Our Unhealthy Democracy

How Voting Restrictions Harm Public Health—and What We Can Do About It

The United States is a representative democracy. We elect decisionmakers to represent us and make decisions in our interest. But as state legislatures have become more responsive to a smaller, wealthier, and healthier subset of voters, they have restricted access to health care for the broader population and have failed to address many health and environmental challenges within the communities they govern. The most vulnerable populations have, consequently, experienced worsening public health disparities. Ironically, even those who are currently overrepresented through electoral bias—namely more rural, white populations—are suffering the burden of failing democratic institutions.

This report explores the link between electoral representation and constituent health outcomes and finds that disenfranchisement is associated with poor health outcomes. Our democratic institutions have been weakened in a way that has entrenched unresponsive government. This report identifies a negative feedback system that is not likely to be reversed until we repair our nation’s ailing electoral systems and outlines many evidence-based reforms that can be enacted to restore popular sovereignty and healthy democracy, if the political will can be built.

Partisan manipulation of election laws after the 2010 elections has effectively locked in governing parties across several states, diluted the voting power of targeted populations in many more, and eroded the capacity of our governing institutions to operate according to democratic principles. We are now beginning to see that the consequences of this erosion extend beyond the violation of voting rights.

Michigan’s gerrymandered state legislature overrode popular sentiment to impose an emergency manager program, exposing residents of Flint to lead-tainted water since 2014. Here, in 2016, Porshe Lloyd washes her three-week-old son using bottled water.
Chemical plants are routinely sited next to low-income communities, communities of color, and indigenous communities. These neighborhoods are regularly subjected to increased air and water pollution and put even further at risk during disasters. Already low voter turnout in these neighborhoods is compounded when greater barriers to voting are erected. Hurricane Harvey, the Arkema chemical plant in Crosby, Texas, partially exploded.

rights to perpetuate long-term health disparities. With less ability to protect themselves at the ballot box, millions of citizens, especially the socioeconomically vulnerable, are unable to change the direction of public policy in their states. Using both new and old tools developed in political science, it is possible to measure the association between the quality of electoral systems and state-level health disparities.

Healthy Democracy, Healthy People

Greater life expectancy is associated with less electoral bias in the United States. People in sicker parts of the country face greater institutional hurdles to participating in elections and protecting their interests. Structural barriers, such as registration restrictions and limitations to ballot access, keep less healthy people away from the polls. As it becomes more difficult for sick people to vote because of these barriers, the electorate becomes even more distorted to favor healthier voters. Similarly, many states have erected greater barriers to voting since 2010, further insulating legislatures from accountability.

After the 2010 Census redistricting cycle, partisan bias increased to extraordinary levels in some states, with most of it concentrated in states where legislatures led the redistricting process with unified party control (that is, no governor from another party to veto the plans). Importantly, districting plans designed by independent or bipartisan commissions were much less biased than plans that were drawn by state legislative majorities that had no restraints on maximizing their partisan advantage.

Using data from America’s Health Rankings, we find that health declines from 2010–2017 were more severe in extremely gerrymandered states, where insulated legislative majorities were less likely to adopt equitable health policies like expanding Medicaid or implementing other parts of the Affordable Care Act. This effect is not seen as strongly in states where greater barriers to voting were erected. Nevertheless, it is now clear that unresponsive legislators are exacerbating health inequities.

Considering a suite of reforms to effectively address 1) the cost of eligibility, 2) the cost of casting a vote, and 3) the value of the individual vote, this analysis considers the effectiveness of previously implemented reforms, comparative and historical analyses of electoral system design, and the practicality of implementation. (More information on reforms can be found at the Brennan Center for Justice, Fair Vote, and the Campaign Legal Center.)
Barriers to voting can include voter ID requirements, restricting people from early voting, and not providing an adequate number of precincts or voting centers. In Arizona, eligibility restrictions and waiting for hours in line reduces voter turnout, making it more difficult for communities to protect themselves from public health threats.

**Recommendations**

**To reduce the costs of eligibility:** Enact preregistration of 16- and 17-year-olds who are taking civics, provide automatic and same-day voter registration, and secure voter registration lists. More than a dozen states allow people to register as voters before they are eligible to vote, to prepare them for the responsibilities of voting. Bipartisan efforts have led to 16 states and the District of Columbia implementing automatic voter registration, an “opt out” policy that places all eligible citizens on voter registration rolls electronically and keeps the information synced with other government databases. Safe and secure registration lists can be protected through the prohibition of sloppy and unscientific “cleaning” tactics, such as exact matching, a process rife with voter and human error.

**To reduce the costs of casting a vote:** Enact mail and early in-person voting, consolidate elections, and use election week voting centers. Extending the time to vote reduces an important barrier for those who do not have flexible work schedules and provides an opportunity to mobilize voters to get to the polls. Colorado’s early adoption of voting centers—places where voters in any county can drop off ballots or vote during an early voting period (as opposed to the traditional precinct system)—has proven to be a success. Consolidating local and state elections with national races also boosts local participation.

**To protect the equal value of individual votes:** Create independent redistricting commissions; hold multi-seat, proportional elections; require publicly financed campaigns, establish electoral ethics commissions; and achieve maximum participation in the decennial census. Removing the authority from legislators to draw the electoral districts that they campaign in results in less biased districting. Several commissions have now been established, and comprehensive guides for their administration are now available. Along with full expenditure disclosure by candidates, the “democracy voucher” program—such as that adopted by Seattle and contained in H.R. 1—holds the most promise for empowering individual voters. It provides a subsidy directly to eligible voters, and candidates have to work for voters to spend the vouchers on them. Stronger ethics rules would ensure our officials make decisions in the public interest based on evidence, not the influence of special interests to which they are connected.

Possibly the single biggest threat to the legitimacy of democratic institutions in the United States in 2020 is...
The US Census is a critical tool for maintaining our country's infrastructure, and filling out census forms is required by law and mandated by the Constitution. Efforts to alter the questionnaire, for example President Trump's attempt to include a citizenship question, put our democracy at risk by discouraging immigrants from responding, leaving these already vulnerable populations without representation and making them a target for anti-immigration policies.

the corruption of the decennial Census, the oldest and largest scientific project undertaken by the government every 10 years. We must not allow the Census to be weaponized for the distortion of political power. While the integrity of the questionnaire has been protected, for now, by the Supreme Court, the Trump administration has repeatedly claimed that they want to use data from the census and other US agencies to try to identify non-citizens. Along with the Voting Rights Act, the Census is arguably our best means of securing the integrity of our electoral systems and our democracy. The Trump administration continues to use fearmongering and intimidation to generate an undercount of at-risk populations, which would have a similar effect to diluting the political power of immigrants and people of color.

Conclusion

We are living through a very dangerous time. As health disparities grow at a rate not seen in a century, and an ecological crisis accelerates, the institutions that we rely on to make social choices about our shared fate are eroding. We can, and must, rehabilitate our democratic institutions if we are going to address these challenges. The solutions are there for us, tested through research in American states and across other democracies. By expanding voter eligibility, providing early and easy access to the ballot, and ensuring an accurate count of votes, we will eventually be able to pass evidence-based, equitable policies to improve the nation’s health.