Nurses have clearly demonstrated, in the case of the Nurse Training Act, their political skill in fighting for their own interests. Now they need to become more visibly interested in patient and health care issues about which they are knowledgeable and concerned. They need to share their research findings with members of Congress and help to formulate policy directives based on them. Nurses can use their muscle to advance legislation dealing with health care regulation, provision of services, environmental issues, research priorities and so on. They need to base their demands and opinions on objective, accurate data. As professionals they can direct and support their organizations in the accomplishment of these goals.

#### CONGRESSIONAL COUNSEL DISCUSSES LOBBYING

Following is an interview with Marge Colloff, staff director to the Health and

Environment Subcommittee of the House Interstate and Foreign Commerce Committee, which has authorizing jurisdiction over the Nurse Training Act. Ms. Colloff was for two years health staff aide to Congressman Henry A. Waxman (D-Calif.). She joined the committee staff in 1979 when Mr. Waxman became committee chairman and has recently been made staff director.

Isaacs: "Professional" lobbies are said to have different characteristics than labor or business interest groups. They tend to be smaller, have less money, show social concern and gain most of their prestige from the special expertise they represent. In your opinion, does nursing fit into this rubric or would you consider nurses a labor lobby?

Colloff: There are times when we are forced to think of nurses as a labor group. But generally I think most people would classify the nursing profession as health and hospital manpower. We're not used to thinking of nurses going out on strike. That's something new.

Isaacs: Where would you place physicians? Would you consider them to be a professional, labor or business lobby group?

Colloff: Professional, although in some ways they bear similarities to business groups in that political action committees are most generous in financing congressional campaigns.

Isaacs: How about teachers? Would you consider them a professional, labor or business group?

Colloff: I think of them as a professional group although somehow different from the others. I think one of the reasons is that the various teaching groups take

positions on such a wide range of bills that they don't get type cast the way some of the others do.

### *Silence Is Not Golden*

Isaacs: The strength of a lobby is related to several characteristics: size, cohesiveness, finances, unbiased social concern and political acumen. Which of these characteristics best describes the nursing lobby?

Colloff: I'm not sure that I'd pick any of those when I think of nurses as a lobby. Size, of course, is important. But it's

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organization plus size. If you have numbers but the numbers are silent and the members of Congress don't hear from this constituency, the size isn't exactly irrelevant but it's not nearly as forceful. But when you have great numbers of people who are well organized then you have an orchestrated campaign.

For example, on the Nurse Training Amendments and particularly on the rescission of funds for nurse training, it was not so much the number of nurses in the United States—it was the number we heard from when a vote was coming up on the House floor that really determined the fact that the rescission, to a great extent, was beaten back. At that moment the critical element was to have data and statistics so the floor debate could be well

informed. The nurses' groups were able to give us that data immediately.

Another factor that's important, though it hasn't come up yet on a nursing issue, is getting fast feedback of constituent response to proposed Congressional action. For example, if a compromise is worked out, either on the floor or in committee, sometimes we want the key groups involved (those who will be regulated or affected by the legislation) to give us a reading on how their members will react. Some groups can react almost instantaneously by making five phone calls and telling us in an hour how the membership is going to react.

Others are not organized that way. Policy moves from the grass roots up to the national organization, not the other way around. A group like that doesn't have the same turnaround time. Turnaround time on Capitol Hill is terribly important. The ability to read your group and get back to the members of Congress about a compromise can be vital for a lobby group to have effective input into policy. I've never had to test that with the nurses.

### *Credibility the Key*

Isaacs: Which of the characteristics I mentioned is one that nurses might work on to improve their effectiveness?

Colloff: I think to the extent that a lack of bias can be proven, it's important to give credibility to the statistics you hand out. For example, there could have been a credibility issue on the nursing rescission vote. The fact at issue was: Was there a nursing shortage or not? The nursing groups said that despite the number of

nurses registered in the United States, there was a shortage because many nurses were not working. I think the facts that the group was cohesive, the vote was coming up immediately and the group had an organized position had a lot to do with the outcome. But if there'd been a longer period of time and someone could have really cast doubt on the statistics the situation might have been much more difficult.

Maybe ensuring that the nursing group has accurate statistics is something to be worked on. Some groups have built up a tremendous following on the Hill because their data are consistently accurate, up to date and reliable. They have a tremendous impact far beyond the number of members they represent nationally, because they have a good data base which has proven reliable. Members of Congress rely on it.

### *Avoid a Narrow Self-Interest Posture*

Isaacs: One characteristic of an effective lobby is a concern for the public good rather than self-interest. Do you think nursing falls into this category? Do you hear from nurses on issues other than the Nurse Training Act or bills that are obviously in nurses' interest?

Colloff: I haven't, personally.

### *Substance versus Schmooz*

Isaacs: What kind of lobbying do you most associate with nurses?

Colloff: I'd have to say grass-roots lobbying, simply because that was the committee's experience with Nurse Training. At the time Nurse Training was before the committee the mail campaign was very

## Bringing Nursing's Cause to Washington

Lobbying—by individual constituents, the executive branch, colleagues and organizations—has become the institutionalized process by which interaction with Congress takes place. Lobbyists, paid or unpaid, play an often critical role in the passage or defeat of most legislation. By informing members of Congress and their staffs on how an organization is likely to be affected by, or react to, a piece of legislation, lobbyists in essence staff the staff.

Recent experience with lobbying for the Nurse Training Act has provided many nurses with exposure to the political process and to the array and importance of lobbying activities. An effective grass-roots strategy is to visit members of Congress or staff aides on their own turf. These pointers may help in making the visit successful:

### Bringing Your Cause to Washington

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| Familiarize yourself with the member.    | Public libraries have congressional directories that provide background and sometimes pictures of each member. Voting records can be obtained from Common Cause or the <i>Congressional Quarterly</i> .  |
| Think positively.                        | Whether you are fuming or quaking inside, Congress people are just that, people. They don't want to be idolized (too much) or threatened (at all).   |
| Introduce yourself thoroughly.           | Give the staff and/or the member all pertinent information about yourself (name, organizational affiliation). It is usually advisable to see the Representative or Senator from your home state (especially if he or she is on a committee with pertinent jurisdiction). |
| Start off with a non-directive approach. | Find out how much your legislator knows about the issue you are concerned with <i>before</i> you give your views. You may save each of you time and simply end up reinforcing and congratulating the member.   |
| Do your homework.                        | Completely research the issue before you get there. Be prepared to respond to opposing views. Use accurate, up-to-date data. Document your sources and have an extra copy of articles or fact sheets which can be left if requested.                                     |
| Don't argue.                             | Try to keep the discussion friendly. Offering to provide more data, if desired, and to be available for future discussions is preferable to locking horns.   |
| Volunteer assistance.                    | If you can, offer to provide assistance with testimony or, if it's that time of year, campaigning.   |

Source: Isaacs, M. "Nurses as a Political Force," in *Political, Social and Educational Forces on Nursing: Impact of Political Forces*. Pub. No. 15-1754 (New York: National League for Nursing 1978.)

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extensive. The same thing applies to the rescission of funds. The mail that week was incredible; it was from nursing schools all over the country and a very organized effort.

Isaacs: What other approaches would nurses benefit from developing?

Colloff: Data collection. Personally, speaking as a staff person, that's the way a lobby group can persuade me of its position. If someone can bring me new information that casts doubt on whatever my assumptions are about a bill, I will tune into that. Having lunch with someone or having breakfast—the social amenities of lobbying—have never switched my position on anything. And I don't think they do for many Hill staffers.

Isaacs: What major health legislation has nursing been particularly helpful in framing, or in getting passed?

Colloff: Nurse Training. And certainly the rescission. I think nurse lobbying could be very important on other issues. For example, there's a midwives bill that Congresswoman Barbara Mikulski (D-Md.) has introduced. I think nurses could be influential in educating Congress on the modern role of the midwife and how necessary the midwife is in view of the current maldistribution of physicians, reliance on alternatives to physicians, and attention to rural health needs and controlling costs.

#### *Unbiased Views Are Favored*

Isaacs: Which groups are generally frequent and important contributors to public policy and health legislation? Who do you call on first to discuss a bill?

Colloff: If I want an objective analysis, I'm more likely to reach out to a public interest group than to one of the organized medical lobbies. If a bill is going to regulate a particular position or has to do with credentials or certification of a particular profession, then simply because I'm not as knowledgeable as I should be about how this bill might affect a particular group, I would consult them to find out what the problem is. But I wouldn't consult them exclusively.

#### *Follow-Through Essential*

Isaacs: I think you have essentially answered this question but I'll raise it in case another thought occurs to you. How was nursing most effective in getting the Nurse Training Act reauthorized?

Colloff: Again, being organized. Not letting go. That's really important. One of the things I see a lot on the Hill is a very organized campaign to bring something to our attention but with no follow-through. That wasn't true on Nurse Training. In January 1979, before the Ninety-sixth Congress even came into session, there were people coming and talking to us about the Nurse Training Act and various manpower provisions, and that follow-through continued. It's not as if someone came to see us one day and there was a big thing made about it and no one ever came back.

Isaacs: Thank you for these good thoughts about the characteristics of nursing as a lobby group, the impact of nursing on health policy and the effectiveness of nursing as a voice for nursing interests.

## REFERENCE

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1. Remarks by Silvio Conte, "Congressional Record." H1080. March 6, 1979.