



# LEGISLATIVE REFERENCE BUREAU

## Wisconsin's "Nurse Legislator": Judy Robson Reflects

Jessie Gibbons

legislative analyst



© 2021 Wisconsin Legislative Reference Bureau  
One East Main Street, Suite 200, Madison, Wisconsin 53703  
<http://legis.wisconsin.gov/lrb> • 608-504-5801

This work is licensed under the Creative Commons Attribution 4.0 International License.  
To view a copy of this license, visit <http://creativecommons.org/licenses/by/4.0/> or send a letter to  
Creative Commons, PO Box 1866, Mountain View, CA 94042, USA.

## Introduction

On January 22, 2016, former senior legislative analyst Michael Keane interviewed former Wisconsin State Representative and State Senate Majority Leader Judith “Judy” Biros Robson for the Legislative Reference Bureau’s oral history project. This project collects and preserves legislators’ stories and insights—especially those not recorded elsewhere—as they prepare to leave the legislature or after they have left office.

Judy Robson was born in Cleveland, Ohio, on November 21, 1939. She graduated from St. John College in Cleveland with a degree in nursing in 1961, and moved to Beloit, Wisconsin, in 1966. In 1976, she earned a master of science degree from the University of Wisconsin–Madison. Before becoming a legislator, Robson raised three children while working as a nurse for two decades.

In a June 1987 special election, Robson was elected to the assembly, serving a district composed of Beloit and surrounding areas in Rock County. She was elected to the senate in 1998, and in 2004, she became the first woman to serve as senate minority leader for the Democratic Party. Three years later, she became the first woman to serve as majority leader for the party. After serving 23 years in the Wisconsin Legislature, Robson retired from elected office in 2010 and has since been an active volunteer with numerous organizations.

In her interview with the LRB, Robson answered a series of questions about her time in the state legislature. She spoke about her legislative achievements and regrets, her role as an advocate for nurses, and her path to senate majority leader. This publication summarizes and excerpts highlights from the interview.

## An advocate for nurses

Robson never considered running for public office growing up, but she became interested in politics during college. Like many who came of age in the 1960s, she “really admired” President John F. Kennedy and was inspired by his appeal to Americans to serve others: “I heeded his siren call about the importance of public service. . . . I always had that in the back of my mind.”

In the 1980s, Robson worked as a nursing instructor at Blackhawk Technical College, and she encouraged her students to become politically engaged and to discuss important nursing issues with their legislators. She advocated for her community of nurses more actively when she started to feel that her profession was being undervalued and unappreciated by the health care system. As she recalled, “Health care started to become an industry. They started looking at bottom lines; they started looking at profit centers; they started hiring photographers and PR people.” She saw certain hospitals bragging about their nurses in promotional material, but these same nurses were, in her eyes, “overworked, underpaid, and treated with a lack of respect.”

Robson decided to push for change from within the industry while juggling her work as an instructor and a nurse practitioner. She recalled appealing to hospital boards, insurance companies, and policymakers and urging them to recognize the value of preventive care provided by advanced practice nurses:

The physician that I was working with at that time and I wrote articles. We petitioned insurance companies. We went before boards to say that . . . the advanced practice nursing practice that I had was saving them money. For example, we would have a lady who was very lonely at home, and she would call the ambulance. And she would end up in the emergency room seven or eight times a month. And I took her under my care . . . and we were able to cut that way back, and she stopped calling the emergency room, and she stopped calling ambulances. And there were other times when I would help people that had high blood pressure, and teach them how to take care of their high blood pressure, to stay on diets, learn how to take care of themselves, exercise, and all the other things. And then you could prevent them from stroking out later, which is very expensive. But the insurance companies said, “We don’t pay for preventive care. We don’t pay for advanced practice nurses to do this.” . . . [Nurse practitioners] made a tremendous difference, and yet we wouldn’t be recognized. The physician had to come in the room, wave, and then everything was okay by the insurance companies.

Robson began to consider running for political office when she realized her advocacy efforts had stalled. The feeling she had at the time “was that nurses were the biggest health care provider in the system, yet we were not recognized and we were powerless. And it was time for a nurse to be at the policy table. So I decided to run.”

## Running for state office

When the seat representing Assembly District 45 opened unexpectedly in 1987, Robson realized she had a good shot at winning the special election to fill the vacancy. The vacancy gave her a unique opportunity as an inexperienced first-time candidate, because she would not have to face off against an incumbent.

To kick off her campaign, Robson assembled a “kitchen cabinet” comprised of family members and fellow nurses, and they quickly got to work. Robson was working full time as a nursing instructor during the campaign, so she dedicated her weekends to meeting voters. Her strategy, as she explained, entailed identifying the voters who were likely to turn out at a June election and knocking on their doors. After some members of her kitchen cabinet noticed that her opponent, Republican Wayne Showers, was showing up at chicken dinners and standing on downtown street corners across the district to meet prospective supporters, they encouraged her to do the same. But she continued to knock on the doors of reliable voters, and the people she met this way found her background appealing:

Even though I didn't have any name recognition and I had no political background, nurses are authentic and people like us. As soon as they found out that I was a nurse, their complaints came out: about their health care, and what they should do, and their illnesses, and medicine, and things like that.

Robson said that while she enjoyed talking with constituents and campaigning, her victory on election night still came as a surprise:

All the cameras, radio, pundits, were all at my opponent's campaign headquarters, and I was there with my cadre of nurses and friends and kitchen cabinet folks. And then about 8:30 [p.m.], we realized I had won. So then they all had to unplug everything and come over to my campaign headquarters. And then I said, "Now what?"

## First days in office

Robson started her first term in the legislature in July 1987, meaning she "parachuted" directly into biennial budget negotiations. Robson said she faced a steep learning curve: "You know what the budget is like. It's chaotic. Everybody is trying to get their amendments in, understand what's in, vie for attention, and try to persuade people. And I didn't know the legislative process." However, a number of her new colleagues went out of their way to help her get oriented. For example, Bob Lang, Director of the Legislative Fiscal Bureau, sat down with her to explain the budget drafting process. And while Robson initially had no staff or office, then-Representative Tom Barrett graciously offered her space to work in his own office: "I had a little corner in his office . . . [and] I shared a phone with him for almost two weeks in the middle of the budget." The "problem-solving skills" she honed as a nurse also helped her acclimate quickly: "You come in with a certain set of things that you know how to do, and you just figure out the terms and figure out how to make it work."

Robson recalled one memorable day during the budget process when her new colleagues recognized her as a caring and resourceful addition to the Democratic caucus. She was in a meeting in a sweltering caucus room—the capitol building was not air conditioned at the time—with colleagues who were "sweating, arguing, fighting, [and] crying." She recalls, "I didn't realize there was a lot of theater in caucus, but I figured that out." Robson remembered suggesting that the caucus move its discussions across the street to a cooler and calmer environment. Her suggestion was not taken because the leader of the Democratic caucus, in her words, "wanted us to be hot and miserable," but it was then that her colleagues began calling her "nurse legislator," a label that she wore "very, very proudly" throughout her career in the legislature.

## Early legislative achievements

As Robson got her bearings in the legislature, she turned her focus to health policy, often

drawing on her own firsthand experience as a nurse and an instructor. She was assigned to serve on the health committee, and during her first terms in the assembly, several health-related bills Robson authored or co-authored were signed into law. One such bill, enacted during her first term in office, appropriated funds to improve articulation, or the matching of courses, between associate and bachelor degree nursing programs in the state.<sup>1</sup> Course articulation allows students to complete their degrees more efficiently, without repeating courses, when they transfer from one program to another. This bill benefited nursing students at two-year colleges—such as Blackhawk Technical College, where Robson was an instructor—who sought to advance their careers by obtaining four-year degrees in nursing.

Another bill Robson authored during her second term in office required health insurance companies to fully cover preventive mammograms.<sup>2</sup> Robson recalled that health insurers initially opposed this legislation due to the cost it would impose on them. “Of course, we heard the old ‘Oh no, another mandate. . . . This is going to be very expensive.’” However, due in part to her professional background in nursing, she was able to bring insurers around to seeing the benefits of early breast cancer detection. She said, “If you can pick up a lump or early cancer with a screening mammogram, then you would save lots of money and grief down the road. . . . They still didn’t like it, but I was able to pass that bill.”

Robson also authored and passed legislation that granted prescribing privileges to certain registered nurses with advanced training and certification.<sup>3</sup> At the time, Wisconsin was facing a shortage of health care providers, and her plan was designed to address that problem:

There were so many people without health care, and they couldn’t get to doctors or there weren’t enough doctors in very rural, poor areas, that I thought if advanced practice nurses, nurse practitioners, [and] nurse midwives could be able to prescribe medications, they would be able to improve the lives of patients.

According to Robson, shepherding the bill through the legislature was “a long undertaking. It was very controversial.” But she was able to argue effectively for the benefits to patients:

There’s a lot of territorial control by physicians and pharmacists and hospitals and others who thought that nurses shouldn’t be able to do this—that life as we know it on this planet would end, western civilization would be doomed, and the health care system would implode, certainly. But through the years, academic nurses had done lots of research on

---

1. [1987 Wis. Act 341](#) (1987 AB 867).

2. [1989 Wis. Act 129](#) (1989 AB 116).

3. [1993 Wis. Act 138](#) (1993 AB 756).

advanced practice nurses and found they were not only safe, but they improved the quality of life for patients.

Ultimately, she said, the research clearly indicated that “having a nurse prescriber would not be unsafe.”

Robson recalled how helpful it was that other legislators with health care experience—including then-Assembly Speaker Wally Kunicki, who had been a nurse, and then-Senate President Brian Rude, who was married to a nurse practitioner—recognized the benefits of expanding prescribing privileges to nurses. “I had a lot of people out there who understood the issue and realized how helpful it could be to patients and to the quality of health care.”

## An early legislative failure

Despite several legislative successes, Robson also experienced her share of disappointments, including the failure of a health care reform bill she introduced during the 1993 legislative session. In response to growing concern about rising medical costs, she developed a proposal to provide universal health insurance. Robson said that her proposal, the Health Security Act, would have built upon the existing employer-based health insurance system to expand affordable coverage to 350,000 Wisconsinites.<sup>4</sup>

Upon reflection, she said that she felt optimistic at the time that legislators were ready to support health care reform because, as the perceived problems with the system grew more apparent, Republicans and Democrats were “competing over who was going to have the best health care reform plan”:

Everybody had been campaigning that year on the cost of health care—that people were getting excluded from health care, that businesses small and large were having huge problems with the cost of health care. . . . So the timing was right—very right.

However, according to Robson, the debate effectively ended when insurance companies and other industry stakeholders “smashed it to smithereens” with lobbying campaigns that advocated against major reforms. Years later, in 2007, Robson and several colleagues introduced what she described as a “no-holds-barred universal health care plan” that also did not pass. Still, she remained proud of her efforts to reform Wisconsin’s health care system: “I always say that you step forward a little bit—inch forward—and maybe you get pushed back, but then the next time you can push forward again.” And in a sense, she added, the work she and other legislators did at the state level helped pave the way for the Affordable Care Act, signed into law in 2010:

---

4. 1993 Assembly Bill 1283.

We set the table, then, for the federal government to say, “You know, the states are laboratories of change. They’re the place where the action is. . . . Look at what Massachusetts is doing, Vermont, now Wisconsin has [proposed] health care reform. Maybe it’s time that we did it too.”

Remembering her failed 1993 proposal, Robson mused: “Maybe we didn’t win the bill that time, but we won in the long run. And when I saw Obamacare being signed . . . I waited until midnight to watch that, and I teared up, and I said, ‘Some of my life’s work is done. We finally have universal health care.’”

## Running for the senate

In 1998, a senate seat became vacant when Republican Senator Timothy Weeden of Beloit—a fellow “low-key policy wonk” who Robson said she had always enjoyed working with—announced he would not seek reelection. Robson decided to run for the open senate seat knowing that, once again, she had a better chance to win without an incumbent in the race.

Campaigning across the much larger senate district made the race more challenging than running for the assembly, she said. However, her fellow nurses continued to support her. Nurses were effective advocates, Robson noted, because they “really understood what a nurse in the legislature could do for patients and for the health care system.”

Again, her strategy of door-knocking to introduce herself to reliable voters—sometimes for up to 10 hours a day as she walked or biked from house to house—helped her win her first senate race. Showing up on peoples’ front steps made her seem not only memorable, but also approachable. After she’d been campaigning for hours on a scorching summer day, Robson recalled with a laugh, one woman said to her, “I thought your hair would be better.” These interactions remained in her constituents’ memories long after she was first sworn into the senate in January 1999. Her constituents would tell her, “‘I remember you walking in the rain.’ ‘I remember you being on the bike.’ ‘I remember you at my door.’”

## Senate and assembly differences

When asked about the differences between serving in the senate and the assembly, Robson characterized the assembly as a large, friendly body that was “a little bit more fun.” She fondly remembered assembly floor days and the so-called ghost voting that occurred when “a group of people would be in the back room having their lunch” and another representative on the floor would vote for all of them. By contrast, legislators in the senate were more “prim and proper,” she said:



You had to be in your seat during the roll call. You could not move. . . . There was a dress code. If you spoke to someone, you always addressed them by a ‘Senator Their Name,’ but you always had to look at the president of the senate when you talked; you didn’t look at that person. The rules and the code of conduct were very, very formal.

But Robson grew to like the more formal nature of the senate, with its strict procedures and traditions dating back to the days of statehood, because it helped her always remember the significance of her work:

I think it offered a decorum, and it gave a presence, and it also underscored the importance of what we were doing. We were passing legislation that was going to have a huge impact on people’s lives.

## Legislative success in the senate

As a senator, Robson continued serving on various health committees and also chaired the Human Services and Aging Committee during her first two terms. While serving on that committee and campaigning for office, Robson said she became acutely aware of the problem of rising prescription drug prices. In 2001, she authored legislation to create WisconCare, a prescription drug assistance program for the elderly:<sup>5</sup>

Everybody was hearing during the campaigns from seniors about how high prescription drugs were. We were hearing from people who were making—on Social Security—they were making \$1,200 and their prescription bills were \$800. I don’t know how people did it, but you had to choose between medications and food sometimes. You might have patients who were cutting their pills in half, which is very poor medicine—very, very poor health care.

Robson recalled that several other politicians, including Governor Scott McCallum and other members of each party of the legislature, proposed competing prescription drug programs that were comparatively modest in scope. She and others who supported her bill initially chastised supporters of these competing bills: “We beat them up,” Robson said. “You go through all the rhetoric—‘Oh, that’s a terrible plan, it doesn’t cover enough people.’” Despite the political theatrics, Robson said that she remembered the prescription drug negotiations as “a beautiful example of Democrats and Republicans working on an issue and finding some middle ground.”

During these negotiations, Robson and other supporters of her bill were forced to make significant policy concessions. She said her original bill would have made hundreds of thousands of seniors with incomes under \$30,000 per year eligible to purchase

---

5. [Wis. 2001 SB 1](#).

medications “at a very reasonable price.” However, as her bill moved through the legislative process, it “morphed into SeniorCare from WisconCare,” and legislators found a “halfway point” that satisfied both sides.

Although Robson’s bill failed to pass the assembly, SeniorCare was included in the 2001–02 biennial budget later that year.<sup>6</sup> The program was enacted five years before Medicare Part D—the federal prescription drug program for Medicare beneficiaries—took effect, at a time when many retirees were paying for costly prescription drugs entirely out of pocket. According to Robson, the Wisconsin legislation differed from Part D in that SeniorCare negotiated with pharmaceutical companies “to get the best price possible” while the federal program did not. She recalled repeated efforts by the federal government to “shut down” SeniorCare following the creation of Part D, but the program remains in effect today. Robson said, “It’s very, very popular, and I was very proud to have been the author of that bill.”

## Becoming a senate leader

In 2004, Democratic leaders in the senate approached Robson and asked her to run for senate minority leader. Control of the legislature had flipped in the 2003 election, and Democrats found themselves in the minority for the first time in fourteen years. In addition, the so-called caucus scandals, in which five legislators would ultimately be convicted for improper campaigning, continued to play out in the courts and regularly generated negative headlines. From Robson’s perspective, her personal and professional background seemed to factor into her colleagues’ calculation that she could help repair the legislature’s public image. She said:

There was a pall on the legislature. There was a dark cloud over us. . . . We lost our credibility. . . . We were all looking very poor, and we needed to restore public confidence. And I think maybe that’s why they were looking for me. You know, that nurse thing—the mother thing.

She added:

I thought, if they want me to be their leader, I would be happy to be their leader. I’m honored to be their leader. And if they think I can do it and I have the capacity and ability, I will become the minority leader.

Robson was the first woman to serve as senate minority leader for the Democratic caucus.<sup>7</sup> As minority leader, she focused on collaboration and team building—two efforts

---

6. [2001 Wis. Act 16 \(2001 SB 55\)](#).

7. By 2004, two Republican women—Senator Susan Engleiter and Senator Mary Panzer—had already held the minority leader title, and Panzer had also served as senate majority leader.

that she said most female leaders tend to prioritize. Her goal in the position was to win back the senate majority, and she adopted a three-pronged strategy to do so: find good candidates, raise money, and have a message.

Robson described the Democratic Party's platform for the 2006 election as follows:

We put together a family first agenda, which included health care reform. We were going to put universal health care in place. We were going to reduce property taxes through HOPE, which was the homeowner's property tax exemption program, where we would exempt the first \$30,000 of your assessed value of your home, which was very progressive. . . . We talked about changing the way the senate worked—the process of the state senate. So we had a strong agenda, and we had good, strong talking points. . . . We gave [talking points] to very strong candidates, who [marshaled] those messages. And people responded to that call.

Robson's strategy was successful, and she said she was grateful to have “outstanding candidates,” adequate funding, and a strong message. In 2007, after helping her party win back the majority of seats in the senate, she became the first woman to serve as senate majority leader for the Democratic Party. From that point on, she focused on helping her party pursue three new priorities. The first priority, she said, was to change the senate rules to require a bill to have a public committee hearing prior to its passage. The second, a related measure aimed at creating greater transparency in the legislative process, was to prohibit closed-door committee votes. She recalled the line of argument she successfully employed as follows:

I said unless there was some great emergency, the committee had to vote in front of the public, in front of the press, so that the senators had to defend their position and say why they were for or against a bill. I was trying to change the culture of the senate. That was difficult. There was a lot of pushback. . . . We ran on opening up the process, making it more accountable, making it more honest . . . so we had to deliver.

The party's third priority was to reform the state's health care system. With the support of many outside groups at both the state and federal level, her caucus again put forth a health care reform proposal, referred to as “Healthy Wisconsin,” that would have expanded health insurance coverage in Wisconsin:

We rolled up our sleeves and put together a very good universal health care reform package. We were of the mind that the federal government was never going to do anything about health care reform. . . . I was part of a group called the Reforming States Groups, and we were encouraged and supported, and we had meetings to push us along and say, ‘States, just go ahead and do it.’ Massachusetts did it, Vermont did it, and we wanted to do it.

Robson recalled that, once again, the timing seemed right to take on health care reform, in part because several advocacy organizations—including the Wisconsin State AFL-CIO, which represents union members in the state—were pushing for expanded health insurance coverage, and the public seemed receptive to their proposals:

People were bubbling up with their ideas. . . . AFL-CIO had a health care reform plan . . . the nurses had one, doctors. There were a lot of people that were pushing at this issue because we couldn't sustain the cost and the lack of quality in health care any longer. So we forged ahead and took some of the best ideas from other states, and what . . . AFL-CIO had done, and some of the nurses and doctors, and put it together.

Robson said that several of her colleagues played a critical role in the process. First-term Senator Kathleen Vinehout had a PhD in health care and understood the policy challenges better than most in the caucus. Additionally, Senator Jon Erpenbach, then-chair of the health committee, organized well-attended hearings on the bill across the state. “We really, really had a lot of energy.” But “the assembly . . . wouldn't even think about health care reform” and Governor Jim Doyle “didn't have quite this vision either.”

With little chance of their proposal gaining momentum as a standalone bill, Robson said that she and colleagues in the Democratic caucus decided to place it in the biennial budget, even though they knew that decision could cost them politically:

I've been one of those that said you shouldn't be putting big policy items in the budget. But we knew if we passed it in the senate, the assembly would never take it up, and that maybe if we put it in the budget, we could negotiate something from them on health care reform. So we put it in the budget. And we were severely criticized.

The 2007 budget was, in Robson's words, “one of the longest delayed budgets we ever had” and, from her perspective, an exceptionally difficult one to hammer out. Robson recalled frustrating negotiations that resulted in her caucus “giving up a lot,” including their universal health care reform plan. “We weren't getting a good budget, we weren't getting any good negotiating, and we couldn't get the assembly Republicans to move,” she said.

The budget negotiations stretched into October. “At one point,” Robson recalled, “Governor Doyle called us into special session: that didn't work. He called us to the mansion. . . . No go.” But finally, “the pressure was on,” she said, and “things started to fall in place. In the end, she and her colleagues “got all the things that they wanted except for Healthy Wisconsin.”

Robson said that the arduous budget negotiations—in particular, the inclusion and subsequent exclusion of Healthy Wisconsin from the budget bill—likely cost her her leadership role. Within days of the budget's enactment, the Democratic caucus voted in Senator Russ Decker to replace her as majority leader. “I was surprised,” she said. “But

they gave me the gift of leadership and then they took it away. . . . I worked very hard for them, and I enjoyed it. It was a privilege to serve. But I have to say, I was a little bit taken aback and a little bit hurt.”

## Career regrets

In the 2009 legislative session—Robson’s final session in the legislature—Democrats held majorities in both the senate and the assembly, giving her party the opportunity to enact its broader policy agenda. Yet Robson expressed disappointment that several of her priorities were not advanced at that time, partly because she was no longer serving as the senate majority leader: “If I had been leader in 2009, I think Healthy Wisconsin would’ve been really pushed a lot harder.” She said she also would have prioritized campaign finance reform if she had remained majority leader. “That was one of the issues that I had worked on all the way along, you know, having shadowy groups come in with a lot of money to control elections.”

Robson said that she also regretted “not doing something about redistricting” when her party had majorities in both chambers. There was an assumption, Robson recalled, that Democrats would maintain control of both chambers in the 2011 session. That would have given legislators in her party the opportunity to re-draw the electoral district boundaries to their liking, but that did not occur. When asked how seriously her caucus had considered redistricting reform in the 2009 legislative session, she said, “Not very. We didn’t consider it. . . . That would’ve been something in retrospect that we should have really—while we had the majority—we should have really worked on.”

## Remembering legislative leaders

As her interview drew to a close, Robson spoke about four colleagues whom she admired and found to be particularly effective legislators. Former Speaker Tom Loftus—a Democrat and the first Speaker that Robson worked with—was, as she recalled, “very intelligent, very charming, and very funny.” She added, “He was an incredible orator, and so he could move the assembly in directions that no one thought [it] could possibly move in. And I was quite impressed with him.”

Robson said she was also impressed by former Senator Mary Panzer’s legislative skills and “strong institutional knowledge.” A Republican who became the first woman elected senate majority leader in 2003, Panzer was, in Robson’s estimation, “a very good majority leader. She was smart, she was savvy, she put up with a lot of grief, as we leaders do, and she was able to be very brave.” She recalled Panzer’s deft ability to steer her caucus away from the Taxpayer Bill of Rights—a proposal that would have amended the

state constitution to place caps on taxing and spending. This was a move that Robson approved of, because she also believed blocking the measure was in the best interest of Wisconsinites: “[The Taxpayer Bill of Rights] really cripples government. And she had such a strong institutional knowledge and background that she was able to keep that from coming up for a vote. . . . It probably would have passed. And she knew what would happen to Wisconsin. . . . So she was somebody that [I] admired very much.”

Robson also fondly remembered working across the aisle with former Senate Majority Leader Dale Schultz. “When I was minority leader, he was majority leader, and he was very charming, very smart, and very inclusive, and he always was very respectful to the minority,” she said. “I thought he was just a very, very good person.”

And, she said, “of course there was Tom Barrett, who took me under his wing” and “showed me the ropes. He gave me a little place when I didn’t have an office right in the beginning.” Robson said that she and Barrett stayed in touch throughout her career, and that she admired his policy work, as well as his ability to collaborate well with a team: “He’s able to translate all that policy into working with people and getting it to happen. So he was amazing,” she said.

## Retiring from public office

Robson declined to seek reelection in 2010: “I turned 70, and that’s a sentimental birthday. I had served for 23 years in the legislature, and it was a privilege and an honor. It was just time to move on and let the next generation take over.”

Six years into her retirement, Robson said she had been busy volunteering on various boards, including the boards of the Wisconsin Center for Nursing and MetaStar. In those roles, she continued to advocate for quality health care and for Wisconsin’s nurses.

Robson also remained active in politics, volunteering with political campaigns and the League of Women Voters. She also described herself as an active volunteer with the Wisconsin Women’s Network, an organization that promotes the advancement of women and girls in Wisconsin, in part by encouraging women to run for public office. Robson said she was inspired to volunteer because she knew from experience that legislative bodies are “not well served” when women are not represented equally:

I give a speech about the amazing journey of women in politics, starting with the suffragettes, and moving through the legislative process, using some of my examples as ways to illustrate points along that path. And we teach them about using the press, how to write press releases, how the legislative process works, how to be effective.

Robson said she always tells the women she meets through the network, “If I can do it, you can do it. I didn’t have any political experience at all . . . and look how I ended up.”

## Conclusion

Throughout the interview, Robson reflected on her career as a member of the assembly, a member of the senate, a leader of her caucus, and a constant advocate for Wisconsin's nurses. She said the decades she spent as a nurse and as a legislator differed in many ways, but they were similar at their core: "As a nurse, you want to help people who are vulnerable and voiceless and powerless and help them get their strength back. . . . And I saw the legislature as being the same thing—helping people who are powerless, voiceless, and trying to improve their lives."

In preparation for her interview, Robson said she spent several hours looking through press releases, binders, and notebooks from the 23 years she spent in the legislature. Putting her memories together "in some coherent fashion"—perhaps in a book—is a project she said she hopes to tackle in her retirement. "If not for me," she said, "for my grandkids, so that they can see [how] a woman comes through the process and changes from being a staff nurse and a teacher to move up to be a very powerful majority leader, and the pitfalls along the way, and the friendships you develop, and enemies that you forget." ■