

Chapter 3

Advocacy Is Easy and Effective – Debunking the Myths

Numerous "myths" of advocacy exist that preclude people from becoming involved in the policymaking process, including the misperceptions that it takes a lot of time, doesn't make a difference, and requires great expertise. You clearly have an interest in advocacy or you wouldn't be reading this tool kit; however, you may have questions, concerns, or preconceived notions about advocacy and health policy. To that end, we have compiled the 10 most pervasive advocacy myths and debunked them one-by-one.

<p>1. I am too busy – there is not enough time in the day.</p>	<p>ARN makes it easy and fast – just visit www.rehabnurse.org. Sending an e-mail takes less than five minutes and only involves just a few clicks. We provide you with a template letter for you to send to your Member of Congress – which makes it even easier. Remember, if you do not get involved, on your or your patients' behalf, no one else will. Make sure your voice is heard in support of rehabilitation nursing and people with disabilities!</p>
<p>2. I am a rehabilitation nurse, not a lobbyist.</p>	<p>Perfect! Members of Congress are more likely to listen to you – you are an expert in what rehabilitation services people with physical disability or chronic illness need. You can provide the Member and staffers with substantive and valid information, as you know first hand what occurs in today's healthcare system and what is needed to improve it. You are a "legitimate voice" – not a hired gun.</p>
<p>3. The process is intimidating. I don't understand what a substitute amendment is, am unclear on how conference committee works, and cannot remember what a pocket veto means.</p>	<p>The details and nuances of the federal policymaking process are difficult to follow but you do not need to know them all. ARN's action alerts tell you what you need to know in terms of bill status and context, and the template letters include all the relevant details. Do not worry if you cannot remember 4th grade civics – no one can, not even Members of Congress. Just know who represents you in Congress – two Senators (www.senate.gov) and a Representative in the House (www.house.gov).</p>
<p>4. Why should I bother? It doesn't seem to make a difference. I have written before and not received a response. When I have received a response, the</p>	<p>It absolutely makes a difference. Offices count the calls, e-mails, faxes, and mail. Staffers log in the opinions that are expressed and have to provide a regular report on all constituent communications to the Member of Congress. If you have written and not</p>

<p>letter didn't address the issue I wrote about, or I totally disagreed with the views expressed.</p>	<p>received a response, write or call and let the office know. Sometimes, with the volume of mail, letters can get lost. Also, if you disagree with the views expressed in a response letter, write again and politely repeat your request and rationale, and indicate you are disappointed in the Member's position on the issue. Usually if you bring it to their attention, you get a prompt response. Think about Mothers Against Drunk Driving, "Megan's Law," or Amber Alert - persistence and one person/family can result in one law.</p>
<p>5. My Member is a lost cause, doesn't sit on the relevant committee, or doesn't care about health care.</p>	<p>It is essential to weigh-in and go on record with your Member(s) of Congress. You never know when an issue will resonate with him/her, or the staffers. The number of individuals affected by physical disability or chronic illness is growing. Members who, historically, were not interested or supportive of nursing or rehabilitation issues, once touched by the disease, often become our biggest advocates.</p>
<p>6. My concerns or issues of priority are not being discussed in Congress.</p>	<p>Maybe that is because no one is writing/calling about it. You, your colleagues, and your patients can help elevate an issue to the national agenda by communicating to your policymakers about it. Sometimes it takes a grassroots movement to garner Congressional attention. People writing about their HMO horror stories stimulated the development of the "Patients' Bill of Rights."</p>
<p>7. I am not an expert in the issue you are asking me to write or call about. I know outpatient care, not genetic testing, or clinical trials.</p>	<p>You are an expert in the delivery of patient care and understand first-hand what people with physical disability or chronic illness face. Just be honest about how you know personally of the effects rehabilitation services can have on people and their families.</p>
<p>8. I cannot make it to Washington to meet with my Member.</p>	<p>Members and staffers will tell you that developing a relationship with your policymakers and their staffers "back-at-home" is more effective, since you can see them in your own community. Coming to Washington is effective, but communicating from and at "home" is even better. Visit the district office, or attend a town hall meeting. It may seem intimidating at first, but Members and staff are very accessible and expect constituents to visit and voice their concerns/priorities - they will welcome your</p>

	comments.
9. I am a Republican, and my Member is a Democrat. I am a Democrat, and my Member is a Republican.	Physical disability and chronic illness are not political – both Democrats and Republicans may need rehabilitative services at some point. Do not worry about your party affiliation; just identify yourself as a constituent and a rehabilitation nurse – these are suitable qualifications for your views to be treated with respect.
10. I've written and called in before for Nurse Reinvestment Act funding and rehabilitation research and requested my Members' support – I've done my part to support the cause. I don't need to write/call/e-mail or meet with them again.	Congress makes decisions that affect you, nurses, and people with physical disability or chronic illness. Writing, calling, e-mailing, or meeting with your policymakers regularly is essential. Each year Congress determines funding levels for the coming year, so each year rehabilitation nurses must contact their Members about the need to support programs to address the nursing shortage, rehabilitation research, and other programs. Nowhere is the adage – “the squeaky wheel gets the grease” – more true than Washington D.C. Policymakers often claim that the reason for their inaction on matters is that they aren't “hearing (enough) from home” on the issue. Don't give them an excuse!