

Opinion Paper: Revisiting Speaking Truth to Power A Return to Its Roots

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I just hope that the coalition of forces that put on the march [on Washington] can be kept together for the more difficult struggles that lie ahead.

—Bayard Rustin¹

IN THE United States, there are many “difficult struggles that lie ahead” for nurses and the communities they serve including, but not limited to, massive financial and labor cuts to federal research, public health, and science agencies; reductions in funding for government health insurance and food support programs for the poor and working classes; and elimination of environmental and climate change initiatives designed to improve air and water quality.² Revisiting Falk-Rafael’s³ *Advances in Nursing Science* article amidst today’s chaotic time provides an opportunity to rethink critical caring as the theoretical framework for nurses’ political engagement and consider grassroots democracy (GD) as a more relevant alternative.

Through primarily a public health lens, Falk-Rafael^{3(p.212)} positions speaking truth

to power as a “moral imperative” with multiple obligatory reasons supporting nurses need to be politically motivated and engaged to address the social determinants of health, especially the significant economic inequities that disproportionately affect the poor. Although I agree that “political activism/advocacy is rarely a salient feature of nursing practice,” I question if nurses agree with her conclusion that they are “ideally situated and morally obligated” to engage in sociopolitical advocacy.^{3(p.212)} Take for example H.R. 1, the Reconciliation Bill, recently passed by the U.S. Congress.⁴ Alongside the American Medical Association prediction that the bill will exacerbate existing wealth and health inequities,⁵ the American Nurses Association outlined the devastating effects Medicaid cuts will have particularly on rural and underserved areas.⁶ Yet 2 of 3 elected nurses in the House of Representatives voted in favor of its passage.⁷ Were these nurse legislators, who were “ideally situated” not also “morally obligated” to adhere to their “social contract” with society and vote against such draconian legislation? When ideology trumps morality among nurses best positioned to enact positive changes for the population, how does the average nurse respond to the profession’s continued appeal to nurses’ moral obligation as the rationale for engaging in political activism, which Falk-Rafael³ dated to Nightingale’s time?

In the United States, the first Code of Ethics approved by the ANA in 1950 strongly supported active political engagement, stating that “the nurse recognizes and performs the duties of citizenship”, including voting and holding elected office and claimed that it is

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“inherent” within the Code that the nurse “subscribes to democratic values.”^{8(p.1247)} This language was subsequently eliminated from future codes until the most recent 2025 version, which now states, “nurses have a role at every level of the democratic process,” including but not limited to “informed voting in local and national elections; running for office; combating voter suppression.”⁹ Although these latest pronouncements are to be commended, the question remains: will the 2025 Code have any more effect on overcoming barriers to nurses’ political engagement than efforts of early nurse leaders, the 1950 ANA Code of Ethics, or Falk-Rafael’s appeal to a higher moral calling to improve U.S. population health outcomes?

Recent systematic reviews of nurses’ political participation indicate that barriers persist. For example, Woodward et al.’s¹⁰ review suggested that significant obstacles to individual nurses’ political participation could be addressed through increasing personal interest in political knowledge and information and membership in professional organizations, yet Han and colleagues¹¹ reported that individual barriers such as nurses’ lack of political interest combined with organizational challenges, especially poor working environments – high stress, shift work, long hours, insufficient staffing levels – and perceptions that nursing organizations’ lack political power, continue to limit nurses’ political engagement.

Falk-Rafael³ offered critical caring as a framework for addressing nurses’ lack of political engagement, linking such engagement to nurses’ better selves – their moral social contract with the populations they serve. Although calling upon nurses’ better selves is admirable, their continued limited action in the political arena combined with professional nursing organizations stepping back from their own political activity, suggests a new framework is needed.

In 1942, when Bayard Rustin initially employed the phrase, *speaking truth to power*, he did so within the context of war, believing that pacifism and non-violence were the “creative methods” to deal with conflict.^{1(p.4)}

Rustin’s leadership during the civil rights movement culminated with his key role organizing the 1963 March on Washington for Jobs and Freedom, an event that began mobilizing the country to address segregation, economic inequality, and voting rights.¹ In the context of the many struggles the country faces today, such a movement is once again needed. It is time to shift away from critical caring, a values-based, virtue-laden approach, and toward a people-centered movement, like the civil rights movement of Rustin’s time. I believe that grassroots democracy (GD) employing community organizing and social mobilization strategies offers nurses another avenue for becoming politically involved.

Rustin wanted to transform the March on Washington’s success into a long-term movement, writing that the coalition of forces represents “a new entity commonly called ‘the big tent’” that could sustain lasting change.^{1(p.277)} This “big tent” is central to GD, which focuses “on core democratic themes such as equality, participation, and consensus at the community/organization level.”^{12(p.3056)} GD “as an alternative pathway to political change... emphasizes informal and decentralized structures” with community organizing a key strategy.^{12(p.3060)} GD movements often have “structures of cooperation or affinity groups”, that support new kinds of relationships among activists, providing a safe space within an often-contentious political environment.^{12(p.3061)} Central to successful GD movements, elements of which may resonate with nurses, are “mutual trust, respect, and care within the activist group.”^{12(p.3061)} Rather than care being the theoretical framework for action as Falk-Rafael³ promoted, care is one of many elements supporting activist efforts, including relationship building.

Through GD and its accompanying strategies of community organizing and social movements, there are many opportunities for nurses to become engaged with, and part of local, regional, and national mobilization efforts. I strongly believe that an increase in political engagement will only be

realized when nurses shift away from a reliance on official, monetized professional nursing organizations and instead, become part of communities that are member-driven, from the grassroots up rather than from professional leadership down. Considering the workplace constraints previously identified, nurses often see political activism as one more task in a long list of duties they are already asked to do. Fortunately, GD provides a wide array of options as time and ability allows. The following three examples of member-driven organizations exemplify Rustin's "creative methods",^{1(p.4)} whose volunteers are dedicated to mobilizing various communities to address the many health-related challenges facing the United States.

The Relentless School Nurse aka Robin Cogan demonstrates the influence one volunteer nurse can have through individual activism that engages nurses and other health professionals at local, regional, and national levels.¹³ Through a weekly blog, with over 13 000 free subscribers, a Facebook presence, with almost 7000 followers, and podcasts, videos, and articles available on the website, The Relentless School Nurse advocates for children and families, nurses and other health providers, and the public by providing evidence-based information and avenues for addressing pressing issues. For example, The Relentless School Nurse recently called nurses to "stand-up" to save the Nurses' Health Study (NHS), "the foundation of women's health research" for 50 years, from proposed funding elimination.¹⁴ Information is provided about the NHS, specific action steps, including how to contact NHS study leaders and federal legislators, and ways to mobilize public support. From reading a weekly blog, to contacting a legislator, to becoming the next Relentless XXX Nurse – you fill in the blank – nurses can be part of GD efforts.

Another avenue for involvement is joining a member-driven, in-kind national nursing organization dedicated to shaping health policy through political engagement. Nurses for America (NFA) began as a grassroots nursing organization to support the 2020 democratic presidential candidate (2025).¹⁵ Its mandate

has broadened, with the development of a newsletter and social media presence to educate nurse members about national health care issues; a committee focused on endorsing state and national candidates supportive of a comprehensive health care for all agenda; and partnerships with other organizations to harness increased political power.¹⁵ The organization is free to join, relies on volunteers for all its activities, and provides many opportunities for nurses to participate. Through NFA, nurses engage with other nurses committed to health policy and election reforms while also collaborating with other multidisciplinary grassroots health organizations such as Defend Public Health (DPH).¹⁶

DPH was "born" in late 2024 when "hundreds of health care providers, scientists, advocates, and allies responded" to a call-out on social media posted by a group of alarmed public health researchers concerned about further erosion of the public health system under the new administration.¹⁶ DPH exemplifies the new networks forming "to bridge agendas, pressure institutions, and build advocacy power in support of public health."^{17(p.108)} Like NFA, DPH is volunteer-driven with a coordinating committee that supports over 4000 members across the country dedicated to protecting the health of all, supporting proven, science-based public health policies, and responding collectively to nominations of anti-science officials.¹⁶ Through an active social media presence, publication of editorials and articles in legacy media, general and topic-specific online meetings, and communication trainings for members, nurse members can connect with scientists and practitioners who are action-oriented and committed to preventing "the destruction of the world's most successful health policy and medical research apparatus."¹⁶ DPH is an example of how GD supports activism during times of duress; with speed, efficiency, trust in volunteer organizers, and community building across disciplines, a new entity grounded in the present and positioned for the future was created.

These GD examples highlight a few of the many opportunities available for nurses to engage in the health policy arena, gain political knowledge, apply their organizing skills in a new context, and live the values of mutual trust, respect, and care that ground many nurses' actions. While Falk-Rafael³ encouraged nurses to speak truth to power from a critical caring perspective,

today's political divisiveness and increasing violence calls nurses to return to the phrase's original context, engaging in peaceful, non-violent movements as part of "the coalition of forces,"^{1(p.272)} committed to Rustin's goal of achieving social change through democratic processes. There is space for every nurse in the big tent of grassroots democracy.

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