



# Perspective

## Effective Legislative Advocacy — Lessons from Successful Medical Trainee Campaigns

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**“W**hat is the best way for me to get involved politically?”

Since last November’s election, I have fielded this question frequently from fellow residents as well as

medical students. Many of them have never been politically active, having assumed that the arc of progress would continue uninterrupted, and so, understandably, have focused instead on a demanding training process that largely treats advocacy as extracurricular rather than as a core competency. Now, recognizing the myriad ways in which politics and policy influence the health care we deliver, many trainees feel a new sense of urgency to get involved.

Medical student and resident interest in advocacy is, of course, not entirely new. Among other organizations, the American Medical Student Association has tackled many critical issues, from the Vietnam War to primary care access. Several medical training pro-

grams have developed innovative advocacy curricula, and I benefited from an elective course on the politics of medicine while I was a medical student at the University of California, San Diego, and from elective advocacy training as a resident. The vast majority of students and residents, however, still receive very little or no training in advocacy.

Having worked in the U.S. House of Representatives and the California State Assembly before I went to medical school, I’ve learned some lessons about effective legislative advocacy, which I later solidified as a medical trainee successfully advocating for policy change. These lessons may serve other trainees and physicians with a newfound interest in legis-

lative advocacy on behalf of their patients.

First, advocacy is a team sport. With a very demanding day (or day-and-night) job, it is nearly impossible for any trainee to have a meaningful effect in legislative advocacy without collaborating with others, either within an existing organization or by creating a new one.

For most people, joining an existing organization will be more practical, given the sizable demands of starting a new one. When choosing an organization to work with, I consider three elements: the organization’s effectiveness in creating change, my alignment with its goals, and my ability to effect change within it. The best way to address these questions about a particular organization may be to ask mentors who are politically active. However, these considerations will often have to be weighed against each other, and would-be advocates will

have to determine how comfortable they feel working within a more powerful organization whose goals do not completely align with their own.

That said, I find that many of my colleagues underestimate their ability to create change within an organization. For example, I have spent considerable time working within the American Medical Association (AMA), although I do not agree with every position the organization takes. But I have frequently been impressed by the power trainees have within the organization. For example, in 2016, trainees pushed the AMA to advocate for federal funding for research on gun violence.

There are times, however, when building a new organization is important — especially when a new issue arises or becomes more widely visible. For example, medical students created WhiteCoats-4BlackLives (WC4BL) to support the broader Black Lives Matter movement, which was created to advocate for criminal justice reform in the aftermath of the fatal shooting of Trayvon Martin. WC4BL has organized rallies and published opinion pieces and is currently developing a social justice curriculum for medical schools.

The second lesson is that all politics is local. Although advocating for major national health care reform is perhaps the most glamorous of advocacy work, I have found that I can have a more significant impact at the local level. When hundreds or thousands of people are working on a big-ticket issue, the impact of a single person is small. Paying attention to more local issues allows trainees with limited time and experience to effect significant change.

The model for the Affordable Care Act (ACA), for example, was

a plan for universal health insurance in Massachusetts. Though many factors contributed to the enactment of the Massachusetts plan, coalitions of grassroots advocates that included groups of health care providers were a key element. The coalitions' leaders knew that the political climate would not permit passage of national health care reform at the time. Instead, they focused their efforts on state-based advocacy, and they designed the blueprint for the eventual passage of national health care reform.

Lesson three: learn from, and collaborate with, the professionals. As trainees, none of us has time to track all the major health issues that come before a legislature or to form relationships with all the requisite lawmakers. That is the role of lobbyists. Although grassroots activism is a key ingredient for successful advocacy, I have yet to help effect any significant policy change without relying on lobbyists. When I led a group of medical students advocating for state-based funding for primary care residency programs in California, calling and visiting lawmakers was important, but our campaign probably would have failed without the help of a skilled lobbyist who understood the budget process.

Similarly, forming relationships with lawmakers' staff members is critical. Whereas politicians may know the big picture, often their staff members are the ones who know the details that mean the difference between legislative success and failure. Our push to enact the residency-funding initiative succeeded in part because a committee staff person found an unused health care-directed fund worth several million dollars.

Fourth, stories matter more

than statistics. As physicians, we strive to make evidence-based decisions, but in politics, dramatic stories spark change more often than numbers do. Such non-evidence-based decision making has sometimes frustrated me and my colleagues, but the power of the story in politics can also be a great source of power for clinicians. Time and again, I have seen lobbyists and legislative staff seek out physicians who can tell patients' stories.

Learning this lesson can dramatically change how we speak with politicians. Recently, rather than inviting politicians to hear about the latest research on access to care, a group of residents at my program invited them to join us for an evening of storytelling about the ACA's importance to our patients. Similarly, when I have lobbied legislators or given testimony at legislative hearings, in addition to citing statistics, I always highlight patient stories to make my point.

Finally, advocates should take advantage of opportunities for incremental change — and keep going. This is perhaps the most important lesson I've learned from mentors with long experience in policy, politics, and advocacy. When I was working in Congress while the ACA was being debated and passed, I knew senior staff members who had toiled unsuccessfully for decades trying to pass universal health insurance. Rather than give up, they pushed for whatever incremental advances were politically possible at a given time. They never gave up, and finally, when their preparation coincided with a window of opportunity, they succeeded.

My hope is that the 2016 election and subsequent efforts to repeal the ACA have inspired more

of my trainee colleagues to become and remain involved in advocacy. Our patients' access to care as well as their health and well-being depend on our willingness to become advocates on their behalf. Trainees need look no fur-

ther than their own colleagues' successes to learn essential lessons and find inspiration regarding their own chances for successful legislative advocacy.

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