Voter Suppression Undermines Public Health for All

Abstract

In the US, policies have actively suppressed the voices of Black, Indigenous, and people of color (BIPOC) while amplifying their oppressors' voices. In spite of multiple constitutional amendments to guarantee access to the right to vote for those who initially were deprived of this right, attacks on this civil liberty have persisted. While some states have expanded access to voting rights in the past year, many others have made voting more difficult and some states have had a mixed approach of making voting easier in some ways and harder in others. This continued interest in creating systems in which it is harder for people to vote has had indelible effects on population health and has widened health inequities. This essay explores the overlap in restricting access to voting and Medicaid expansion, decisions that disproportionately disadvantage BIPOC while also negatively affecting White residents by hindering expanded access to healthcare. This type of zero-sum decision making, as Heather McGhee articulates in her book, *The Sum of Us*, exacerbates poorer health outcomes, undermines public health, and widens health inequities.

While the Declaration of Independence assures that "all men are created equal," at the time of its writing Black, Indigenous, and people of color BIPOC were not granted the right to vote and would not have access to this very basic form of power and influence that White men had for many years (Congress, 1776). In fact, not only were BIPOC deprived of this opportunity to have their voices heard, but policy actively suppressed their voices while amplifying their oppressors' voices. For example, the three fifths compromise allowed three out of every five Black slaves to be counted for the purposes of proportional representation in the US House of Representatives though they were not allowed to vote (Pope, 2015). Thus, White southern voters gained more power and influence due to the increased representation they received from using enslaved Black people in their population counts even though these same people could not express their voice politically (Pope, 2015). Eventually, multiple constitutional amendments guaranteed access to the right to vote for those who initially were deprived of this right, however continued attacks on the right to vote have persisted. In fact, while some states have expanded access to voting rights in the past year, many others have made voting more difficult and some states have had a mixed approach of making voting easier in some ways and harder in others (Karmack, 2021; Voting Rights Lab, 2021). However, the states expanding access are those where voting was already more accessible and the states imposing restrictions on voting are those where voting was already more difficult to begin with (Brennan Center for Justice, 2021; Karmack, 2021).

This continued interest in creating systems in which it is harder for people to vote has had indelible effects on health. Elected officials at the state level are more likely to

have an effect on both access to voting and access to Medicaid (Pabayo et al., 2021). A closer examination of the 12 states that have not expanded their Medicaid program as a part of the Patient Protection and Affordable Care Act demonstrates that the decision not to expand is similar to all the zero sum decisions that Heather McGhee discusses in her book, *The Sum of Us* (McGhee, 2021). Comparing a map of states that have implemented restrictive voting measures and a map of states that have not participated in Medicaid expansion reveals quite a bit of overlap (Brennan Center for Justice, 2021; Kaiser Family Foundation, 2022). The decision about whether or not to expand Medicaid is influenced by voters who elect the state officials who make these decisions. Research has shown that the decision to adopt the Medicaid expansion at the state level is positively associated with the opinion of the White population in the state (i.e., if White people favor the expansion it is more likely to be expanded; if White people do not favor the expansion it is less likely to be expanded) (Grogan & Park, 2017). In addition, as the proportion of the nonwhite population increases in states where support from White populations is low, states are less likely to adopt the Medicaid expansion (Grogan & Park, 2017). Overall, 41%, a plurality, of all Medicaid enrollees in the US are White. Enrollees in Medicaid in eight of the 12 states that chose not to expand Medicaid are either a plurality or majority White. Thus, while the decision to expand Medicaid seems to follow the interests of White voters, the states where Medicaid has not been expanded also have populations of Medicaid enrollees with larger populations of White residents than other race/ethnicity groups. Since income is associated with health insurance status with higher income people being more likely to be insured, lower income White populations are less likely to be insured and lower income populations in non-expansion states are much more likely to be uninsured compared with those in expansion states (Keisler-Starkey & Bunch, 2021; Lee et al., 2021). Numerous studies have found that expanding Medicaid has been associated with increased access to care, reductions in out-of-pocket-spending, improved self reported health, reductions in mortality, and reductions in disparities, among other process and outcomes improvements (Allen & Sommers, 2019; Han et al., 2015; Khatana et al., 2019; Swaminathan et al., 2018). And yet, half of the states that have chosen not to expand access to Medicaid, thereby limiting the ability for their populations to benefit from these improvements, passed new restrictive voting laws in 2021, making it harder for those who would most benefit from expanded access to Medicaid to have representation from those who may better serve their needs.

Just as when White populations chose to close their pools rather than integrate (McGhee, 2021), a decision that also hurt the White residents choosing to shut the pools down, not expanding Medicaid in all of these states hurts lower income White residents but especially so in the 67% of states that have not expanded where White residents make up a plurality or majority of the Medicaid population in the state. Population-level consequences in these states include those in the coverage gap being less likely to receive health services and more likely to experience serious financial concerns when health services are sought (Garfield et al., 2021).

This zero sum approach to limiting access to goods and services for BIPOC has not just limited access to care and improved outcomes for some, but has led to a system that undermines public health for the sum of all of us.

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