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The Right to Vote, The Right to Health: Voter Suppression as a Determinant of Racial Health Disparities

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ABSTRACT

Civic participation is beneficial to one's health. Conversely, being unable to participate, such as being unable to vote, may be detrimental for health. Barriers that prevent voting and civic participation, which constitute voter suppression, disproportionately impact people of color. Therefore, voter suppression may explain intractable racial health disparities. However, few studies have examined the connection between voter suppression and health. In consideration of the frequent, and increasing, reports of voter suppression in recent elections, including the rise in voter identification laws, the reduction in early voting opportunities, and the closing of polling places, the field of public health should address voter suppression as a significant determinant of health inequities. This paper suggests a framework for how voter suppression may operate to negatively impact health and well-being, especially for people of color. Lastly, directions for future research are recommended to begin to disentangle the complex relationship between civic participation and health.

Keywords: voter suppression; racism; health disparities

INTRODUCTION

Healthy People 2020 identified civic participation as a social determinant of health (Office of Disease Promotion and Health Prevention, 2019). Internationally, the Organization for Economic Cooperation and Development (OECD) proposed a framework arguing for civic engagement as an indicator of overall well-being (Organization for Economic Cooperation and Development, 2019). Both suggest that civic participation contributes to improved physical and mental health. In the United States (U.S.), the expansion of civil rights in the 1960s included the passing of the Voting Rights Act (VRA), the Civil Rights Act, and the Fair Housing Act. These three Acts sought to remedy discrimination within institutions and to promote social equality; they were followed by a reduction in racial health disparities, such as decreased mortality for African Americans (Chay & Greenstone, 2000). In the five years following the Civil Rights Act, Black infant mortality, which had been stable from 1961-1965, fell by 30% (Chay & Greenstone, 2000). Other analyses show that, from 1960-1964, living in an area with Jim Crow legislation, which

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prevented equal rights for African Americans, was associated with 1.19 times the odds of Black infant mortality compared to those living in a non-Jim Crow area (Krieger, Chen, Coull, Waterman, & Beckfield, 2013). Upon the abolition of Jim Crow, the odds of infant mortality converged between these two areas (Krieger et al., 2013). Further, using U.S. data from 1980, LaVeist showed that an increase in African Americans' share of relative political power at the city-level was associated with a significant decrease in infant mortality rates for African Americans, even after controlling for city-level poverty rates, segregation, unwed birthrate, low birth-weight rate, Black and White education levels, geographic region, and African American percent of population (LaVeist, 1992). With data from the 1990s, researchers found that living in a state with the highest voting inequality was associated with 1.54 times the odds of having poor or fair self-rated health compared to individuals in a state with the lowest voting inequality (Blakely, Kennedy, & Kawachi, 2001). More recently, policies that expanded protection against institutional discrimination for lesbian, gay, bisexual, and transgender individuals were associated with better mental health outcomes (Hatzenbuehler, 2009). These findings suggest that improvements in social equality and political representation may result in improved health.

Across these examples, two mechanisms are in operation (Hanh, Truman, & Williams, 2018). First, voting possesses symbolic significance that may impact health; the right to vote connotes social standing and inclusion and provides one with dignity and self-confidence (Manza & Uggen, 2004). One's inclusion in society and feelings of collectivity, demonstrated through civic participation and civic protection, may bolster one's social and human capital, benefiting their overall well-being (Kawachi & Berkman, 2000). Second, the right to participate in society, such as through voting, allows the individual to influence policies and laws that shape wellbeing and known social determinants of health (Woolf & Braveman, 2011). Therefore, the expansion of civil rights and the ability to participate fully in such rights through voting may reduce health inequities.

This commentary provides a framework which argues that voter suppression in the United States disparately impacts people by race, that this differential impact is due to voter suppression's roots in racism and White Supremacy, and that voter suppression exacerbates racial health disparities through three primary mechanisms of structural exclusion from the electoral process, unequal allocation of resources and capital, and stress. Additionally, calls to action are provided which outline directives for future research on voter suppression and health.

Framework: Voter Suppression as a Determinant of Health and Well-being

Voter suppression, a form of structural racism, likely exacerbates racial health disparities. Harrell defines racism, structurally, as "a system of dominance, power, and privilege based on racial designations, rooted in the historical oppression of a group...and occurring in circumstances where members of the dominant group create or accept their societal privilege by maintaining structures, ideology, values, and behavior that have the intent or effect of leaving non-dominant-group members relatively excluded from power, esteem, status, and/or equal access to societal resources" (Harrell, 2000, p. 43). Harrell's definition harkens to the disenfranchisement created and maintained by structural racism. With voter suppression policies, one can begin to understand how power is stratified and, subsequently, how voting becomes a privilege, instead of a right, possessed only by the dominant racial group. Thus, voter suppression should be considered a form of structural racism in that it manifests through institutions, is supported by ideologies of White Supremacy, and has persisted even as steps are taken to diminish it (Gee & Ford, 2011). Further,

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racism operates as a system, its whole reinforces its parts and their respective effects (Reskin, 2012). Voter suppression is part of a larger racist system that silences specific voices and amplifies discrimination experienced in other domains through its ability to shape one's environment, resources, political power, and social capital (Jones, 2002).

Only in the past 70 years, with the passing of the VRA, was the right to vote guaranteed to all citizens in the U.S., regardless of race or ethnicity. Despite this momentous legislation, voter suppression persists and denies many, especially people of color, the right to vote. Voter suppression represents a form of oppression that maintains White people's privileged status and people of color's disadvantaged status in society.

Further, structural racism, such as through segregation, immigration policy, or incarceration, is an established determinant of health (Gee & Ford, 2011). Voter suppression is an especially pernicious form of structural racism in that has the ability to impact known determinants of health. If we take the perspective of "Health in All Policies" (Freiler et al., 2013), in which every policy, whether related to economics, housing, education, or the environment, may have consequences for health, we can begin to understand how voter suppression, which prevents people from influencing policies in their favor, can also impact well-being. In addition to structural/institutional racism, voter suppression may operate through other levels of racism, including interpersonal racism and internalized racism (Jones, 2000).

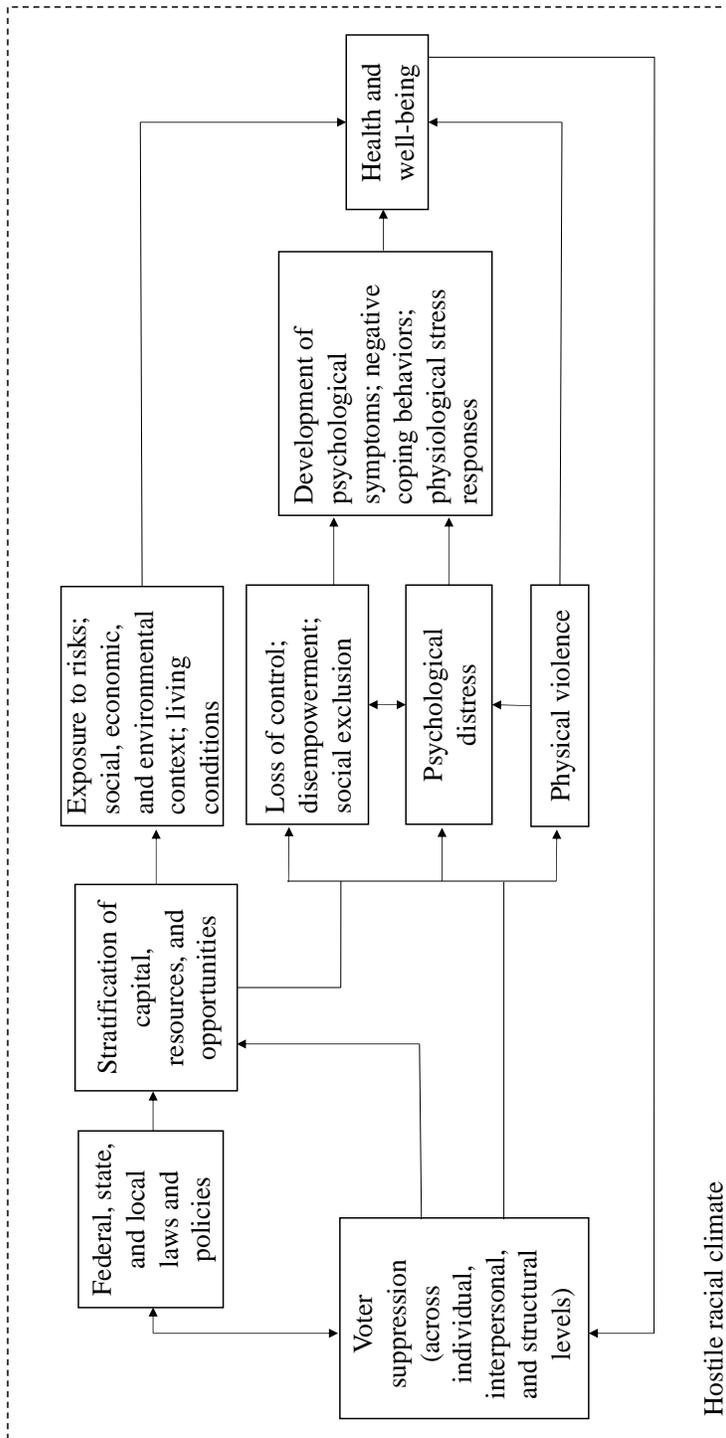
Previously, many have delineated the ways in which racism influences well-being, especially as a social determinant of health (Gee & Ford, 2011; Hanh et al., 2018; Harrell, 2000; Jones, 2000; Paradies et al., 2015; Paradies, Williams, Heggenhougen, & Quah, 2008; Purtle, 2013). This commentary borrows from these frameworks to identify how voter suppression, as one form of racism within a larger system of racism (Reskin, 2012), exacerbates health disparities and harms well-being (Figure 1).

The proposed framework is situated within the assumption that we exist within a hostile racial climate, a society characterized by racism. And, within a society founded upon White Supremacy and racism (Gee & Ford, 2011), race structures access to social and economic resources, including civic power (Feagin, 2012; Jones, 2000). In using voter suppression as an example, we can begin to understand how such policies are created by and reinforce such a climate. Suppressive voting policies are more likely to be implemented in states with higher numbers of African American voters and more present in states with higher levels of racial minority voter turnout (Bentele & O'Brien, 2013). These patterns are not coincidental; rather, they are driven by historic and contemporary White Supremacy (Acharya, Blackwell, & Sen, 2016). Following the Civil War, Jim Crow Laws and Black Codes were implemented to limit the political voice of recently enfranchised African Americans that threatened White interests and White political power (Behrens, Uggen, & Manza, 2003). Presently, voter suppression policies are proposed as a tool to combat the perceived threat that Whites will no longer be the majority and that, with this transition, White's hegemonic power and political power will be lost (Anderson, 2018). Further, voter suppression laws serve to maintain social boundaries between Whites and people of color, delineating social status both materially and symbolically (Combs, 2016).

Therefore, voter suppression policies are both a symptom and an indicator of a hostile racial climate. This hostile racial climate may manifest not only through voter suppression directed at people of color, but also through the proposal and passing of inequitable policies which differently

influence health by race-ethnicity. Moreover, voter suppression may be especially corrosive as it impacts other known social determinants of health; disenfranchised voters cannot advocate for

Figure 1. Voter suppression as a determinant of health and well-being



policies that shape their schools, housing, health care, or the built environment (Hanh et al., 2018). Consequently, the limits placed upon their political voice may allow for the passing of policies which reproduce inequity across these domains.

If we suppose that racism functions to maintain power and control resources, as Harrell (2000) argues, then it follows that voter suppression, as a form of structural racism, could distribute power unequally, produce policies across domains which reinforce this inequality, and create unequal resource distribution with direct consequences for health (Bailey et al., 2017; Phelan & Link, 2015). The proposed framework (Figure 1) suggests that, to begin, voter suppression directly influences the creation of federal, state, and local, laws and policies; these policies then determine how resources are distributed within society. At the interpersonal level of voter suppression, individuals can act in a suppressive manner to directly impact community resources; for examples, election officials may choose to close polling places or distribute voting machines, poll workers, or other resources unequally, stratifying these resources and capital by neighborhoods, districts, or cities (Pettigrew, 2017; White, Nathan, & Faller, 2015). This stratification of resources and opportunities shapes the context in which individuals and communities exist, including exposure to stressors and environmental risks, with direct consequences for health and well-being.

At the individual level, voter suppression delineates who is allowed to vote, subsequently determining whose voice matters, symbolically assigning value to voters and non-voters, and stigmatizing those who cannot participate in democracy. This stigma may result in feelings of exclusion and/or psychological distress, including vigilance and rumination, which can result in psychological symptoms, negative coping mechanisms, and physical manifestations of stress (McEwen, 1998). Further, voter suppression may manifest in physical violence. Lastly, one's well-being and health can, in turn, reinforce the impacts of voter suppression (Mattila, Söderlund, Wass, & Rapeli, 2013; Rodriguez, Geronimus, Bound, & Dorling, 2015). Those who are sick may not be able to access the polls, while the dead cannot vote at all. Thus, using this perspective, voter suppression may be a form of structural racism that exacerbates health disparities for people of color.

In the following sections, I will identify how voter suppression manifests and how voter suppression operates to influence well-being.

Voter Suppression Operates across Multiple Levels through Multiple Forms

In order to understand the impact of voter suppression on health, we must first clarify what voter suppression is and how it operates to create racial disparities in voting. Defined as a policy or practice that creates barriers for certain groups of people to cast a ballot, voter suppression is not only a contemporary problem but has manifest in many forms throughout history, from physical violence to more subtle bureaucratic obstacles. Often, suppressive policies are established in a manner that results in disparate impact along racial lines, meaning that although the policy or action is not racially-based, it imposes a disadvantage upon certain racial groups and constitutes a form of discrimination even with the absence of intent (Smedley, Stith, & Nelson, 2003). For example, voter identification laws may appear race neutral, but, when applied, are more burdensome to racial minority groups who may have more difficulty in acquiring the appropriate identification – for example, African American's have driver's licenses at half the rate of Whites (Hajnal, Lajevardi, & Nielson, 2017; Parson & McLaughlin, 2007). Without proper identification,

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which is required in 35 states, as of 2019, one cannot vote (National Conference of State Legislatures, 2019).

In North Carolina, African American voters experienced the disparate impact of another suppressive voting policy: reductions in early voting. In 2016, early voting days and voting on Sundays were cut in a manner which “targeted African Americans with almost surgical precision” according to the U.S. Court of Appeals for the 4th Circuit, as counties with Sunday voting were disproportionately Black (Stern, 2016). Additionally, across the nation, at least 868 fewer polling places were available in 2016 compared to 2012 (Stern, 2016). With fewer polling places and alternative opportunities to vote (such as through early voting or voting by mail), people may travel farther and wait longer to cast their ballot. African American voters, in particular, wait twice as long to vote as White voters (Pettigrew, 2017). Such costs, both temporal and financial, reduce voter turnout.

Voter suppression can also be caused by the actions and decisions of an individual. Individuals who work for electoral institutions may behave in ways that have negative and disparate impacts upon voters of color. Whether the individual’s actions are driven by explicit or implicit biases, the effect in reducing voter turnout is the same. In a study of county election officials, researchers sent emails, one signed with a White name and the other with a Latino name, inquiring about voting in the 2012 Presidential Election. The goal of this study was to determine whether individuals’ implicit racial biases would influence voter turnout (White et al., 2015). The Latino voter was less likely to receive a response as compared to the White voter. Additionally, responses to the Latino voter were less likely to contain accurate information, as compared to responses to the White voter. In the face of ever-changing voting policies, the unequal availability of information could further suppress turnout for voters of color. Further, not only the distribution of information but also the distribution of resources can be biased. For example, predominantly White areas systematically receive more election resources than predominantly non-White areas, possibly as a result of decisions made by local election officials (Pettigrew, 2017). Thus, the decisions and actions of individuals within electoral institutions may serve to disadvantage voters of color.

Some may counter that observed racial disparities in voter turnout are not due to voter suppression but are instead driven by a personal or cultural preference to abstain from voting. It is possible that this abstinence could be from disinterest, but it could also be driven by structural racism. Even with institutional change, research suggests that decades of pre-VRA voter suppression policies created a racial climate shaped by the expectation that African Americans should not vote, which may then alter future voting behavior (Acharya et al., 2016). Thus, it is possible that suppressive policies may have lasting effects even beyond the years in which they are enforced.

The following suggest that many non-voters would vote if enough support were provided. When automatic voter registration was implemented in Oregon in anticipation of the 2016 election to eradicate the burden of registration on the individual, voter turnout increased (McElwee, Schaffner, & Rhodes, 2017). Racial diversity of voters increased as well; while people of color represent 4% of Oregon’s population, they comprised 11% of newly registered voters. Of those who were automatically registered for the first time, 36% voted, representing an additional 67,902 voters (McElwee et al., 2017). Further, many communities are actively engaged in fighting voter suppression. In Florida, community organizing efforts, undertaken by those directly impacted by

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the felon disenfranchisement law they were trying to overturn, assisted in the restoration of voting rights for more than one million people (Lartey, 2018). These examples demonstrate, simply, that people want to vote. They recognize the power and value in voting and will do so when given the opportunity, while fighting for the right when it is denied. Therefore, reducing the barriers to voting registration could allow for many more citizens, especially citizens of color, to cast their ballots and have their voices heard.

Mechanisms through which Voter Suppression Harms Health and Well-being

Given the prevalence of voter suppression and its influence upon many social determinants, there are several pathways through which voter suppression may harm well-being, as illustrated in Figure 1.

First, voter suppression creates group-level exclusion from the democratic process, with consequences for the health of both voters and non-voters. Voter suppression policies diminish voter turnout for racial minorities; subsequently, these excluded voters are not able to influence laws and policies at federal, state, and local levels, which determine the social conditions in which they exist. For example, felon disenfranchisement laws prevent 2.3% of the voting age population from participating in elections (Manza & Uggen, 2004). These disenfranchised voters cannot elect representatives to advocate for their interests, leaving their concerns excluded from the public sphere (Phillips & Deckard, 2016). As of 2014, 2.3 million African Americans were incarcerated, constituting 34% of the correctional population (National Association for the Advancement of Colored People, 2019). As a result, the exclusion of incarcerated and previously incarcerated people diminishes the collective power of the African American voting bloc. Further, felon disenfranchisement laws were historically created to restrict the African American vote, with racial disparities in incarceration generating further disparities in voting (Manza & Uggen, 2004). Consequently, policies may be enacted that are disproportionately detrimental to these excluded voters, as well as to their family, friends, and communities, because their political voice has been silenced and the collective voting power of an entire group has been reduced. Thus, restrictive voting policies limit the ability of marginalized groups to advocate for laws that align with their concerns across all interests, including health, education, immigration, transportation, and environmental policies (Avery & Peffley, 2005).

Recently, states that have suppressive voting laws have also been proposing and passing restrictive reproductive health laws - between 2010 and 2016, 22 states met these criteria (Boguhn, 2016). Those excluded from voting are not able to elect representatives who advocate for their best interests, including their reproductive rights. States such as Texas, North Carolina, Georgia, and Alabama participated in various forms of voter suppression during the 2016 and 2018 elections, including the closing of polling places, voter roll purges, burdensome identification requirements, and gerrymandering. These states also passed restrictions on abortion clinics that limit their functionality and often force closure. In the Georgian gubernatorial race, Brian Kemp, a candidate who also oversaw the state's election as secretary of state, purged voter rolls of 53,000 people, of whom 80% were voters of color, and closed 214 polling places over the past 6 years (Berman, 2019). Upon his election as governor, Kemp signed a measure that prohibited abortion after six weeks (Berman, 2019). This is just one example of how access to reproductive health care is being limited as a result of voter suppression. More generally, restrictions to reproductive health care are likely to most impact rural, poorer, women of color. Georgia has the highest rate of maternal

mortality in the country, 46.2 maternal deaths per 100,000 live births (Americas Health Rankings, n.d.); further, maternal mortality disproportionately impacts women of color (Somers, Sinkey, & Bryant, 2017). Thus, women of color may be disenfranchised from both civic and medical spaces, with direct consequences to their health.

In a similar manner, voter suppression may also result in the passing of policies that exacerbate climate change, support gun rights, and dismantle social safety net programs, all of which impact health. These suppressive policies serve to stratify resources, capital, and opportunities by influencing known determinants of health, such as who receives public assistance, which schools receive funding, and how neighborhoods are zoned. With limited economic and social resources, individuals may be forced to live in more impoverished areas with greater exposure to environmental toxins and other stressors, with negative consequences for health.

Second, disenfranchisement influences one's social position in society; being unable to vote may cause an individual to experience loss of control, disempowerment, or exclusion (Marmot, 2003). Low control has been associated with poor health, more specifically the development of cardiovascular disease and depression (Marmot, 2003). Collectively, the exclusion experienced by disenfranchised groups may diminish less tangible resources of social capital and social cohesion, which are known to impact well-being (Blakely et al., 2001; Gilbert & Dean, 2013; Macinko, Shi, & Starfield, 2004). With reduced social capital, there may be fewer resources for both groups and individuals to buffer against the increased stress and discrimination encountered with voter suppression. Empowerment is also purported to improve health (LaVeist, 1992; M. Marmot, 2007; Wallerstein, 2002); thus, voter suppression could influence health through disempowerment. For example, 29% of Blacks believe their vote will not be counted compared to only 8% of Whites (Parson & McLaughlin, 2007). Being unable to vote or feeling as if your vote does not matter may also cause an individual to feel disempowered, therefore harming their well-being.

Third, voter suppression may operate through psychosocial processes to influence health. For example, voter suppression may contribute to less overt, but still consequential, effects of discrimination that have been linked to psychological distress (Paradies et al., 2008; Williams & Mohammed, 2009). Checks for identification at polls may be more common for voters of color than for White voters (Cobb, Greiner, & Quinn, 2010), and such acts contribute to perceived experiences of discrimination and subsequent psychological distress. Over time, the effects of discriminatory encounters accumulate, which can harm health via stress processes (Paradies et al., 2015; Williams & Mohammed, 2009). Further, during such encounters, people may be unable to determine if differential treatment is motivated by racism or if it is simply coincidental. The ambiguity of these stressors has been found to be especially pernicious, leading to rumination of the encounter, which prompts increased vigilance in anticipation of future interactions (Hicken, Lee, & Hing, 2018; Williams & Mohammed, 2009). Through this process of rumination, an acute stressor is transformed into a chronic stressor that can negatively impact cardiovascular, endocrinological, and immunological systems (Brosschot, Pieper, & Thayer, 2005), as well as cause psychological and emotional distress (Williams & Mohammed, 2009). To alleviate this psychological distress, an individual may engage in negative coping behaviors, such as eating unhealthy foods or drinking alcohol, which have adverse consequences for health (Hicken et al., 2018). Stress caused by voter suppression may emerge through physiological processes that contribute to allostatic load, a measure of the 'wear and tear' of stressors on the body (Geronimus,

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1996; McEwen, 1998). Further, increased allostatic load may amplify vulnerability to environmental exposures, worsening their negative impacts upon health (Gee & Payne-Sturges, 2004).

Fourth, voter suppression may manifest as physical violence and hate crimes. In 2016, 53 electoral violence events were recorded in the months leading up to the Presidential Election and on Election Day (Araida et al., 2016). Thus, violence encountered on Election Day, as well as prior to the election, could result in immediate health impairments or even loss of life. Voter suppression policies may also have secondary direct effects on health. For example, when waiting to vote, one may stand in line in extreme heat for long hours; such experiences could contribute to health problems, including asthma attacks and heat stroke.

Fifth, we must consider how health disparities can, in turn, reinforce voter suppression and voting disparities; the premature mortality experienced by African Americans translated into one million Black votes lost in the 2004 Presidential Election (Rodriguez et al., 2015). Additionally, we know that those who are ill are less likely to vote (Mattila et al., 2013). Therefore, the voices of voters with poor health are silenced, and the health disparities they experience may, in turn, be exacerbated because those who can most speak to the flaws in the system cannot assert their agency to change the system. Thus, not only does voter suppression cause poor health, but this poor health results in further suppression of potential voters and voices.

Sixth, these processes outlined above are situated within a hostile racial climate. This climate is driven by structural stigma, which consists of “societal conditions, cultural norms, institutional policies, and practices that constrain the opportunities, resources, and wellbeing of the stigmatized” (Hatzenbuehler & Link, 2014, p. 2). Voter suppression symbolically and literally delineates who can and cannot vote, creating stigma for those who cannot. These negative messages could also be accepted by the individual as true, operating as internalized racism, which has been associated with increased metabolic risk, cortisol secretion, and depressive symptoms (Mouzon & McLean, 2017). Living in a community with high levels of prejudice has also been associated with increased mortality for U.S.-born people of Asian and Hispanic descent (Morey, Gee, Muennig, & Hatzenbuehler, 2018). Therefore, living in a society characterized by racial prejudice, as indicated by voter suppression and racial disparities in voting, constitutes a stressor which could intensify racial health disparities. Thus, many mechanisms across multiple levels of influence link voter suppression to health.

While this conceptual paper has focused primarily upon the effects of national elections and state policies, the effects of suppression on local elections and local outcomes is no less significant. Although state-level policies do influence voter turnout and access to the vote, these policies may be differentially applied within the local context (White et al., 2015). For example, counties may respond differently to state-level decreases in election funds – some counties may close polling places while others may cut staffing or other resources. Further, the results of local elections, compared to federal elections, may more directly shape the social and environmental conditions in which one lives - including school quality, policing, public works, public transit, and sanctuary city status.

Calls to Action

As a consequence of voter suppression, voting becomes not a right, but a privilege. This privilege is stratified due to both historic and present-day structural racism within the United

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States. Racism and health cannot be disentangled; thus, research and interventions to address racial health disparities must directly confront racism (Jee-Lyn García & Sharif, 2015).

The goal of this commentary is to foster debate and promote future research. The theoretical propositions provided here suggest that voter suppression should influence well-being, but verification requires empirical evidence. To begin to understand the impact of systemic disenfranchisement on health disparities, researchers must investigate multiple forms of voter suppression, multiple time points and lengths of exposure to voter suppression, and multiple health outcomes. Research on the effects of specific policies on voter turnout are available, but studies on the health impacts of these policies are lacking. The impact of structural exclusion, as a result of voter suppression, on the creation of legislation, especially health policies, must be more clearly understood. For example, thirteen states that passed voter suppression laws also chose not to expand Medicaid benefits under the Affordable Care Act (Poor People's Campaign, 2019), which suggests that the climate of discrimination created by voter suppression may reinforce the passing of adverse policies that impede health equity. Moreover, a "Health in All Policies" perspective should also be adopted, with Health Impact Assessments conducted to understand the health consequences of all policies (Freiler et al., 2013).

We must also recognize that the salient forms and effects of voter suppression may vary depending on racial-ethnic group. This commentary did not touch on the experiences of voter suppression for other racial groups such as Asian Americans or Native Americans – yet, these are important experiences to be addressed in future research and interventions. Socioeconomic status may also moderate the effects of suppressive policies. Those experiencing homelessness may face a unique form of suppression. Additionally, this framework examines the impact of voter suppression on the health of a privileged group: U.S. citizens. Yet, a more marginalized group of non-citizens and undocumented migrants exist who are also excluded from the vote, as well as from many other domains. Therefore, we must also consider how the inability to vote compounds the marginalization experienced by non-citizens. Lastly, the effects of suppression may further vary depending on one's stage in the life course and may accumulate over time (Ben-Shlomo & Kuh, 2002); thus, a temporal lens is critical.

In order to conduct this research, new data systems are required that allow the linking of policy data to health data. Although the Cooperative Congressional Election Survey (Ansolabehere & Shaffner, 2017) and National Conference of State Legislatures provide information about individual voting behavior and voter identification policies, respectively, a comprehensive system monitoring suppression across the country does not exist. Such a system could be modeled after the Home Mortgage Disclosure Act (HMDA) database, which is used to monitor discrimination in mortgage loans, and could be a valuable tool to ensure that the VRA is being upheld. This searchable database could include up-to-date information on proposed and passed national, state, and county policies that either suppress or expand the vote, track hate crimes and altercations related to elections, identify voter turnout by key demographic variables, and contain information about polling places and electoral resources allocated to each county. Then, this data could be linked geographically to health outcomes to further understand the relationship between voter suppression and health. Using this data, interventions to address voter suppression must also incorporate a health equity lens, while more downstream health interventions must consider their efficacy in light of the effects of persistent, structural racism and the political climate in which they are situated.

Unfortunately, contemporary forms of voter suppression persist while the ability of the federal government to monitor and prevent such efforts is simultaneously disappearing. Section 5 of the VRA required that counties with a history of discriminatory voting practices obtain congressional approval before any changing election policies. In 2013, the Supreme Court case *Shelby v. Holder* invalidated this requirement of the VRA, arguing that it placed an undue burden upon certain states. Since then, a trend in rolling back policies that protect voting access, as exemplified by *Shelby v. Holder*, *Abbott v. Perez*, and *Husted v. A Philip Randolph Institute*, has occurred which will likely exacerbate existing disparities in both voting and health.

Lastly, voter suppression is not just about suppression of one individual vote, but about controlling the voices of entire racial groups. Voter suppression serves to maintain a societal structure which privileges Whiteness while punishing people of color. One way this punishment may manifest is through racial health disparities.

While the causal pathway between voter suppression and health is unproven, there exists evidence of associations which should prompt future research to explore this relationship. Healthy People 2020 calls us to achieve health equity through “focused and ongoing efforts to address... *historical and contemporary injustices*” (Office of Disease Promotion and Health Prevention, 2019). Voter suppression is both a historical and contemporary injustice that must be eradicated to attain health equity.

ABBREVIATIONS

Organization for Economic Cooperation and Development (OECD)

United States (U.S.)

Voting Rights Act (VRA)

Home Mortgage Disclosure Act (HMDA)

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