1994

Using Politics to Improve the Health of Children

Abraham B. Bergman

Follow this and additional works at: https://scholarlycommons.law.case.edu/healthmatrix
Part of the Health Law and Policy Commons

Recommended Citation
Abraham B. Bergman, Using Politics to Improve the Health of Children, 4 Health Matrix 31 (1994)
Available at: https://scholarlycommons.law.case.edu/healthmatrix/vol4/iss1/4

This Symposium is brought to you for free and open access by the Student Journals at Case Western Reserve University School of Law Scholarly Commons. It has been accepted for inclusion in Health Matrix: The Journal of Law-Medicine by an authorized administrator of Case Western Reserve University School of Law Scholarly Commons.
USING POLITICS TO IMPROVE THE HEALTH OF CHILDREN

Abraham B. Bergman†

For the past thirty years I have been a practitioner of political medicine, which I define as employing the political process to improve health. As a pediatrician I have "specialized" in attempts to improve the health of children. Political medicine is different from health policy, a term which is repugnant to me. Those involved in health policy are usually elitists who do not like to get their hands dirty. Respected sages deliberate among themselves and then hand down their idealized concepts of what the world should be like. I do not know any policy or law that ever came about by politicians asking policy makers for guidance.

Laws and policies come about through the ebb and flow of the political process, which involves the exercise of power. If one wants to influence the political process one has to attain some form of power or gain the influence of someone who has the power to effect changes. The currency of power is money and/or votes. As child advocates, we possess neither. We are therefore left to practice the "politics of the powerless." That does not mean that we cannot be effective.

Most talks on child advocacy begin with a litany of horror about how terrible things are for kids. That happens to be true, of course, but all-too-many conferences about children end up as sessions of hand-wringing and self-pity. But if we are to practice the politics of the powerless, it behooves us to understand how to be effective in our advocacy. And being effective does not mean crying to each other. It also does not mean telling people how morally superior we are. We cannot appeal to conscience all the time; it usually does not work. Politicians

† Dr. Bergman who received his M.D. from Western Reserve University in 1958 is Director of Pediatrics at Harborview Medical Center and Professor of Pediatrics at the University of Washington in Seattle.
have to choose from a variety of causes, many of them as worthy as ours. In the health field, we are competing with issues like education, housing, jobs, the environment and transportation. All of these causes are important too. We have to give the politicians a way to somehow succeed politically and help our constituents.

In practicing the politics of the powerless, we must have more staying power and be tougher than the other side. We should learn the techniques of politics well because the other side can hire people with money; we do not have that luxury. I am an under-talented and over-aged jock and think of things in sports terms. To me politics is no different than football or basketball. It requires a team effort and hard hitting.

We also need to know where the goal line is located. All too often we listen for the crowd noise, instead of scoring points. The magnitude of the effort is confused with the outcome. For example, the number of persons attending a meeting, the reading on the applause meter or the number of newspaper stories, television stories or letters written are important only insofar as they help further a particular goal. The important thing is crossing the goal and that means picking the right objective.

**PICKING THE RIGHT GOAL**

Pick something you can do something about. The more narrow and definable the objective, the better the chance it is going to be attained. How should one pick a goal? First, be selfish. Pick something that you yourself care about. A lot of energy needs to be expended to get something done. It is therefore important to spend it on something you deeply care about. A lot of people come to me and say “Help me with my cause.” I say, “I know your issue is very important, but I’ve got my own agenda that I am working on.” Currently the issue consuming my attention is a small one. I am raising money for a children’s playground in a poor Seattle neighborhood to honor the memory of a colleague who died a few years ago. It happens to be the neighborhood where I grew up. This is how I choose to spend my energies for the next six months.

Use sound data in selecting issues. It is important to employ the principles of epidemiology to figure out what problems are important and lend themselves to attack. In the injury field
we try to address problems that are: a) frequent, b) that produce serious trauma and c) where there is a preventive strategy available. For example, at my hospital, Harborview, a major trauma center, we saw a lot of kids admitted with head injuries sustained while riding bicycles. Five- to six-hundred children a year die of bicycle-related injuries in the U.S.\(^1\) If that number died from football, the sport would be banned. But it's something the public has come to accept. In Seattle, through an intense political-type campaign, we have raised the helmet usage rate among school children from five percent to forty-five percent over a six-year period.\(^2\)

Another theme I want to sound off about is the time wasted talking about advocacy when one could be doing it. I do not believe too much in seeking the official endorsements of organizations. In the children's field, none of them have money or control votes, so why bother? The exception is an organization that can provide tangible support. I have done much of my work at the state level with the Washington State Medical Association. We have a deal going. As long as I do not mess around with their major issues, like the financing of medical care, they support me and, if I am successful, claim credit for my public health ventures. What I get out of it is access to the Association's professional lobbyists who have been wonderful to work with. I can never forget that no matter how much experience I have had in the political arena, I am still an amateur. I always check out legislative strategy with professional lobbyists.

**POLITICAL ACTIVITY STEMS FROM CLINICAL PRACTICE**

Virtually all my political activity came about as a result of patients seen in my clinical practice. I have worked throughout my career in hospital outpatient clinics and emergency departments and thus see much serious trauma and illness. Back in the fall of 1966, we had an epidemic in Seattle of children burned when their pajamas ignited. I was aware of technology

---

2. See *id.* at 730-31 (noting that over three years the rate had increased from 5% to 16% and over four years to 23%).
that could make children's garments flame resistant. It so happened that a high school classmate of mine worked on the staff of Senator Warren Magnuson from Washington. At the time he was Chairman of the Commerce Committee. We brought the burned children to the attention of Senator Magnuson and his wife. A year later the Flammable Fabric Act Amendments were passed. It took five years for the law to be implemented—a story in itself—but the number of serious burn injuries in children have dropped dramatically since that time. We also used to have a lot of kids with aspirin poisoning in the hospital. No more, thanks to Senator Magnuson's Poison Prevention Packaging Act of 1970. My work in helping to fluoridate Seattle's water supply in 1968 came from seeing scores of rotten mouths in mostly poor patients. My energy for working in the field of Sudden Infant Death Syndrome came from having to counsel grieving parents who never heard of the entity and thought themselves responsible for their child's death.

The major killers of children are automobiles, alcohol, cigarettes, fires, drowning, teenage pregnancies, suicides, guns, knives, drugs and acquired immune deficiency syndrome. None of these scourges lend themselves to attack in hospitals or doctors' offices. Yet discussions about health care reform are concerned almost exclusively with the financing of medical care. Of course medical care is important. If someone breaks a leg or needs an appendix removed, medical care must be provided. But I do not fool myself by thinking that the ministries of physicians have much to do with the health of children.

ROLE MODELS

Like in every other subject, effective advocacy is best learned by watching role models. I'd like to mention just a few

---

4. See Elizabeth McLoughlin et al., *One Pediatric Burn Unit's Experience with Sleepwear-related Injuries*, 60 PEDIATRICS 405, 408-09 (1977).
that I admire. None represent organizations; they depend on their own wits and energy.

Gerald Schiebler, a pediatric cardiologist, was chairman of the Department of Pediatrics at the University of Florida. He decided that he wanted to learn how state government works. So during a sabbatical year he went to the state capital and served as head of Florida's Crippled Children's Services. He learned his lessons so well that the University of Florida asked him to be their official lobbyist in Tallahassee for three months every year. His arrangement was that he could work any deals on the side on behalf of pediatrics, as long as he carried the University's official mail. What followed were a remarkable series of child health measures emanating from the State of Florida, including comprehensive coverage for mothers and children.  

Calvin Sia, a fellow alum from Western Reserve Medical School, is another lone wolf who is personally responsible for the State of Hawaii having one of the most progressive child health programs in the U.S. The upgrading of emergency medical services for children around the country came about because of Cal's friendship with Senator Daniel Inoye.

Margaret Heagarty is director of pediatrics at Harlem Hospital in New York. It would be easy to lose hope in a place like Harlem that probably holds the record for most number of children treated for bullet wounds. Instead Maggie has helped organize the surrounding community to create refurbished playgrounds, art murals, dance classes and a Little League baseball team. Small finite steps, one foot at a time! My friend and colleague Ken Feldman is a pediatrician in a Seattle neighborhood health center that serves the poor. He has cared for too many children with tap water scald burns. So Ken, his wife Ann and a neighborhood health worker went around the community with meat thermometers measuring the temperature of the water coming out of the taps. They found

10. See id. at 422.
that the majority of homes had water temperatures over 130°F. Back in the 1940's Allen Moritz and his associates at the Cleveland Institute of Pathology showed that full thickness burns could be produced in a child in milliseconds if the water temperature was 150°F. At a temperature of 125°F it takes two minutes to produce a full-thickness burn on adults, but less on children. With that data in hand, Feldman started a campaign to lower water heater temperatures as a means of preventing scald burns and conserving energy. The Washington Legislature mandated that all new water heaters be preset at 125°F. Did that body pass the law the first time it came up? No. Feldman went to the legislature twice and lost. But he did not give up. One summer he went around the state and enlisted the help of pediatricians who care for the children or grandchildren of legislators. The third time around, the law passed. And just recently Ken Feldman repeated the survey and showed that the water temperatures have stayed down, with a concomitant reduction in scald burn injuries. That is effective child advocacy!

SOME LOBBYING HINTS

If one is going to be involved in child advocacy infinite patience and persistence are required. A big problem for amateur advocates is that we have to earn a living and care for our families while the "other side" pays their people to be there all the time. When I lobby I tell the politicians, who always accuse doctors of wanting more money, that pediatricians are the lowest paid of all specialists. That impresses them.

Coalition building:

In embarking on a campaign, try to build as broad a base of support as possible. Always include Democrats and Republicans, business and labor, the prosecuting attorneys and the American Civil Liberties Union, etc. Since legislators have to take positions on hundreds of proposals, their decisions to sup-

12. See id. at 5.
15. WASH. REV. CODE ANN § 19.27A.060 (West 1994); see Erdmann et al., supra note 13, at 2.
port or oppose depend far more on the identity of the sponsors than on the merits of the proposal. Legislators worry most of all about incurring the wrath of some pressure group. They tend, therefore, to shy away from bills that emanate from the left or right wing fringes and to vote for bills that are ideologically safe. Thus, the ideal co-sponsors for a bill at the federal level are Ted Kennedy and Jesse Helms.

Child health advocates tend to gravitate to their political kin, fellow bleeding-heart liberals. Resist the temptation. Knock on everybody’s door. Assume that every legislator cares about children. In my state, the most vigorous champion for expanding services for children in foster care is a state senator who considers Jesse Helms a Maoist. At the federal level, Representative Henry Hyde, Republican of Illinois, best known for his staunch pro-life stance, has played a key role in supporting funds for the maternal and child health block grant.17

**Work with the media:**

Child advocates do not have have money, nor can we control votes. Our “currency” therefore is influencing public opinion. Remember that newspapers and television stations have large news “holes” that they have to fill every day. They tend to like stories about kids; thus keep feeding them.

**Some more lobbying hints:**

(1) Consult professional lobbyists for advice. To ease their consciences, and to support their egos, the pros usually are pleased to help amateurs with a worthy cause. Depend on professional lobbyists for advice on strategy, but talk to legislators yourself.

(2) Do not underestimate legislative staff members; some folks need the slap on the back or handshake with the big man himself. However, enlisting the aid of the most junior staff person in the office often ensures more lasting results.

(3) Be brief in phone calls, letters, visits and testifying. Legislative hearings are not judicial hearings impartially considering evidence. They are political forums aimed at achieving some objective, usually the chairman’s. Do not be awed — step up and “tell it like it is,” briefly. Talk about your first-hand experience with individual children and their families. Illustrative examples are better than statistics.

(4) Carry a good book because hearings and appointments are invariably late and often canceled. When I get angry about this, as I always do, I have to ask myself who I am representing. When I am representing kids, I do not have the luxury of walking away.

(5) Do not beat politicians over the head with moral righteousness. Again, when we are serious about winning, we cannot afford an angry or holier-than-thou attitude. Even if the politician cannot support me on one issue, he/she may be able to help on the next one.

(6) Submerge your ego. The advocate who needs credit and publicity does his client no favor. The politician is the one who has to face the voters, not the advocate. Ghost written speeches, articles and reports are golden. Keep remembering the objective.

Legislative lobbying is not everyone’s cup of tea. A sincere and well-reasoned letter can have a powerful effect. Increasingly the power fulcrum has shifted from the nation’s capital, to state capitals and to local communities. One can usually do more good for children at the local level. City councils, school boards, park departments—they all impact the lives of children. Again, the smaller and more focused the objective, the better its chance of success. As Rabbi Tarfon says, “You are not called upon to complete the work, yet you are not free to evade it.”

CHILD ADVOCATES OF THE FUTURE

Finally I want to say something about why I do not think it is all gloom and doom for children’s causes. What we have to do is mobilize some fresh troops. The youth of America do not have many challenges these days. In other generations there were civil rights, there was Vietnam and there was the environment. Young people need something to fight about, but there are too few barricades to mount. The Nadar years were inspiring for many students. The “Nader Raiders” worked hard, collected data and once armed with facts got government agencies to do what they were supposed to do. We have to give our students similar challenges.

In our pediatric training program at the University of Washington, we offer our residents the opportunity to learn
about child advocacy, either during a one-month elective or on their own time. There is an iron-clad rule, however, that the advocacy activity may not impinge on regular training responsibilities; the clinical work comes first. Another requirement is that the project must be circumscribed enough to be completed in a finite time period, usually one month. The program has been successful beyond our dreams.

We are very fortunate in our state to have warm relationships between our training program and the practicing pediatricians represented by the Academy of Pediatrics chapter. When our residents undertake some advocacy role, they usually represent the chapter. The advantage to the Academy chapter is recruitment of energetic young talent, and to the resident, secretarial and lobbying resources. What has resulted?

Just in the past year Dr. Paula Lozano played a key role in promulgating the most comprehensive child labor regulations in the country. Dr. Vincent Biggs prepared a petition to the Consumer Product Safety Commission to ban the sale of baby walkers. Dr. Barbara Sibley successfully lobbied the Washington Legislature to raise the age that children are required to be in car seats. Four other residents completed similar projects.

CONCLUSION

In conclusion, we have to stop moaning and groaning about the fate of kids and instead learn how to be effective advocates. Take the task seriously. Let us not talk to fellow believers all the time. Stay narrow and focused. And decide on how to proceed by following the examples of successful role models.

I close with two more quotes: William Gladstone said, “Indignation without action is froth.” And in an address to the French Bishops, Albert Camus said, “You seek a world in which no children starve; I seek a world in which fewer children starve.”