Felon Disenfranchisement in the United States: A Health Equity Perspective

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Approximately 13% of African American men are disqualified from voting because of a felony conviction. I used ecosocial theory to identify how institutionalized racism helps perpetuate health disparities and to explore pathways through which felon disenfranchisement laws may contribute to racial health disparities in the United States. From a literature review, I identified 2 potential pathways: (1) inability to alter inequitable public policies that differentially allocate resources for health; and (2) inability to reintegrate into society by voting, which contributes to allostatic load. (*Am J Public Health*. 2013;103: 632–637. doi:10.2105/AJPH.2012.300933)

Political participation and equal treatment are widely recognized as universal human rights. These rights are codified by international and regional human rights agreements that the United States has ratified.[1–4] Despite these obligations, felon disenfranchisement laws in 48 states contradict the US pledge to "universal and equal suffrage."[1(Article 21, §3)] Furthermore, the disproportionate impact of these policies on African Americans breaches guarantees to nondiscrimination as a human right.[4]

Although inconsistencies between the human rights obligations of the United States and its disenfranchisement practices are well documented,[5,6] no known analysis has explored felon disenfranchisement policies in the United States from a health perspective.[7] The lack of such analyses is troubling because history has demonstrated that human rights violations produce adverse consequences for physical, mental, and social well-being.[8–11]

This inattention to felon disenfranchisement policies is also out of step with national disparity reduction initiatives, which acknowledge that eliminating health disparities requires improving the social determinants of health.[12–14] Such an approach is aligned with what Link et al. have called a "fundamental cause approach" to disparity reduction—an approach that requires identifying and deinstitutionalizing discriminatory practices that have had a multigenerational impact on the health of minority communities.[15,16]

I have argued that felon disenfranchisement is a form of institutionalized racism that contributes to health disparities in the United States. I used ecosocial theory to integrate evidence from disparate fields and construct a framework capable of elucidating the pathways through which felon disenfranchisement might affect health by means of inequitable public policies that differentially allocate resources for health and the inability to participate fully in society, including by voting, contributing to allostatic load (i.e., physiological consequences of exposure to chronic stress).

Reforming felon disenfranchisement laws is not a panacea for eliminating racial disparities in health. There is little research on the association between voting and health and no evidence of an association between disenfranchisement and health.[17,18] Nevertheless, there is reason to believe that felon disenfranchisement laws could contribute to racial disparities in health. Ecosocial theory (i.e., the linking of social and biological processes) can be used to connect institutionalized racism and health disparities.

THE DISENFRANCHISED POPULATION AND CONTEMPORARY POLICIES

The ability to vote is one of the most fundamental rights of citizenship. It affirms one's sense of collective identity and provides an opportunity to influence public policy. Despite the seemingly intuitive nature of ensuring a political voice for those most in need of social change, approximately 5.3 million Americans, 1 in 45 adults, are ineligible to vote because of a felony conviction.[19]

A felony is a criminal offense (including both violent and nonviolent crimes) punishable by at least 1 year in prison. Laws establishing the voting eligibility of individuals incarcerated for, or previously convicted of, felonies differ by state (Table 1) and generally do not differentiate between the type of offense. Disenfranchisement rates are highest in the Deep South and in certain states across the Midwest (Table 1). The processes by which voting rights can be restored also vary by state but often involve lengthy waiting periods and byzantine bureaucratic processes.[20,21] A majority of Americans favor individuals being permitted to vote while on probation and parole, but approximately two thirds support disenfranchisement for incarcerated individuals.[22]

The rate of disenfranchisement is 7 times higher among African American men than it is among other groups. If trends in incarceration continue, an African American boy born today has a nearly 1 in 3 chance of being disenfranchised at some point in his life.[23] Furthermore, an astounding 13% of the entire voting aged African American male population is currently unable to vote because of a criminal conviction.[19] These figures paint a grim portrait of the inability of many African Americans to participate in political life but are not surprising given the historical origins of disenfranchisement laws.

HISTORICAL PERSPECTIVE OF US FELON DISENFRANCHISEMENT

Many discriminatory policies instituted during the Civil War and the Jim Crow era—such as housing segregation and discriminatory lending practices—continue to constrain opportunities for health long after they have been formally reformed.[24] Felon disenfranchisement

TABLE 1—Felony Disenfranchisement Policies: United States, August 2012

State	Prison	Probation	Parole	Proportion of State African American Population Disenfranchised, %
Alabama	a	a	a	15.3
Alaska	a	a	a	7.6
Arizona	a	a	a	21.1
Arkansas	a	a	a	9.0
California	a		a	7.6
Colorado	a		a	5.4
Connecticut	a		a	6.7
Delaware	a	a	a	19.6
DC	a			0.3
Florida	a	a	a	18.8
Georgia	a	a	a	9.6
Hawaii	a			1.7
Idaho	a	a	a	6.0
Illinois	a			2.7
Indiana	a			3.2
Iowa	a	a	a	34.0
Kansas	a	a	a	7.4
Kentucky	a	a	a	23.7
Louisiana	a	a	a	6.8
Maine				0.0
Maryland	a	a	a	5.8
Massachusetts	a			1.6
Michigan	a			2.9
Minnesota	a	a	a	7.9
Mississippi	a	a	a	13.2
Missouri	a	a	a	8.0
Montana	a			2.2
Nebraska	a	a	a	22.7
Nevada	a	a	a	12.4
New Hampshire	a			2.7
New Jersey	a	a	a	8.7
New Mexico	a	a	a	6.7
New York	a		a	4.2
North Carolina	a	a	a	3.3
North Dakota	a			1.0
Ohio	a			2.6
Oklahoma	a	a	a	7.3
Oregon	a			4.4
Pennsylvania	a			3.2
Rhode Island	a			18.9
South Carolina	a	a	a	3.7
South Dakota	a	a	a	3.7
Tennessee	a	a	a	6.4
Texas	a	a	a	9.3
Utah	a			3.4
Vermont				0.0

Continued

policies are an example of what Jones has termed "institutionalized racism"[25] and Alexander has called the "new Jim Crow."[26]

The constitutional basis for felony disenfranchisement in the United States is in section 2 of the 14th Amendment, which states that voting rights cannot be withheld "except for participation in rebellion, or another crime."[27] Whereas the 14th Amendment provides a neutral basis for disenfranchisement, states' decisions to implement such policies were racially motivated. Following the ratification of the 15th Amendment in 1870, which granted African American men the right to vote, the number of states with felony disenfranchisement laws increased dramatically.[28] In 1850, slightly more than 33% of states had disenfranchisement laws for felony convictions, but by 1870, after the ratification of the 15th Amendment, nearly 75% of the states had enacted such laws.[29]

Along with literacy tests and poll taxes, disenfranchisement laws were enacted to systematically eliminate African Americans from the electorate and uphold White power structures. The laws continue to have this effect today.

ECOSOCIAL THEORY

Ecosocial theory, which Krieger developed, is a multilevel framework recognizing that social and biological processes are inextricably linked.[30] It emphasizes that health is a socially produced phenomenon and allows biological reasoning to be integrated with historical and ecologic perspectives to explore the determinants and distribution of disease in a population as well as the actors and institutions responsible for these patterns.[31]

Ecosocial theory is well suited for exploring the potential health consequences of felon disenfranchisement because it posits that the biological processes are inextricably linked to contemporary and historical social contexts. Felon disenfranchisement polices have discriminatory origins and continue to disproportionately affect African Americans today.

Comprehensive descriptions of ecosocial theory are provided elsewhere,[30–32] but some of the theory's core concepts are especially relevant to felon disenfranchisement. Embodiment is a concept that explores the

TABLE 1—*Continued*

Virginia	[a]	[a]	[a]	19.8
Washington	[a]	[a]	[a]	17.2
West Virginia	[a]	[a]	[a]	3.4
Wisconsin	[a]	[a]	[a]	11.1
Wyoming	[a]	[a]	[a]	20.0

[a]Disenfranchisement for that period of the sentence.
Source. Prison, probation, and parole data are from The Sentencing Project (current as of August 2012; available at: http://www.sentencingproject.org/doc/publications/publications/fd_bs_fdlawsinus_Sep2012.pdf). Percentage estimates are derived from 2004 data.[20]

process by which the material and social world is written into our bodies as experience becomes manifest in biological changes—a process that occurs from the womb until death. Pathways of embodiment, a corollary, are the trajectories of biological and social development that are structured by societal arrangements of power and property and by the constraints of human biology. Cumulative interplay between exposure, susceptibility, and resistance emphasizes that determinants of health are interrelated and occur simultaneously at multiple levels and domains of life.

Felon disenfranchisement could become embodied through pathways of inequitable public policies that differentially allocate resources for health and the deleterious psychosocial mechanisms (i.e., feelings of low control and social exclusion) that contribute to allostatic load. The cumulative interplay between exposure, susceptibility, and resistance is evident as we acknowledge that the potential consequences of disenfranchisement do not occur independently of the myriad other stressors that affect disenfranchised individuals and communities.

FELON DISENFRANCHISEMENT, EMBODIMENT, AND HEALTH INEQUITIES

Ecosocial theory provides an apt framework to better consider the processes by which the practice of felon disenfranchisement might affect human health and perpetuate health disparities. These processes fall into 2 broad categories: (1) inequitable public policies that differentially allocate resources for health, and (2) deleterious psychosocial mechanisms.

Inequitable Public Policies

Elected officials shape the determinants of health through their decisions on a range of activities related to health, such as allocating resources for health-promoting infrastructure, improving access to health care services, and adopting zoning policies that promote healthy food environments.

Given the high rates of disenfranchisement in African American communities, it is plausible that disenfranchisement weakens the political influence of minority communities, thereby contributing to racial health disparities because public policy decisions do not fully reflect minority interests. For this line of reasoning to succeed, however, we must assume (1) that repealing felon disenfranchisement laws would alter election outcomes; and (2) that these altered election outcomes would result in policy decisions that would reduce, or at least not exacerbate, health disparities.

Skewed electoral outcomes. Uggen and Manza gathered data on voter turnout, party preference, and rates of disenfranchisement to explore whether US Senate and presidential election outcomes would have been different if the incarcerated population had been able to vote.[33] Because there are no data on voter turnout or party preference for the disenfranchised population, Uggen and Manza extrapolated data on voting behavior for a nonincarcerated population with similar sociodemographic characteristics including age, race, gender, education, and other predictors of voter turnout and party preference.[34]

On average, between 1972 and 2000, it was estimated that 35% of the incarcerated population would have voted in presidential elections and 24% would have voted in US Senate races—both estimates are well below the observed turnout rate for the general population. In regard to party preference, the majority of the disenfranchised population would have voted Democratic in each presidential and Senate election—with approximately 7 of every 10 disenfranchised votes being cast for the Democratic candidate.

Uggen and Manza then adjusted real presidential and Senate election outcomes for these estimates of voting behavior. Between 1978 and 2000, it was estimated that 7 US Senate elections won by Republicans would have been won by Democrats if the incarcerated population had been able to vote. Although this number is relatively small compared with the total number of Senate elections held in that period, the reversal of these particular 7 elections would have resulted in the Democratic party gaining and sustaining majority control of the US Senate from 1986 to 2002. Using estimates of 30% for voter turnout and 70% for Democratic party preference for the 2000 presidential election, the analysis found that Al Gore would have defeated George W. Bush in Florida by more than 80 000 votes if the incarcerated population had been able to vote—in effect securing his victory in the presidential election.

Using a similar methodology, Manza and Uggen expanded their analysis to disfranchised persons on probation or parole and ex-felons who had completed their sentences but were still unable to vote.[35] They found that the outcomes of 3 US Senate elections between 1978 and 2000 would have been reversed if disenfranchised ex-felons had been able to vote and that 5 US Senate elections would have been reversed if persons on probation and parole had been able to vote. All these election reversals would have favored the Democratic party. Using exceedingly conservative estimates for both voter turnout and party preference, Manza and Uggen concluded that Gore would have defeated Bush in Florida in the 2000 presidential election even if only ex-felons who had completed their sentences had been able to vote.

Skewed policy decisions. Uggen and Manza's research suggests that felon disenfranchisement polices skew election outcomes in favor of the Republican party, but do these election outcomes contribute to racial health disparities? An in-depth analysis of partisan support for federal legislation related to health disparities is beyond the scope of this article, but

evidence suggests that the Democratic party is more supportive of legislation intended to reduce health disparities.

Universal health care is one such policy area. Democrats have typically, albeit not unconditionally, advocated universal access to health care through government intervention, whereas Republicans have supported market-based approaches that provide no guarantee of access. As evidenced by current racial disparities among the uninsured (20% of Whites compared with 33% of African Americans), the prevailing market-based approach has resulted in racial disparities in access to health care.[36]

Felon disenfranchisement policies could also have a substantial impact on the implementation of the Affordable Care Act (ACA) and provisions to reduce racial health disparities, including improved access to health insurance and care in medically underserved areas, cultural competence initiatives, and prevention activities targeting low-income minority communities.[37,38] Although Uggen and Manza's analyses explored only potential changes in electoral outcomes between 1978 and 2002, it is fair to assume that a similar trend would be observed through 2014—when the ACA is to be fully implemented.

If disenfranchisement policies were decisive in shifting election outcomes in favor of the Republican party, they would contribute to the fate of the ACA, given the partisan divide surrounding its implementation. As both Blumenthal and Jones note, 2012 election outcomes are likely to weigh heavily on the fate of the ACA.[39,40] A Republican Congress, even with a Democratic president, would likely hinder implementation of the ACA by limiting funding for key provisions. Although weakened implementation of the ACA may not exacerbate existing racial health disparities, it would prevent reductions that would be expected given provisions in the ACA that would disproportionately benefit minority communities.[37]

Deleterious Psychosocial Mechanisms

Allostatic load provides a model to demonstrate how the psychosocial stress caused by structural inequality becomes manifest in biological changes at the level of the individual (i.e., embodied).[41–46] McEwen and Stellar developed the concept of allostatic load, which refers to wear and tear on the body's regulatory systems—such as the cardiovascular, metabolic, sympathetic, nervous, and inflammatory systems and the hypothalamic–pituitary–adrenal axis. Although these systems are effective in maintaining bodily equilibrium (i.e., allostasis), when individuals are faced with acute stressors, allostatic load occurs as these systems become dysregulated as the result of prolonged exposure to stress—such as discrimination, economic strain, and pervasive feelings of being unable to control exogenous circumstances that influence one's life.[43,47,48]

The consequences of this dysregulation include undesirable structural and neurochemical changes in the brain, weakened metabolic and immune systems, and altered cardiovascular physiology. Dysregulation also prompts unhealthy coping behaviors, such as smoking and substance use, which serve as substitutes for the body's inability to regulate stress effectively.[43]

Allostatic load has been operationalized through allostatic load scores. Differences in allostatic load have been estimated to account for 35% of excess mortality between socioeconomic groups after adjusting for other risk factors.[49] Marmot,[50] McEwen and Gianaros,[41] and others have suggested that such disparities result from psychosocial stressors, such as lack of control and the inability to fully participate in social life.

Low control. By stripping one of the ability to vote, disenfranchisement unequivocally limits an individual's ability to control forces that affect his or her life. Qualitative research conducted with disenfranchised individuals suggests that this reality may be salient and internalized. As one convicted felon said,

> I have no right to vote on the school referendums that will affect my children. I have no right to vote on how my taxes is [*sic*] going to be spent. . . . So basically *I've lost all voice or control over my government.*[51(p18; emphasis added)]

Personal mastery is a validated, 7-item scale that measures the extent to which individuals feel they have control over important life circumstances.[52] A systematic review of more than 30 studies on the association between personal mastery and cardiometabolic health found that feelings of low control were significantly associated with biological parameters of allostatic load and increased health risk, such as sympathetic and nervous system arousal, metabolic dysregulation, inflammation and coagulation function, and overall risk of cardiovascular events and mortality.[53] Neuroimaging studies have also found feelings of control to be positively correlated with hippocampal volume among healthy adults.[48] Feelings of control serve as a resource that can buffer the individual against the deleterious impacts of chronic stress. Thus, feelings of low control caused by disenfranchisement may increase health risk by decreasing resistance to the myriad other stressors that face convicted felons seeking community reintegration.

Social exclusion. Both Marmot and Wilkinson posit that in addition to feelings of low control, negative affective states caused by social exclusion contribute to poor health.[50,54] Social exclusion broadly refers to the inability to participate in mainstream cultural, social, economic, and political activities. Social exclusion has been found to be associated with various indicators of allostatic load, including dysregulated dopamine production, elevated basal cortisol, anxiety, and depression.[55] Again, qualitative research suggests that disenfranchisement may invoke feelings of social exclusion. As one disenfranchised individual said,

> I think that just getting back in the community and being a contributing member is difficult enough. . . . [They] don't value your vote either because you're a convicted felon. . . . But I, hopefully, have learned, have paid for that and would like to someday *feel like a "normal citizen," a contributing member of society.*[51(p17; emphasis added)]

Ecosocial theory provides tools to delve beneath mechanisms of material deprivation and explore how forms of institutionalized racism may contribute to racial health disparities via psychosocial pathways. Although no research has explicitly focused on the potential health consequences of affective states brought about by felon disenfranchisement, ecosocial theory can help integrate research from the often disparate fields of political and health science, elucidating empirically grounded pathways through which political inequity may get under one's skin.

CONCLUSIONS

My hypothesis has numerous practical limitations, most of which are related to the lack of

data on the disenfranchised population. My discussion on inequitable public policies was limited to the federal level because of the scope of existing research. One can extend such findings to hypothesize how disenfranchisement could affect state and local elections, but no research has been conducted at these levels of analysis. Party affiliation was also the only characteristic of elected officials on which I grounded potential policy implications. Political opinions often cross party lines, and many Republican incumbents have advocated progressive social welfare initiatives.

As Krieger notes, embodiment occurs through the cumulative interplay of social experiences. Thus, it would be difficult to isolate the deleterious psychosocial effects of disenfranchisement from the myriad other stressors facing individuals with records of felony conviction.

It must also be noted that, although I have focused only on felon disenfranchisement policies, many forms of racism institutionalized in the criminal justice system, such as the War on Drugs and mandatory sentencing policies for addiction-related crimes, drive racial inequity in the United States.[26] The mass incarceration of African American men also contributes to racial health disparities through pathways independent of those I have proposed.[56] For example, incarceration increases risk of sexually transmitted disease and infection by disrupting monogamous intimate partner relationships that protect against high-risk sexual behaviors.[57,58] Such deleterious pathways would likely persist even if felon disenfranchisement policies were abolished.

Dignity is the proverbial canary in the coal mine for health inequities. It is also the common denominator for all human rights. When a group is exposed to pervasive and chronic violations of human dignity—and feelings of ignominy, disrespect, and social exclusion are prevalent—elevated rates of mortality, morbidity, and disability often follow.[8,59] This situation pertains especially when the mechanisms that violate dignity are discriminatory in origin and institutionalized by law, as is the case with felon disenfranchisement in the United States.

The lack of data on disenfranchised populations prevents the health effects of institutionalized racism from being unequivocally shown. The pathways through which institutional racism produces adverse health outcomes are also not always capable of being neatly parsed through epidemiological methods. To eliminate health disparities, it is necessary to integrate the social and biological sciences and raise public awareness of the health effects of discriminatory policies, including felon disenfranchisement. ■

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This article was accepted June 4, 2012.

Acknowledgments

I would like to thank Mariana Chilton and Mark A. Rothstein for their valuable comments, Pamela Fried for her assistance copyediting and preparing the article for submission, and the Stoneleigh Foundation for its support.

Human Participant Protection

This research involved no human participants, and institutional review board approval was not needed.

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