SECOND EDITION

POLICY AND POLITICS

for Nurses
and Other Health Professionals

ADVOCACY AND ACTION

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designation as the ultimate credential for high quality nursing" (American Nurses Credentialing Center, 2013, p. 1).

It is agreed that it is important for excellent nursing care to be recognized and rewarded, but why don't all healthcare organizations have Magnet status? Many hospitals have tried and failed, and others elect not to go for Magnet status. What does that tell us about this professional issue? It is still desirable, but not everyone is doing it; therefore, it is controversial. Many healthcare institutions cannot afford the Magnet journey. For others, they cannot meet the level of nursing education and expertise that is required due to size, location, and so forth.

Thus, as we develop the toolkit for expert power, we must ask a critical question: Who believes that this expertise of a profession is valued and should be represented in the decision-making process both within and beyond the organization?

Toolkit Case Studies

The case studies included in this toolkit chapter are designed to aid the reader in understanding the politics of organizational power. They are divided based on four categories: external stakeholder, internal stakeholder, external expertise, and internal expertise. Each of these real-life case studies illustrates how health professionals have applied the tools as highlighted within this chapter. The case study authors have included references when applicable. To guide your comprehension and application of the toolkit, the authors have included several thought-provoking questions at the end of each case study. Readers are encouraged to critically analyze the political methods and power used in each case study, exploring the stakeholders and type of expertise involved. The questions following each case study are helpful for group discussion and individual analysis. This chapter concludes with one additional case study that has not had any political result to date, and readers are asked to analyze that case in terms of how one might build the necessary political stakeholder and expert power.

External Expert Power

The first two cases are doubtless well known to readers, but what may not be well known is the history of policy development in these areas. As you examine these two case studies, remember that their purpose is to show the role of expertise in affecting policy.

Case Study

External Stakeholder Power: Margaret Sanger as Nurse and Public Health Advocate

Ellen Chesler

"No gods, no masters," the rallying cry of the Industrial Workers of the World, was her personal and political manifesto. Emma Goldman and Bill Haywood, Mabel Dodge, and John Reed were among her earliest mentors and comrades. Allied with labor organizers and bohemians, Margaret Sanger first emerged on the American scene in those halcyon days at the turn of the 20th century, when the country seemed wide open with possibility, before world war, revolution, and repression provided a more sober reality.

She organized pickets and protests and pageants in the hope of achieving wholesale economic and social justice. What began as a callow faith in revolution quickly gave way to a

more concrete agenda for reform. Working as a visiting nurse on New York's Lower East Side, she watched a young patient die from the complications of a then-common illegal abortion and vowed to abandon palliative work and devote herself to a single-minded pursuit of reproductive autonomy for women.

Sanger proudly claimed personal freedom for women. She also insisted that the price women pay for equality should not be the sacrifice of personal fulfillment. Following in the footsteps of a generation of suffragists and social welfare activists who had forgone marriage to gain professional stature and public influence, she became the standard bearer of a less ascetic breed, intent on balancing work and family obligations.

The hardest challenge in writing this history for modern audiences, for whom these claims have become routine, is to explain how absolutely destabilizing they seemed in Sanger's time. Even with so much lingering animus toward women's rights today, it is hard to remember that reproduction was once considered a woman's principal purpose, and motherhood was her primary role—women were assumed to have no need for identities or rights independent of those they enjoyed by virtue of their relationships to men. This principle was central to the long-enduring opposition women have faced in seeking rights to work, to inheritance and property, to suffrage, and especially to control of their own bodies.

Sanger needed broader arguments. By practicing birth control, women would not just serve themselves, she countered. They would also lower birthrates, alter the balance of supply and demand for labor, alleviate poverty, and thereby achieve the aspirations of workers without the social upheaval of class warfare. It would not be the dictates of Karl Marx, but the refusal of women to bear children indiscriminately, that would alter the course of history—a proposition ever resonant today as state socialism becomes an artifact of history, while family planning, although still contested, endures with palpable consequences worldwide.

In 1917, Sanger went to jail for distributing contraceptive pessaries to immigrant women from a makeshift clinic in a tenement storefront in the Brownsville section of Brooklyn. Sanger's contribution was to demand services for the poor that were available to the middle class. Her heresy, if you will, was in bringing the issue of sexual and reproductive freedom out in the open and claiming it as a woman's right. She staged her arrest deliberately to challenge New York's already anachronistic obscenity laws—the legacy of the notorious Anthony Comstock, whose evangelical fervor had captured Victorian politics in a manner eerily reminiscent of our time—and it led to the adoption, by the federal government and the states, of broad criminal sanctions on sexual speech and commerce, including all materials related to contraception and abortion.

Direct action tactics served Sanger well, but legal appeal of her conviction also established a medical exception to New York's Comstock Law. Doctors—although not nurses, as she originally intended—were granted the right to prescribe contraception for health purposes. Under that constraint, she built the modern family planning movement with independent, freestanding facilities as the model for distribution of services, a development that occurred largely in spite of leaders of the medical profession who remained shy of the subject for many years and did not formally endorse birth control until 1937, well after its scientific and social efficacy was demonstrated.

By then, Sanger and Hannah Stone, the medical director of her New York clinic, had also achieved another legal breakthrough.

They prevailed in a 1936 federal appellate court decision in New York that licensed physicians to import contraceptive materials and use the federal mail for transport. The ruling effectively realized years of failed efforts to achieve legislative reform in Congress, although it did formally override prohibitions that remained in several states until the historic ruling in *Griswold v. Connecticut,* with its claim of a constitutional doctrine of privacy, later extended so controversially to abortion in *Roe v. Wade.*

Sanger had long since jettisoned political ideology for a more reasoned confidence in the ability of education and science to shape human conduct and in the possibility of reform through bold public health initiatives.

With hard work and determination, she was able to mobilize men of influence in business, labor, academia, and the emerging professions. No less critical to her success was her decision to invest in the collective potential of women, many of whom had been oriented to activism by the suffrage movement and were eager for a new cause after finally winning the vote in 1920. She also lobbied the churches, convincing the clerical establishments of the progressive Protestant and Jewish denominations of the virtue of lifting sexuality and reproduction from the shroud of myth and mystery to which traditional faiths had long consigned them. She even won a concession from the hierarchy of the American Catholic Church, which overruled the Vatican and endorsed natural family planning, or the so-called rhythm method, as a way of countering the secular birth control movement and reasserting religious authority over values and behavior.

With an uncanny feel for the power of well-communicated ideas in a democracy, Sanger moved beyond women's rights to put forth powerful public health and social welfare claims for birth control. She proved herself a savvy public relations strategist and an adept grassroots organizer. Through the 1920s and 1930s, she wrote best-selling books, published a widely read journal, and crisscrossed the country and circled the globe to give lectures and hold conferences that attracted great interest and drove even more publicity. She built a thriving voluntary movement to conduct national- and state-level legislative lobbying and advocacy and to work in communities on the ground, sustaining affiliate organizations that organized and operated pioneering women's health clinics. Offering a range of medical and mental health services in reasonably sympathetic environments, many of these facilities became laboratories for her idealism.

Yet the birth control movement stalled during the long years of the Great Depression and World War II, stymied by the increasing cost and complexity of reaching those most in need and overwhelmed by the barrage of opposition it engendered. The issue remained mired in moral and religious controversy, even as its leadership determinedly embraced centrist politics and a sanitized message. When hard times encouraged attention to collective needs over individual rights and when the New Deal legitimized public responsibility for economic and social welfare, Sanger cannily replaced the *birth control* moniker with the more socially resonant *family planning.* She invented both terms and popularized them after consulting allies and friends. These strategies of accommodation, however, did nothing to stop officials of the National Catholic Welfare Conference and other opponents from making the most scandalous accusations that birth control was killing babies, waging war on poor families, even causing the Great Depression itself by slowing population growth and lowering consumer demand—a proposition that some economists of the day endorsed.

Having enjoyed Eleanor Roosevelt's enthusiastic support and personal friendship in New York, Sanger went to Washington in the 1930s hoping that Congress would overturn the Comstock law and legalize contraceptive practice as a first step to her long-term goal of transferring responsibility and accountability for services from small, privately funded clinics to public health programs with appropriate resources and scale; however, she failed to anticipate that the success of the Roosevelts would depend on a delicate balance of the votes of conservative urban Catholics in the north and rural fundamentalist Protestants in the south. There would be no invitations to tea at the White House and no government support, at least until Franklin Roosevelt was safely ensconced in a third term.

Like other well-intended social reformers of her day, Sanger also endorsed eugenics, the then ubiquitous and popular movement that addressed the manner in which biological factors affect human health, intelligence, and opportunity. She took away from Darwinism the essentially optimistic lesson that man's common descent in the animal kingdom makes us all capable of improvement, if only we apply the right tools. Believing that ability and talent should replace birthright and social status as the standard of mobility in a democratic society, she endorsed intelligence testing, an enduring legacy of the era, and she did not repudiate the infamous Supreme Court decision of 1929 in *Buck v. Bell* that mandated compulsory sterilization on grounds of feeblemindedness. She also supported the payment of bonuses to women who volunteered for sterilization because they wanted no more children.

These compromised views placed her squarely in the intellectual mainstream of her time and in the good company of many progressives who shared these beliefs. Still, her failure to consider the validity of standard assessments of aptitude or the fundamental rights questions inherent in these procedures has left her vulnerable, in hindsight, to attacks of insensitivity and bigotry. The family planning movement at home and abroad has long been burdened by the charges that it fostered prejudice, even as it delivered welcome services and relief from unwanted childbirth to women in need.

Embittered by these controversies and disenchanted with the country's increasing pronatalism after World War II, Sanger turned her attentions abroad. In 1952, she founded the International Planned Parenthood Federation, with headquarters in London, as an umbrella for the national family planning associations that remain today in almost every country.

By the time of her death in 1966, the cause for which she defiantly broke the law had achieved international stature. Although still a magnet for controversy, she was widely eulogized as one of the great emancipators of her time. She lived to see the U.S. Supreme Court provide constitutional protection for the use of contraceptives in *Griswold v. Connecticut*. She watched Lyndon Johnson incorporate family planning into America's social welfare and foreign policy programs, fulfilling her singular vision of how to advance opportunity and prosperity, not to speak of human happiness, at home and abroad. A team of doctors and scientists she had long encouraged marketed the oral anovulant birth control pill, and a resurgent feminist movement gave new resonance to her original claim that women have a fundamental right to control their own bodies.

In the years since, however, further controversy has surrounded the practices of what developed as often alarmist global population control efforts that adopted rigid demographic

CASE STUDIES

targets and imposed harsh, unwelcome, and culturally insensitive technologies on women. Population policy makers and service providers have been fairly criticized for abusing rights by ignoring or downplaying the risks of providing costly technologies where health services are inadequate to cope with potential complications and where failure rates have been high, even though these products are medically benign when properly administered.

In 1994, the United Nations International Conference on Population and Development in Cairo created a framework for state responsibility to ensure programs allowing women to make free and informed decisions about family planning, but also obligating access to comprehensive reproductive health services of high quality, including birth control. Population and development professionals, however, also committed to a doctrine that weds policies and practices to improvements in women's status—to education, economic opportunity, and basic civil rights for women subject to culturally sanctioned discrimination and violence—just as Margaret Sanger first envisioned.

Hundreds of millions of women and men around the world today freely practice some method of contraception, with increasing reliance on condoms in light of the epidemic spread of HIV/AIDS and other sexually transmitted infections. This represents a sixfold increase since rates of population growth peaked in the 1960s.

Still, half the world's population today—nearly 3 billion people—are under the age of 25 years. Problems associated with widespread poverty, food insecurity, and environmental degradation are widespread. There remains considerable unmet need for family planning, and there is tragically insufficient funding for research on new methods and for new programming to meet ever-increasing demand. Funding for both population and development programs has slowed dramatically, as other needs compete for funds and as concern now spreads about an aging and shrinking population in many countries where birthrates have sharply declined. The cycles of history repeat themselves.

Case Study Questions

- At what points did the science of birth control precede any change in policy/practice in this area? Why do you think that was the case?
- Why was the expertise of effective birth control not widely shared, and why did it take the medical establishment so long to endorse policy change in this area? Clearly, the women's movement was part of the opening of change in this area, but how did it contribute to the creation of knowledge?
- What happened to the policy of birth control after the American Medical Association supported it in the 1930s?
- Why did it take another 30 years for birth control to be widely available to women in America?
- Have there been changes in recent years in the broader environment that are analogous to the early adoption of birth control programs (e.g., RU-486 or the so-called morning after pill)?
- Have these changes increased or limited access to birth control? Think through the acceptance of the expertise in this area and the ways in which it has contributed to (or limited) the change in policy in this environment and the ways in which it has not been taken into account.
- Can you illustrate how expertise is still about perception, both within professional fields and in the broader public?

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Claudia J. Beverly

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