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Voting is Good for Your Health: How Health Equity Depends on What Happens at the  
Ballot Box

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June 19, 2022

**Executive Summary**

Many people are aware of the social determinants (or drivers) of health – the conditions in the places where people live, learn, work, and play. But fewer people are familiar with political determinants of health, which are the systems and structures that control the distribution of resources and power and create opportunities to make progress towards health equity or worsen health inequities. Politics has a direct impact on a population’s health, for better or for worse. Elected officials have the power to decide how resources are allocated, specifically who gets access to health care, the price of health care, and who bears the cost. Voters across party lines consistently cite healthcare affordability as a top priority that they expect those in office to address.

Democracy is a form of government that thrives from the participation of the people governed. Barriers to participation, including disenfranchisement and poor health, and the imbalance of power between the healthcare industry and consumers must be addressed through civic engagement. There are many forms of civic engagement, including voting, volunteering, demonstrating, donating, and advocating. This paper focuses on voting specifically and examines the connection between voting and health as well as the political landscape related to health care. While the research is limited, it does establish a link between voting and health, which goes both ways: voting affects health and health affects voting. Past and current efforts to disenfranchise people, particularly people of color, contribute to longstanding health inequities. These inequities are perpetuated in a cycle where “worse health leads to lower voting rates, leading to policy that does not prioritize addressing inequities, leading to worsening health inequities.” When people are able to participate in government and be competently represented by their elected officials, they gain influence over the policies that affect their health and well-being.

Voting is an important tool to advance health equity at the local, state, and federal level. Healthcare providers can play a key role in their communities to promote voter engagement efforts. Voters should engage with the political system and advocate for new laws that are equitable to reverse the damage caused by inequitable laws. It is imperative that voters organize and amplify their voices so that leaders are held accountable to put people over politics and money and to advance equitable policies, like Medicaid expansion, that are supported by the majority and would improve health.

## **The Power of the Vote**

The United States has a long history of disenfranchisement of racial/ethnic minorities and women. Before the ratification of the 15th Amendment in 1870, which was supposed to extend voting rights to all men, only white men were usually allowed to vote. State laws and practices (such as poll taxes and literacy tests) effectively denied those rights to Black people. [1] In 1920, the 19th Amendment gave white women the right to vote after Tennessee became the 36<sup>th</sup> and final state needed to ratify it. Black women were still disenfranchised due to the restrictive practices states used to circumvent the 15th Amendment [1] Native Americans were ineligible to vote until 1924 with the passage of the Snyder Act that deemed them to be U.S. citizens. [1] Likewise, before naturalization rules began to change in 1943, Chinese American immigrants were not permitted to apply for citizenship and therefore not allowed to vote. [1] Black men and women purportedly obtained full, unfettered access to the ballot box with the passage of the Voting Rights Act of 1965, which prohibited racial discrimination in voting.<sup>1</sup> However, barriers like voter identification laws, arbitrary and restrictive registration rules,<sup>2</sup> and limited polling locations in communities of color were kept in place and have proliferated in recent years. [1]

When women got the right to vote in 1920 and were able to advance laws that provided maternal and child health programs, maternal and infant mortality rates declined significantly, demonstrating the impact of suffrage on health outcomes. [2] After passage of the Voting Rights Act of 1965, infant mortality rates again dropped and the racial disparity in those rates narrowed. [2]

Understanding the political determinants of health<sup>3</sup> which shape the social drivers of health – access to transportation, affordable housing, health care, education, nutritious food, and others – it is apparent that access to the ballot box is crucial for the advancement of oppressed people. Public health professionals recognize that “voting strengthens democracy and enhances health by giving people a role in the policy processes that affect all social determinants of health.”

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<sup>1</sup> The impact of the Voting Rights Act of 1965 was seriously limited by the Supreme Court’s decision in *Shelby County [Alabama] v. Holder* (2013), which ruled that the formula used to determine which jurisdictions had to obtain federal clearance before changing their election rules was obsolete.

<sup>2</sup> One example is the 2019 Tennessee law that sought to impose new restrictions that would frustrate registration efforts and penalize organizations that submitted voter registrations that did not strictly comply with onerous requirements. In 2020, the legislature repealed the provisions that had been challenged in a lawsuit and blocked from going into effect while the case was pending.

<sup>3</sup> See <https://satcherinstitute.org/priorities/political-determinants-of-health/>.

[2] Increasing voter engagement is one crucial way to advance health equity, which is among the responsibilities of public health workers. [2]

Laws are instrumental to address social determinants of health as they shape conditions like food security, economic stability, safe neighborhoods, stable housing, and transportation. [3] Legislative bodies play an important role by establishing laws, which could be used to remove barriers and allocate resources in an equitable way to improve health across the lifespan. [3] Equity-focused legislation<sup>4</sup> is one useful tool to promote equity within systems that impact health. [3] Laws have been weaponized to uphold systemic racism through segregation, redlining, discriminatory practices, and other policies that have caused racial disparities related to health, wealth, and every other measure of success and well-being. Thus, new laws must be equitable to reverse the damage caused and change systems to promote the health of every person.

### **The Influence of Health on Voting, and Vice Versa**

The 10 least healthy U.S. states have a voting participation rate nearly 10 percentage points lower than the 10 healthiest states. [2] A scoping review of research reveals that people who report better overall health are more likely to be consistent voters, and people with poorer health have lower voting rates. [4] The review included a longitudinal study that followed adolescents into adulthood and found a positive association between voting and better mental health and health behaviors over time as well as higher income and education level. [4] There are differences in voter participation by race, gender, age, and disease type, which are linked to social isolation, physical and mental impairment, and social support networks; people with cancer have higher voting rates than people with other chronic conditions likely because of the stronger social support. [4]

Further research is needed to confirm it, but it also appears that voting might make people healthier by providing a sense of belonging in their community and a link to their representatives. [5] Experiencing this social cohesion makes people more likely to have longer, happier lives, and to advocate for improvements by voting more consistently. [6] Evidence suggests that health and civic engagement are a two-way street. For example, early depression is associated with less civic engagement later in life, and early civic engagement is associated with less depression later in life; these effects can last up to 20 years. [7]

In under resourced communities, social determinants of health – such as transportation, education, and housing – also affect voter turnout. As rents continue to rise, the lack of affordable housing and increasing numbers of people facing evictions and experiencing homelessness (currently 20,000 people in Tennessee) disrupts community cohesion (which fosters civic engagement) and likely suppresses voter turnout. [8] Maintaining voting registration can be a challenge for those who do not have a stable address, and many people may not realize

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<sup>4</sup> An example is Virginia House Bill 1805 and Senate Bill 1366 (2021, enacted) requiring the Department of Aging and Rehabilitative Services to use available resources to provide services to older persons with the greatest economic or social needs. In defining “economic need” and “social need,” the bill centers equity and prioritizes people who have incomes at or below poverty or have needs due to disabilities, language barriers, and discrimination based on racial or ethnic status, sexual orientation, or gender identity.

they need to update their voter registration record when their address changes. [8] For people struggling to meet their basic needs, voting does not rank high on the list of priorities.

Voter apathy is more common in under resourced communities, undoubtedly due to political system's historical abuse and neglect of these communities. They are more often treated by politicians as problems to be managed rather than being seen as worthy of investments. Understandably, when people feel that their voices are not heard and they don't believe politicians care about them or their needs, they are not inclined to keep shouting into a void.

Barriers, including discrimination, accessibility, voter suppression laws and tactics, and felony disenfranchisement laws, have a disproportionate impact and account for lower voter turnout in certain groups, such as African Americans, formerly incarcerated people, some older adults, people with low incomes, and people with disabilities. [4] State laws limiting people with felony convictions from voting is a policy that is often rooted in Civil war-era efforts to evade the 15<sup>th</sup> amendment. [1] Tennessee is among the states with the most restrictive disenfranchisement laws since people convicted of certain felonies (murder, rape, treason, or voter fraud) are not eligible for restoration of their voting rights, absent a pardon. [9]

Lower voter participation among marginalized groups dilutes their voting power and perpetuates inequities. Those who vote consistently tend to be older, white, and have higher incomes. [5] They elect other white men mostly whose politics do not support reforms that would benefit marginalized people and advance policies that exacerbate inequities. From the connection between health, voting, and electoral outcomes "a vicious cycle can emerge: worse health leads to lower voting rates, leading to policy that does not prioritize addressing inequities, leading to worsening health inequities." [4]

Voter turnout in the U.S. is consistently low overall. On average, 60% of people vote during presidential election years and it drops to 27% in off years. [5] In the 2020 presidential election, 66.8% of eligible voters participated nationwide (66.4% in Tennessee), the highest voter turnout of the 21<sup>st</sup> century. [10] The 2020 election forced people to realize how much public health and voting are interconnected. [1] Attention was focused on ensuring people could cast their votes safely in-person, and options for mail-in ballots and early voting were expanded. Incidentally, these changes benefited people with disabilities and health conditions who would have appreciated these flexibilities even before the pandemic, which is a reason to continue these options after the pandemic.

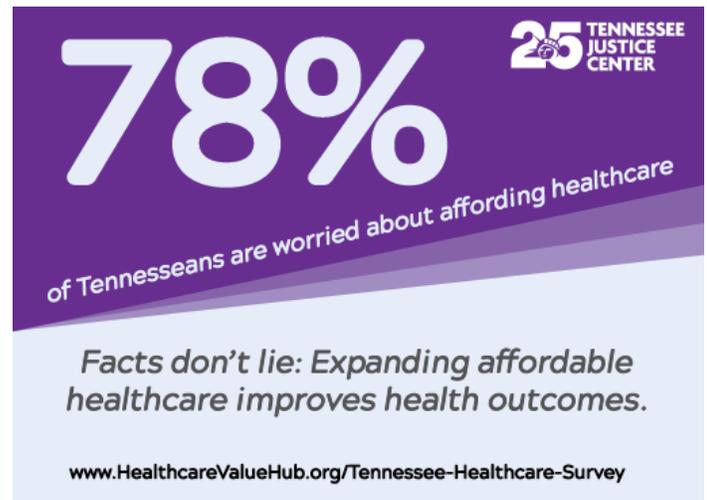
In addition to providing a mail-in option and expanding early voting, strategies to increase voter turnout include engaging voters through public awareness campaigns, waiving public transportation costs, extending polling hours, and aligning local races with statewide races. [5] Additional strategies that address voter disenfranchisement include prohibiting voter purges, restoring voting rights to people with a felony conviction, allowing voter pre-registration, and implementing automatic voter registration. [6] These strategies can remove some barriers to voting and boost participation.

## Health Care and the Will of the People

The cost of health care is consistently a top issue among voters. [11] Polling shows that a majority of consumers, employers, taxpayers, and voters across the political spectrum want Congress to lower health care prices and rank it as the number one priority. [12] An abundance of research shows that our health care system is failing to provide affordable care and improve health. More than 5 million Medicare beneficiaries have difficulty affording prescriptions, and Black and Latino beneficiaries are 1.5 to 2 times more likely to struggle than White beneficiaries based on self-reporting. [13] Prescription drug spending continues to increase at a rate three times higher than inflation. [11] In 2018, almost one-third of adults said they did not take medication as prescribed due to cost. [11] Within the first two years of treatment, 42% of cancer patients deplete their entire net worth. [11] This “financial toxicity” was independently linked to worse outcomes for cancer patients. [11] A 2021 survey of more than 900 Tennessee adults conducted by the Healthcare Value Hub at Altarum found that 78% of respondents worried about affording health care in the future, 61% experienced healthcare affordability burdens in the past year, and 54% encountered one or more cost-related barriers to getting healthcare during the prior 12 months. [14] The burden of medical debt (along with missing work due to illness or injury) leads to more bankruptcy filings than any other cause. [15] Black and Hispanic households are more likely to have medical debt than White non-Hispanic households. [16]

Since 1996, the Tennessee Justice Center has helped over 10,000 clients gain access to health care, avoiding over \$2.5 billion in medical debt. Notwithstanding this remarkable work, there are over 300,000 Tennesseans who TJC has not been able to help because they do not qualify for Medicaid. For eight years, Tennessee has refused demands to expand the program and has forfeited over \$11 billion total (\$1.4 billion each year) of Tennesseans’ federal tax dollars that could have been used to pay for coverage and give a much-needed boost to the state’s healthcare infrastructure. [17]

Increasing the number of people who have health insurance is a crucial step towards making health care more affordable for consumers. The Affordable Care Act (ACA) sought to do just that through a number of policies and programs. But a Supreme Court ruling undercut an important component of the ACA framework—Medicaid expansion. Medicaid is a nationwide program administered by each state that provides health insurance to people who qualify. The program traditionally does not cover adults who are under age 65, do not have disabilities, and do not have children – regardless of their really low incomes. The ACA would have required all states to extend Medicaid to everyone with incomes below 138% of the federal poverty level (FPL), or \$18,754 for a single person. This policy would provide coverage to low-wage workers whose employers typically do not offer health insurance and who cannot afford to buy it on their



own. But in 2012, the Supreme Court held that it was unconstitutional for the federal government to mandate that states expand Medicaid, which made it optional for states and created the Medicaid coverage gap. To date, 38 states and Washington, D.C. have expanded, and 12 states (including Tennessee) have not.

The state legislature decides how state tax revenue is spent and who is eligible for programs (like Medicaid) that are funded in whole or in part by state taxpayer dollars. Over 300,000 Tennesseans cannot get Medicaid unless the legislators in the Tennessee General Assembly, where Republicans have a super majority, decide to provide it by expanding Medicaid eligibility under the Affordable Care Act. The legislature took this authority away from the governor in 2013 when it passed the “TennCare Fiscal Responsibility Act” (also known as Durham’s law<sup>5</sup>). Six states have adopted Medicaid expansion through ballot measures, where the question was put on a ballot for voters to decide.<sup>6</sup> This option is not available in Tennessee because the state’s constitution does not provide for ballot measures, except for constitutional amendments which require legislative approval.<sup>7</sup> Therefore, the only pathway to coverage is through the legislature.

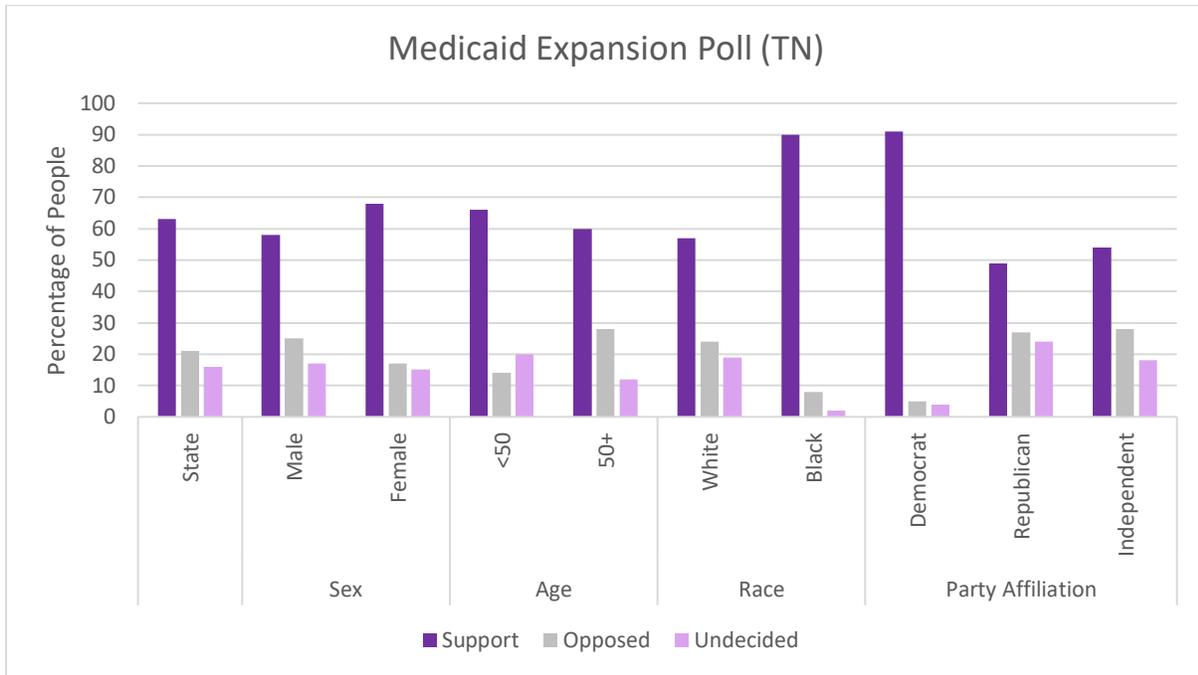
A poll was conducted by Mason-Dixon Polling and Research, Inc. in 2018 to survey Tennesseans about their support for Medicaid expansion. Of the 625 registered Tennessee voters who were interviewed, 56% supported expanding Medicaid before hearing arguments, and the number increased to 63% in support after arguments were presented. [18] A chart depicting the demographic breakdown of those polled appears below.

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<sup>5</sup> See <https://www.capitol.tn.gov/Bills/108/Bill/HB0937.pdf>. The bill was named after one of its key sponsors, former Rep. Jeremy Durham, who was subsequently expelled from the House of Representatives in 2016 for sexual misconduct.

<sup>6</sup> The six states that have expanded Medicaid by ballot measures are Maine in 2017, Idaho, Nebraska, and Utah in 2018, and Oklahoma and Missouri in 2020. In all of these states, Republicans control the state legislature and/or governor’s office.

<sup>7</sup> See Tenn. Constitution, Art. XI, Sec. 3, available at <http://www.capitol.tn.gov/about/docs/TN-Constitution.pdf>



The Altarum survey in 2021 revealed that 87% of respondents across party lines agreed that “The government should expand health insurance options so that everyone can afford quality coverage.” [14]

### The Politics of Health Care

Considering the level of agreement across party lines and persistent pleas to federal and state leaders to address the problem, it begs the question why more solutions are not advancing. The answer is that those in power financially benefit from maintaining the status quo. The healthcare sector spends more on lobbying than any other sector of the U.S. economy. [19] This sector spent over \$623 million on lobbying in 2020, and it spent over \$331 million on lobbying from January through June 2021. [19] The pharmaceutical industry spent a record \$92 million on lobbying just during the first quarter of 2021, mostly to block Medicare reform (including enabling Medicare to negotiate drug prices) and protect patents that keep less expensive generic drugs off the market. [20] This does not include the hundreds of millions that are spent in campaign contributions to candidates for legislative and executive offices at the federal and state level. This spending goes to serve the business interests and protect the profits of hospitals, drug manufacturers, insurance companies and other healthcare businesses by influencing lawmakers not to pass laws and regulations that would reign in the exorbitant prices that consumers pay.

Through the Medicare and Medicaid programs, the federal government (with the tax dollars of the American people) is the largest payor of health care in this country. With size comes power to affect the industry in major ways. Congress has the power to regulate the healthcare industry, including insurance companies, hospitals, and pharmaceutical companies. Regulations are a key tool to address costs and more importantly, the prices consumers and taxpayers pay for health care.

Congress could catalyze the push for lower drug prices by simply giving Medicare the ability to negotiate drug prices, which nearly 90% of voters support. [11] In November 2021, the House passed the Build Back Better Act. [21] Among many other things, the Act includes provisions to give Medicare authority to negotiate drug prices and require pharmaceutical companies to reimburse taxpayers when they increase drug prices higher than inflation. But the Senate has failed to take up the bill. Congress has considered other bills to implement helpful policies, such as capping the cost of insulin and closing the Medicaid coverage cap, but these efforts have stalled.

The Affordable Care Act was the most significant health care legislation passed in centuries, which sought to make health care more affordable and accessible. Even its strongest supporters acknowledge that the ACA fell short in some ways and affordable, quality health care remains out of reach for millions of Americans. There are calls to finish the work of the ACA and make the promise of healthcare reform a reality. Following up on the unfinished business of the ACA, Congress passed the No Surprises Act to protect patients from surprise medical bills, which occur when patients receive care at facilities that participate in their insurance plan's network but certain providers at the facility are outside the network. This demonstrates that Congress can take on the healthcare industry (who strongly lobbied against the No Surprises Act) and advance legislative solutions to improve this country's healthcare system. However, consumers need to remain vigilant during the rulemaking process to implement this law, as the healthcare industry continues to spend millions in lobbying.

In addition to the undue influence of money, there are other problematic, un-democratic features of our political structure – such as the very existence of the Senate, the Electoral College, and gerrymandering – that create a serious imbalance of power among the states and between the political parties within each state. [22] Voting would not immediately solve these problems, but neither would not voting. By casting a ballot, oppressed communities can exercise their muscle and build strength to encourage more candidates who represent their interests to enter races and influence elected officials to reshape the political structure into a true democracy.

### **Call to Action**

Healthcare organizations can deploy effective strategies to increase voter participation, such as voter registration, proxy voting at hospitals and nursing homes, organizing nonpartisan forums, and distributing information on the voting process. [4] Healthcare providers are well-suited for voter engagement interventions because they often interact with many individuals from communities with lower rates of voting, and they are trusted advisers. [4]

Healthcare providers and public health workers should connect with Vot-ER to get help with starting a nonpartisan conversation with their patients about voting. Vot-ER is a nonpartisan organization at the crossroads of health and democracy that helps patients register to vote in healthcare settings. [23] The organization provides resources to healthcare providers to conduct voter engagement efforts, such as voter registration drives. The participating sites that have requested Vot-ER materials in Tennessee are Cherokee Health Systems, Tennessee Pediatrics,

and University of Tennessee Medical Center, and they are looking to add more hospitals and clinics to their network. [23]

Getting elected officials to represent the interests of their constituents instead of doing the bidding of powerful industry stakeholders requires that voters organize and find strength in numbers. Short of passing campaign finance reforms to eliminate or even reduce money's outsized influence over politics, voters must present a united front and create pro-health voting blocs to elect candidates who will do what is in the best interests of their constituents. In Tennessee, this should include asking candidates where they stand on Medicaid expansion.<sup>8</sup>

For those who are not yet registered, visit the Tennessee Secretary of State website<sup>9</sup> and follow the steps to register to vote. Rock the Vote<sup>10</sup> is a good resource to stay informed about upcoming elections and registration deadlines, which are usually 30 days prior to the election. For those who are registered to vote, create a voting plan, discuss your plan with people in your networks, and encourage them to vote as well. Vote like your life depends on it because it does.

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<sup>8</sup> See <https://www.tnjustice.org/medicaid-expansion/> for resources to assist with advocacy efforts for Medicaid expansion.

<sup>9</sup> See <https://sos.tn.gov/elections/guides/how-to-register-to-vote>.

<sup>10</sup> See <https://www.rockthevote.org/how-to-vote/tennessee/>.

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