VotER: Empowering Patients

The current COVID-19 pandemic has highlighted the close relationship between civic engagement and healthcare. Getting voters registered to vote has always been a challenge to the American electoral process—and it is not often viewed as an issue that physicians can solve. VotER is a national program that empowers patients to vote by providing voter registration tools while they wait in the Emergency Department. To better understand how this program has risen to the challenge of voter registration, we spoke with Dr. Alister Martin and Dr. Marin Darsie.
**Could you tell us about yourselves and how you got involved in/came up with the idea for VotER?**

**Dr. Martin:** About three or four years ago, I was a second year resident in Emergency Medicine at Boston Children’s Hospital. I had a woman come in who was homeless with her two young children. She told me she was escaping a terrible home situation and was living with her children in her van. She said she had no where else to go, so she came to the ER. I remember thinking, I have to help this woman. I called social work to help me figure something out. In the state of Massachusetts, it turns out that families have a right to shelter. She just needed proof of residence to get her into transitional housing provided by the state. However, she didn’t have proof of residence—she had just moved here and was living out of her van with her children. I went back to social work and they told me that there was one thing they had done in this situation previously that we could do for her: register her to vote as her Massachusetts voter registration would count as proof of residence in the state.

That taught me that voter registration in hospitals happens and is legal. When I later researched it I learned that the National Voter Registration Act of 1993 encourages institutions that give public assistance to offer non-partisan voter registration. I asked her if she wanted to get registered to vote. She said that she didn’t know that she could, and that no one had ever asked her that before.

That moment was the start of VotER. I began to think that we should, while folks are in the ER and other places like community health centers, free care clinics, and clinics where marginalized patients receive care, be offering non-partisan voter registration in a way that does not interrupt the healthcare delivery process.

**Dr. Darsie:** I recall over this winter, my Chair, Dr. Azita Hamedani, sent out an email about a program that registers people to vote within the ER and was looking for a Site Champion. I had come to realize as an Emergency Medicine physician and an ICU physician how patients were disenfranchised, and I didn’t have enough tools to help them. I had been making donations to food banks and GoFundMe accounts, but what if I actually had the ability to change the system so the system starts taking care of people? We could stop relying on the goodness and kindness of volunteers and instead change the system. I’ve been focused on ways in which I could have an impact, so VotER was a natural extension of that. Voting is not a panacea, but it is a fundamental way to address the structural problems I have seen in healthcare.

**Could you explain more about the purpose and goal of VotER?**

**Dr. Martin:** The mission of VotER is to create tools and resources for healthcare providers and institutions to offer non-partisan voter registration for folks who are waiting in healthcare settings. What I often have to say, though, is what it is not. We do not have physicians and nurses walking around ERs with clipboards. It is a library of resources that are available for local change-makers. We equip these advocates with posters, discharge
paperwork, and kiosks to help register people to vote. We also create Healthy Democracy Kits. The Kits include a lanyard that says ‘Register to Vote’ on it (see picture above). People will ask me about this, and I will show them a QR code on the back of my badge. They can scan this on their phones and immediately begin registering to vote. We also have a hotline to help them with this process. Lastly, we work with community health centers, private clinics, and primary care clinics to help use their text messaging platforms to send reminders about registering to vote.

How long did it take you to put together all of these resources?

Dr. Martin: There has been a team of physicians, behavioral scientists, and voter registration experts that has been working on this since the beginning. We began about two years ago here at Massachusetts General Hospital and Harvard Medical School, got buy-in from the administration, and we went through an IRB process to conduct a study on a portion of this work here at MGH. We received approval to launch the program in October 2019. Many of the initial connections that followed and helped us scale beyond MGH happened by pure luck.

Dr. Darsie: And one of the things that has been exciting about VotER is that COVID has forced the program to pivot and rethink the approach. I feel that it has become so much more effective. As it first started, it was just kiosks and signs and has evolved into the Healthy Democracy kits and has made people more excited about it. The program has rolled out so many innovations just in the last 9 months.

You talked about the link between civic engagement and healthcare. How do you think registering patients to vote impacts their health for the better?

Dr. Martin: We have 50 million people in this country who are not registered to vote. Who are these people most likely to be? It’s young people, poor people, and people of color. Now let’s look at who’s the most likely to come into the ER with non-emergent care—people who only come in because they don’t have insurance and a primary care provider. Patients of low socioeconomic status are hospitalized at disproportionately higher rates due to COVID. If we don’t start to empower those folks to be a part of the system that decides what the healthcare policy is in this country, we will continue to have healthcare policy that does not serve them.

A person’s health is made up of various factors. We know that 80% of a person’s health is due to social determinants of health. 20% is determined by what happens in a hospital. As physicians, we can’t pretend to care about the health of our patients without also caring about the social determinants of health. To fix the social determinants of health, we must
the social determinants of health, we must empower folks by helping them vote and make their voices heard.

Dr. Darsie: We don’t often give credence to how important public health is. The former Associate Dean at the University of Pennsylvania Perelman School of Medicine had an op-ed about how it is inappropriate for physicians and medical students to be involved in advocacy in any way, and I honestly couldn’t think of a more backwards mentality in terms of caring for an individual and community. We need to think of all of the tools that we have available to us in terms of civic engagement and lobbying. We need to use our platform to advocate for changes. We know the healthcare system and the ways to improve it that the average person may not. It is our obligation to become advocates and let them know that they have a voice.

Dr. Martin: This reminds me of a Toni Morrison quote that I think about a lot: “When you get these jobs that you have been so brilliantly trained for, just remember that your real job is that if you have some power, then your job is to empower somebody else.” Physicians have a lot of privilege, a lot of power, and it’s about time that we did something with that. It’s been inspiring to see physicians step up to heal patients on an individual level as well as helping heal our country on a national level.

Given how divisive the political atmosphere can be, how do you recommend students and medical staff approach patients to get them registered to vote?

Dr. Darsie: Things have definitely been fraught in Wisconsin. One of the most important things is truly saying that this is a non-partisan, non-political program. I don’t care who you vote for. I am welcoming you into the process and giving you the opportunity you otherwise might not have. You’re not hitting people over the head with this. Just as we’re training students to diagnose and treat diseases, we’re also teaching students how to interact and talk to people.

Dr. Martin: I agree with Dr. Darsie. First, this is optional. 307 hospitals have partnered with us so far to help their patients vote. Many of these are flagship hospitals. Being a major hospital means taking care of patients both within and outside of the hospital. This is not new—many of these hospitals already have community engagement programs. Second, there is this idea that voter registration is off limits. I have to push back on this. The Voter Registration Act of 1993 encourages voter registration to occur in hospitals and places of public assistance. However, the only place where this law is practiced is the DMV. What does driving have to do with voting? No one says it’s partisan to register to vote at the DMV. No one says it’s partisan when the USPS sends you a voter registration form when you have a change of address. It’s not political when you get registered in your high school. Voter registration is part of our national fabric itself. Those who insinuate registering patients to vote in a hospital is crossing some sort of line when it is legally allowed have to ask themselves what their own barriers are to the prospect of helping citizens in our country carry out their civic duty and constitutional right. There are a lot of other folks—physicians and providers—who have asked themselves how they can help their patients, and this is just another way to do that.

We train our providers on how to respond if someone asks them who they’re voting for.
They’re trained to say, first, I cannot tell you to vote one way or another. I am here just to help you vote. And there are non-partisan resources out there to help them make their decisions. And sometimes if someone asks “Hey, Doc, who are you voting for?”, I’ll say “I’m voting for you”.

Previously we talked about how COVID-19 has changed how VotER works. How important are mail-in ballots giving the current atmosphere, and how does VotER help patients with these?

**Dr. Darsie:** Any physician or healthcare provider that helps a patient with their kit will take them to a website that offers them the ability to register to vote or to get a mail-in ballot. Even after the election, the kiosks, kits, and posters will work. People should keep using their kits even after the deadline for voting registration ends until 2024. We also view voting by mail as the safest way to vote given the current pandemic, and to vote by mail early. We recommend that everyone makes a plan, and they make a plan now. By mail is the absolute safest way to vote. It is being politicized, but it is a disservice to politicize this. Mail in ballots are the safest way to vote, period.

**A lot of medical students and physicians want to help with the VotER movement. How can they get involved?**

**Dr. Martin:** I have been blown away by how much medical students have stepped up and wanted to help. We saw such incredible energy and enthusiasm from a pilot we put on in July with Duke University School of Medicine competing with the University of North Carolina School of Medicine. After 12 days, they had over 500 people registered. This is what inspired the Healthy Democracy Campaign. We have partnered with the American Medical Student Association (AMSA) and their Med Out The Vote program, which has been a wonderful partner. We now have over 80 medical schools partnered in the campaign. The medical schools have gotten over 14,000 people registered to vote or get mail-in ballots. Overall, VotER has helped 40,000 people register to vote or get mail-in ballots. Medical students have been a huge part of that. For medical students, if you are not part of the campaign, join the campaign. Your school probably has a team already. You can go to our website at [https://vot-er.org/campaign/](https://vot-er.org/campaign/) and see how to get involved. If you are not a medical student and want to get involved, you can use the VotER STAT kit at [https://vot-er.org/finalstretch/](https://vot-er.org/finalstretch/). You can click on it and get people to vote, not just patients. The UNC medical students even went to a local bar and got the Daily Specials board changed to say ‘Voter Registration is on Tap Today’ and included the link. They got voters registered outside of patient settings and so can you.

**Dr. Darsie:** The sky is the limit. We need to stop just thinking about what we can do within the confines of our hospital. Take the signs to your local coffee shops. I took the signs to my local grocery store and put it on their bulletin board. I went out during a rally and stopped people on the street. A lot of these people could potentially be my future patients, so I don’t need to keep it within the hospital. I put a sign on my front porch for the delivery people. I heard one story about a group that went to a COVID testing facility and approached people who were waiting in line. In Wisconsin, up to 7 days before an election, hospitalized patients can get specialized absentee ballots, so students can look into similar laws and programs. There are so many
ways you can get involved with the VotER tools and energy. You can also just reach out to friends and family to make sure people follow through with voting and form a sort of social contract. This is also a chance to work on your social skills about social history. If you’re asking someone about their medical history, you can ask them if they are registered to vote.

Is there anything else you’d like medical students or the AMA to know?

Dr. Martin: This year, we had the first ever national civic health month in August. It was probably one of the best examples of hospitals, healthcare associations, and thousands of individual providers working together for a single cause I’ve seen in recent history. Over 100 organizations were involved. The only way we are at 40,000 people is that all of these organizations were working and building the muscle they are now flexing.

Is this something that will continue when it is not election year?

Dr. Martin: Definitely, at least once a year. There are always elections, not just presidential ones. Some of the most important elections are the small ones.

Dr. Darsie: I think that this has been a huge issue for American voters: we only go out to vote for presidential elections. That is a huge abdication of your opportunity to have an impact on your personal community. Your school board officials and state officials have a dramatic impact on your community. We need to normalize voting for these smaller elections.

Thank you to both Dr. Martin and Dr. Darsie for making the time for this interview. For more information on VotER please go to: https://vot-er.org/ or reference one of the links above. We hope after reading this you will not only vote but encourage others to vote as well!

References:


