

The World of Interest-Group Advocacy: An ‘Insider’s’ View

By James J. Callahan, Jr.

Over my forty-five-year career in social welfare, I have served in positions on both sides of the so-called inside-outside dimensions of advocacy. I also studied and taught about this issue in the academic setting. But it is only from my experience as a bureaucrat and insider that I still have some raw skin in need of daily emollient, which this article partially provides.

It is not obvious that an insider-versus-outsider concept of advocacy captures the major differences in behavior between people working in a bureaucratic institution or agency and those working outside. From my observations, many outsider advocates believe that things would improve dramatically for their favored group—if only the bureaucrats would act more like “real” advocates. But the outsiders have seen many of their fellows make the transition to the bureaucracy within the target institution and then become ineffective or, worse, sell out. While practitioners of advocacy from the outside may see themselves as more pure or morally superior, the fact is that advocates from the outside can make the situation better or—because

*It is only from my role as a
bureaucrat that I still have
some raw skin.*

of naiveté, arrogance, stupidity, or a combination thereof—worse.

‘OUTSIDER’
ADVOCATES

The world of the advocate or advocacy group working from outside the target bureaucracy or institution is usually focused on a specific population (elders, people with mental disability, blind people) and within the group narrowly focused on some particular issue affecting those populations (elder abuse, prescription drugs, homecare). The advocacy group is accountable to its specific supporters, but not to the public, as represented by the body politic. The elder advocacy community is a heterogeneous collection of self-seeking interest groups that, on occasion, form a partial or total coalition depending on common goals and common threats to their objectives. Advocates within this community could, for example, unite against across-the-board cuts in the aging department’s budget, but split over whether to spend money to upgrade nursing homes or to expand homecare. Further, successfully encouraging legislators to act on one issue of concern, availability of low-

cost prescription drugs, for example, could preclude progress on other issues, such as transportation or prevention of elder abuse, that are important to the elder community—at least until the next legislative session. Situations like this, in which some advocates win and other advocates lose, can sow the seeds of future conflict (good news for the bureaucrat who wants to splinter the advocates). The concept of “outsider versus insider” often does not really explain much about the real world of interest-group advocacy.

For me, the two prime examples of the clash of advocates within a population group are the experiences of the Chafee bill in the early 1980s and the Medicare Catastrophic Coverage bill of the Reagan administration. The Chafee bill, introduced in 1983 to promote full participation of severely disabled individuals in community and family life, proposed to move large amounts of existing Medicaid funds from institutions and schools for people with mental retardation to community residential and support services.

The mental retardation community, composed of parents with children in institutions and parents with children at home, had advocated effectively over the years to improve services for all people with mental retardation. Much of the expanded money had gone to bring institutions up to an acceptable standard so that states could receive Medicaid reimbursement in the first place. The Chafee bill was seen by parents of institutionalized children as a raid on their hard-earned improvements and brought nightmares of a return to the dreaded past. The parents of the at-home children felt that they had borne the burden of caring for their children at home and now needed some relief, but the money was locked up in the institutions. The interest community split around this issue, with formerly close friends attacking each other’s motives. The Chafee bill died, but it left permanent scars in this group of former allies.

Readers of *Generations* should be familiar with the 1988 Medicare Catastrophic Coverage Act, which passed Congress one year and was repealed the next. The intent of the legislation was to protect older people against the high costs of major or prolonged illness. The benefit package was fine, but the mode of financing—a tax on the more well-to-do elders—turned the

legislation into a disaster. Older people who were better off demanded to know why they alone should help finance a program for low-income people (sort of reverse age discrimination) and why they should be paying additional taxes for benefits they already had through their supplemental insurance. Opposition became violent as a group of older people in Washington, D.C., chased the chair of the U.S. House Ways and Means Committee down the street and pounded their fists on his car.

The emerging controversy over the Medicare Prescription Drug Benefit promises to become more disruptive of elder advocacy coalitions than the Catastrophic Health Act. AARP is clearly on the defensive, with more than 45,000 members dropping their memberships as a result of the organization’s support of the Medicare bill. AARP argues that some benefit, even if it is not perfect, is better than continuing to postpone needed drug coverage, especially for elders who are poor or incurring huge prescription costs. Others, such as the National Committee to Preserve Social Security and Medicare and the Alliance for Retired Americans, argue that the legislation is a bad bill that should be changed before it takes effect. This split may offer competing organizations an opportunity to challenge AARP for who best represents the true interests of older people. The overall effect of the conflict may be to permanently weaken national advocacy on behalf of elders.

Outsider advocates have no accountability except to their supporters. If their actions bring bad results, they are not hauled before a legislative committee or investigating body to explain themselves; it is not they but rather the respect for advocacy in general that may suffer. For example, so-called mental-health advocates once enraged Massachusetts legislators by parading mentally ill and developmentally disabled people from state residential settings through the statehouse in wheelchairs, demanding expanded funding and services. The advocates argued that disabled people had the right to represent themselves, while legislators responded that these individuals were being used as pawns (both points were correct). The legislators could not formally act against the advocates, but the legislators could demand that the state com-

missioner of mental health show up and give an explanation. My experience tells me that angry legislators usually do not increase the budget of those who make them angry.

Another problem comes when advocates, particularly providers but also elder groups, have a conflict of interest, which is especially likely to be the case if they are advocating for more resources to flow to their organizations. Legislators are very aware of self-serving behavior, and advocates can hurt their own case if they become excessive. On the other hand, legislators may be responsive to advocates as part of pandering for votes, reputation, or campaign finance support. Only skilled advocates should play on this ball field.

Misguided advocacy can have tragic results. A public advocacy agency persuaded a parent that his brain-injured daughter was being medicated solely for behavior control purposes (à la Big Brother) at a state institution I oversaw. Though the doctors disagreed and argued that the medication was a necessary adjunct of treatment, the advocates convinced the parent to bring the child home, against medical advice. A few days later, the child came down for breakfast, picked up the bread knife, and drove it into her father's heart. I am not aware that the advocacy agency ever had to answer for that.

Individual advocates are driven by various motives, such as altruism or the desire to provide a public service. Examples are a parent who has suffered a loss and wants to show solidarity with other parents confronting a similar situation or an older citizen who feels she owes something to the community in which she participates. Some advocates become involved to be in a better position to obtain benefits for their child or other family member. Other advocates want the recognition for political gain, and I have met a few who were looking for jobs. There is nothing wrong with any of these motives, but they need to be understood in any discussion of the advocacy process.

BUREAUCRATS AS 'INSIDER' ADVOCATES

Bureaucracies are complicated entities that make the notion of "insider" inadequate. There are ways, however, to get a better understand-

ing of how people committed to the well-being of a population behave in a bureaucratic setting. Every public agency has a mission that is stated in the statutes that authorize it. Some of these statutes may be clear and specific while others are fuzzy and general, but they all give the bureaucrats their marching orders. These statutes are the result of past political activity and advocacy. In some sense, these statutes are institutionalized advocacy. The bureaucrat implementing them is carrying forward the work of earlier advocacy. The world, however, changes, and institutionalized advocacy may support ideas of the past. We praise the success of the advocates who improved the lot of people with mental illness by creating asylum in bucolic institutions, while we struggle to create the community programs for which people with mental disabilities now advocate. The legislative mandate both constrains and authorizes agency activity.

Every bureaucratic agency has a set of constituents who have a legitimate interest in the work of the agency and to which the agency must be responsive. These constituents include the population whose direct benefit is the purpose of the agency, the legislature, the administration, service providers, advocates, courts, agency staff, the media, and perhaps others. Agency managers ignore any of these constituents at their peril, since each has a legitimate claim to the manager's consideration. The agency manager can never maximize the interests of one constituent without regard to the interests of others. While a manager does not need to balance the accounts evenly, she or he does need to maintain equilibrium in the constituent set as the agency fulfills its objectives. Maintaining equilibrium may in one instance require rewarding a constituent, and at another time rebuking a constituent. The outside advocates may not understand or may be impatient with the equilibrium-maintenance role of the inside bureaucrat, but it is a necessary activity for progress on the very goals both support.

The leader or manager of a public agency should be both an advocate and a liberator. The manager is the advocate for the agency's goals both on the outside, with the press, legislature, interest groups, and on the inside with the agencies, bureaus, and divisions. Anyone who has

ever worked in a bureaucracy is aware of its internal politics, and the leader must demand commitment to the good of the organization. Frequently, a particular bureau or division links with an outside advocacy group to push the group's agenda against the interest of the overall mission. That is where the manager's advocacy for the total mission may require firing some staff or cutting off contact with the outside advocate. If, by chance, the agency has a contract with a pesky advocacy group, a surprise audit is a good way to get them in line.

To be an effective advocate for the organization, the bureaucrat must guard vigilantly the boundaries and prerogatives of the agency lest the mission become too diffuse or disproportionate to the resources available. Any organization that cannot control its intake risks failure because the organizational resources usually cannot be adjusted quickly enough to meet the changing inflow of demands. Inability to control intake, in my opinion, partly explains why public mental hospitals always failed. Sheriffs and judges, not administrators and clinicians, often decided who was admitted. At a departmental level, when I was commissioner of mental health in Massachusetts, advocates for people with head injury, supported by higher-up bureaucrats, wanted the department to include people with head injury as part of its client group. On one level this seemed to make sense. The department was accessible, with forty local offices across the state, and had money, facilities, and psychiatrists and other staff. Mental health and head injury sound related. To be an effective inside advocate for people with mental illness, however, I had to refuse to accept the head injury mandate because the department lacked the appropriate resources and specialists to do the job. As with many expanded programs in government, it was expected that the assumption of new duties would be accomplished within the confines of existing resources. Both the inside and outside mental health advocates came together to defeat this idea.

Sometimes the bureaucrat as internal advocate is the only person who is in a position to be effective. In the early 1970s, people with disabilities began a liberation movement that became known as the independent living move-

ment. It started with Ed Roberts in Berkeley and spread east. I was managing a hospital and school facility for disabled young people, who, aided and abetted by outside advocacy groups, were eager to be more independent. The goal was noble, but it was also threatening to the facility staff, who had been trained to be the expert helpers and who, rightly, feared the risks involved in change. The inside advocate had to become a translator of change for the staff. The facility developed an internal process, with real ownership by the staff, to move ahead, rather than responding to the demands of the advocates on their terms. In this case, an "inside" advocate accomplished change where a demanding "outside" advocate would have created chaos and been stonewalled.

Often it is the bureaucrat who is the most credible advocate with a legislative committee, particularly behind the scenes with the committee staff. This is especially true if the bureaucrat has developed good legislative relations by being responsive to inquiries, trustworthy, and properly deferential at legislative hearings and by doing favors. While advocates may offer compelling testimony at a hearing, that testimony may be little more than window dressing compared to the bureaucratic-legislative bargaining that goes on behind closed doors. Advocates may assume a cause-and-effect relationship between their testimony and a favorable result, but in reality the two are often unrelated. Advocates should be careful not to damage the bureaucrat's reputation with the legislature, as they may thereby lose an effective partner.

PARTNERS

The inside bureaucrat and the outside advocates can work together successfully. The bureaucrat should go to great lengths to give the advocates recognition and good press. Advocates can be acknowledged through conferences, public awards, and involvement in important committees. The bureaucrat can share appropriate information with advocates and can work for funding of projects of mutual benefit. Bureaucrats need to be loved and acknowledged as well. They certainly should hear the criticism, but cheap shots modified

with “nothing personal, Jim” can do long-term damage to both the individual and the relationship with the advocacy community. A win-win situation can be created by a friendly conspiracy wherein the advocate becomes the bad guy causing problems for an administration and the agency the good guy proposing a solution, or vice versa.

Inside and outside advocates need to understand their different roles in the policy process.

They may cooperate at one time and contest each other at another time, but they should base their interaction on mutual respect. There is life after the battle, and even the most righteous cause has its flaws. ☺

James J. Callahan, Jr., Ph.D., is scholar in residence at the Heller School for Social Policy and Management, from which he recently retired as a professor and the director of the Policy Center on Aging, Brandeis University, Waltham, Mass.

ASA PRESENTS

The Chinese Response to Aging

A Professional Travel Seminar to Beijing

September 23–October 2, 2004,

with an optional tour of the

Three Gorges region of the Yangtze River

October 2–October 10, 2004



Join ASA for a series of specially arranged visits with Chinese government officials, healthcare providers and retired professionals to discuss issues affecting China's older citizens. The program also will offer visits to sites of historic and cultural importance, including the Great Wall and Tiananmen Square, as well as the former Empress Dowager's Summer Palace.

Cost: Beijing Seminar: \$3,190 (single supplement \$800)

Optional Tour: \$1,910 (single supplement \$980)

Cost includes airfare from San Francisco; luxury hotels; breakfasts; five dinners (all meals except two dinners on optional tour); sightseeing; cultural activities and special visits; guides; and visa processing.

For detailed information and reservations contact:

China Advocates

dana@china-advocates.com

(888) 333-2585 or (415) 665-4505