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NEW ZEALAND HOME BIRTH ASSOCIATION

LOBBYING 1984-1985.

The Autumn 1985 issue of "Environment" magazine has in it an informative and humorous article on lobbying, which I shall use as a basis for this report. The article is written by Alan Blackburn, and calls the activity of lobbying a game which is a cross between chess and snakes and ladders, called "Hunt the Ear". The Ear in our case is ultimately the Minister of Health, since by some bizarre twist of fate he has the ultimate say in how much a domiciliary midwife gets paid. However, the Ear can be reached via a number of avenues. These are: other MPs, the public, the party system, Government Department officials and bodies, independent advisory bodies, and other pressure groups. In this report, I shall go through all the possible moves in this game as described by Blackburn, and outline the equivalent action taken this year by our Home Birth Association.

Step 1. Obtain the backing of public opinion.

"This flushes the Ear out into the open where it will take a stand". "Well-nurtured public opinion starts tuning the Ear into receiving information". It also forces the other MPs to tune in, and these can in turn influence the big Ear.

Most of our branches have worked well at this step by getting articles in their local newspapers, holding public meetings and seminars, distributing pamphlets, getting on local radio, etc.. On a national scale, Marilyn and I made statements to the national radio network about the 17% increase granted to domiciliary midwives by Aussie Malcolm just after the announcement of the snap election. Marilyn also made statements to the press on the same topic. Many branches attended the Women's Forums organised by the Ministry of Women's Affairs around the country. Wellington put energy into liaising with the National Federation of Parents Centres, leading to articles in their journal and a public seminar on birth alternatives in the Wellington region.

Step 2. Lobby Members of Parliament .

This includes the big Ear. Blackburn calls MPs the "hothouse of the political system". They need to be kept well-watered with facts and information, manured with friendly support, because they have direct access to the Ear.

I am not aware of what individual branches have done in the way of personal lobbying of their local MPs. However, on behalf of the National Association, the following has been done:

1. Correspondence between the Minister of Health, Michael Bassett, and myself, copies of which have been sent to all branches, and been published in the national newsletter. The initial letter asked simply to be considered in the planning of the 'expanded' domiciliary midwifery service promised by the Government in their election manifesto. The point was entirely missed and interpreted as a request for increased pay for domiciliary midwives! The replies all stated the Minister's support of the home birth option, but... (more urgent matters needed attention). Bassett in fact has taken

exactly the same stance as Aussie Malcolm, giving lip-service to support the home birth option but not backing it up with dollars and cents. Perhaps here we have an example of the power of the Minister's advisors, the high-ranking officials of the Health Department. I quote from the editorial in the November 1984 National Homebirth Newsletter: "Any Minister is required to defer to his Department. This is why we are now receiving letters from Bassett which sound like the letters we used to get from Aussie! "

2. Copies of this correspondence were sent to Ann Hercus and Fran Wilde. Hercus because she is Minister of Women's Affairs, and we felt she might help as a mediator between us women and the Minister. Wilde because she is our local MP, with whom we have had personal contact in the past and whom, has been very supportive of our aims. Wilde has been able to do little for us, I imagine because of her involvement with the Homosexual Law Reform Bill.

3. Ann Hercus agreed to see us to discuss Bassett's discouraging letter. A full report of this meeting was sent to all branches, but the gist of her message was: Don't worry. Don't become adversarial. Concentrate on lobbying for increased pay, forget the ideas on an 'expanded' service for the time being.

4. Madeleine Gooda and I asked Questions of Ann Hercus during the election campaign at public meetings. She expressed open and strong indignation at the level of pay of domiciliary midwives.

5. Madeleine Gooda, with the help of a handful of other Wellington members, wrote a submission to the Minister regarding an increase of pay for domiciliary midwives. A reply was received saying he hoped to announce a moderate pay increase soon.

6. At the same time as this submission, a backgrounder on the situation was sent to all MPs. Madeleine received quite a number of replies which have helped us to determine who amongst the new MPs are our supporters and worth lobbying more intensely.

Step 3. The Party System.

Your local branches of the various political parties are worth lobbying, as they influence party policy. We should be 1. trying to get remits passed at annual party conferences, and 2. talking to party officials.

Angela Sellwood has supplied the Health Committee of the New Zealand Party with information, but as far as I am aware, there has not been much else happening on this front. This is definitely an area where we could be putting in more effort.

Step 4. Other Pressure Groups.

Lobbying any other groups who might conceivably support our cause. Groups such as Parents Centres, Plunket Society, New Mother Support Groups Inc., Women's Electoral Lobby (WEL), Midwives' Section of NZNA, NZNA, Save the Midwives, etc.. Liaison with these groups this year has been mainly on a branch level, with some branches having made very fruitful efforts at communication with some of these groups.

Step 5. Government Departments.

These were mentioned earlier as having the real power. Unfortunately, as Blackburn points out, they don't say much, preferring to keep their discussions behind closed doors. They wield incredible power, for the grey whispering mouth of the state bureaucrat is involved in all the Ear's decisions. Normally everything that the Ear wishes to do is referred to these people for comment and they answer the Ear's questions in Parliament.

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They need to be handled tactfully and diplomatically. They do not like to be seen to be involved in dirty lobbying. After all, they are just there to administer and advise.' They have the power because they have the knowledge and because they have to administer the change in law or policy. They do not like change because it mucks up the system.

This bit of wisdom has been slowly dawning on me as the years of lobbying have gone by. We as an Association have done nothing so far to lobby this group of people, and we need to do this in the future.

Step 6. Advisory Bodies.

These, Blackburn states, are like mild pressure groups, attached to the Ear and his departmental advisors, and appointed by them. He states that they are worth lobbying and keeping informed. We are talking here of Board of Health Committees, such as the Standing Committee on Women's Health. We nominated the Federation of Parent Centres' nominee, Jenny Drew, whom we knew to be supportive of our cause, for this committee. She did not get on it. Unfortunately for us, the committee does have on it Prof. Richard Seddon from the Dunedin Clinical School and ex-member of the infamous Maternity Services' Committee who wrote the report 'Mother and Baby at Home, the Early Days', and Miss June Foley, a Wellington midwife, who is no supporter of home birth. One worthwhile project for this coming year would be to find out the attitudes of the other members of this committee on home birth, with the aim of supplying those who are supportive with our submissions and other material.

In the past, we have sent copies of submissions to other advisory bodies not appointed by the Government. These were ACWA (Advisory Council for Women's Affairs), National Council for Women, and the Business and Professional Women's Association. National Council for Women only lobby on behalf of members, so I hope that branches have heeded the call made at the last conference, to join this Council.

We have also sent material and submissions to Parliamentary committees, such as the Labour Party Caucus Committee on Women's Issues, and the Committee on Health and Welfare.

The newly-formed Women's Board of Health is probably worth lobbying, even if they are apparently unsympathetic to home birth.

Draft Discussion Paper on Domiciliary Midwifery in New Zealand.

I started putting this together soon after the election, in response to the 'expanded' service promised during the election. It does not fit into any one of the particular steps of the game described above. A copy has been sent to all branches and to the Domiciliary Midwives' Society for comment, and when and if finalised, could be distributed to all targets of lobbying described above. I hope that this conference will discuss this paper briefly to determine a. whether it is a good idea to write such a paper, and b. who will continue the job of finalising it and distributing it.

Due to family commitment and 'battle fatigue' (from lobbying), I won't be able to do this job, and won't be able to continue as lobbying co-ordinator this year. Madeleine Gooda and several other Wellington members are showing a keen interest in playing this game of 'Hunt the Ear'. It was an interesting learning experience for me.

Henriette Kemp.
Wellington. 8/5/85.