

Voter Attitudes and the Political Representation of Individuals with Disabilities and Health Conditions

Millions of Americans live with disabilities. While descriptive representation is a significant driver of improved public policy outcomes for marginalized communities, the number of elected officials with known disabilities or health conditions remains extremely low. What drives the lack of representation? We conducted two large surveys (N=6,345 and N=1,829) with nationally representative samples of likely voters in the United States to investigate voter bias against politicians with health challenges and disabilities. Combining observational and experimental data, we find voters to be significantly less likely to support such candidates. Mental illness and HIV receive the strongest penalties, while physical disabilities like wheelchair usage and dwarfism are the least penalized. Voter bias is driven by a combination of prejudice, electability concerns, and negative character assessment. Understanding the barriers to the election of candidates with health conditions is crucial to improve the representation of marginalized communities.

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The Center for Disease Control estimates that 1 in 4 Americans – equivalent to 61 million people – have a disability, with 24 million having a ‘severe disability.’¹ Descriptive representation can be a powerful treatment to the marginalization of minority groups, but very few representatives with visible disabilities or chronic health conditions are present in Congress. Several factors may account for the lack of representation. We conducted two large studies in the United States to examine one of the possible explanations: voter bias against politicians with disabilities and health challenges.

In 2020 we surveyed a nationally representative sample of over 6,000 likely American voters, investigating their likelihood of supporting candidates with the following conditions: (i) being overweight with diabetes; (ii) having experienced a heart attack, (iii) having cancer, (iv) having HIV; (v) having depression, (vi) having bipolar disorder, (vii) being in a wheelchair, (viii) being blind or visually impaired, (ix) being deaf, (x) being a little person (also known as dwarf).

These population groups are substantial. One million Americans are legally blind,² a million legally deaf, three million use a wheelchair or mobility device. Each year around 800,000 Americans have a heart attack and 1.8 million are diagnosed with cancer. 1.1 million Americans live with HIV. Over 99 million adults are overweight. 70 million are obese.³ 47 million people struggle with anxiety and depression, while 11 million suffer from bipolar disorder.⁴ There are an estimated 30,000 little people living in America.

Relying only on observational data, however, has limitations. Hence, in a separate study, we conducted a conjoint experiment to counter social desirability bias and examine the drivers of

¹ <https://www.cdc.gov/media/releases/2018/p0816-disability.html>

² <https://www.nih.gov/news-events/news-releases/visual-impairment-blindness-cases-us-expected-double-2050>

³ <https://www.cdc.gov/obesity/data/adult.html>

⁴ <https://www.nami.org/learn-more/mental-health-by-the-numbers>

voter discrimination. We ran the experiment with a nationally representative sample of more than 1,800 likely voters who voted for their preferred candidate among hypothetical alternatives within their own party. For each candidate we fully randomized seven traits (gender, age, education, religion, political experience, sexual orientation) in addition to health. Candidates could be “healthy”, in a wheelchair since birth, overweight with diabetes, HIV+, and HIV+ since birth.

We find that voters penalize all health conditions but to widely varying degrees. Conditions that may be perceived as impairments to performing the job of elected officials, such as mental illness, are strongly penalized, as are those like HIV that retain acute social stigma. In contrast, conditions that do not affect cognitive capacity and cannot be attributed to individual behavior are the least penalized, as in the case of being in a wheelchair since birth or being little people. There is also variation among voters in their degree of bias. African American and LGBTQ voters, who are themselves members of historically disadvantaged minority groups and have been more exposed to several health conditions, show greater empathy toward candidates with health challenges. Women and religious individuals are also more positively predisposed than the norm, while conservative voters have stronger negative bias.

Understanding the barriers to the election of candidates with disabilities and health conditions is important. The underrepresentation of marginalized groups reinforces the prejudice that they are not equipped to participate in political decision-making (Mansbridge 1999). Descriptive representation matters also because elected representatives from marginalized groups are better at promoting the interests of their own groups (Mansbridge 1999), as advocated by disability rights organizations that have adopted the slogan “Nothing about us without us” (Charlton 1998). People with disabilities also have lower levels of political participation and distinctive political preferences (Schur and Adya 2013, Reher 2018). Increasing the levels of

descriptive representation of people with disabilities and health conditions is therefore crucial to expand political engagement among members of these communities and to improve public policy outcomes.

Penalties for politicians with health conditions

The number of politicians with visible health conditions has historically been very low. Many often concealed their severe health challenges. Presidents Franklin Delano Roosevelt and Woodrow Wilson disguised their use of wheelchairs, while President Cleveland underwent a surgery on a friend's yacht to hide his battle with jaw cancer.⁵ Still today, despite cultural changes sparked by disability rights advocates and medical and technological advances that reduce the negative impact of health impairments, the number of politicians with a disability or chronic health condition remains low (Friedman and Scotch 2017).

In order to be elected, individuals with disabilities and health challenges need to overcome multiple hurdles of marginalization and discrimination (Schur and Kruse 2000). First, lower resources - such as income and education - and lower political efficacy may complicate the decision to run (Reher 2018). Second, access to funding, organization, and the electorate may be reduced by conditions that limit mobility and ability to communicate with voters. Third, political parties are risk averse about nominating candidates who they perceive as being less likely to win. Fourth, voters may be less inclined to support these candidates.

We argue that voter bias against candidates with health conditions is driven by three factors: prejudice, doubts about the candidates' ability to fulfill the role of elected official, and electability concerns.

⁵ <https://www.npr.org/2011/07/06/137621988/a-yacht-a-mustache-how-a-president-hid-his-tumor>

Stigma strongly affects individuals with disabilities and chronic health conditions (Corrigan 2014). A “hierarchy of impairments” exists, with various levels of stigma associated with different conditions (Friedman and Scotch 2017). We expect HIV/AIDS, mental illness, and conditions that can be attributed to individual behavior to elicit stronger prejudice. HIV/AIDS generates especially acute prejudice because it is often assumed to result from stigmatized sexual activity or illegal drug use. It also builds upon stigma affecting already marginalized communities who have disproportionately suffered from HIV/AIDS, such as gay men, sex workers, and drug users (Land and Linsk 2013). Forty years after HIV appeared in the US, a large share of the population still blames individuals with HIV for their status (Beaulieu et al. 2014).

Individuals suffering from mental illness are also victims of strong prejudice (Rüsch et al. 2005) and often judged incompetent and flawed (Friedman and Scotch 2017). Consequently, politicians with depression are penalized more strongly than candidates with cancer (Loewen and Rheault 2019).

Furthermore, stigma is severe for illnesses seen as the result of individual behavior. Such conditions lead to blame attribution, which in turn prompts negative character assessment. For instance, overweight individuals are often deemed personally responsible (Oliver and Lee 2005). Blame attribution then feeds negative perceptions of overweight individuals as weak, compulsive, and poor decision makers. In politics, obese candidates are rated more negatively than average-weight candidates (Miller and Lundgren 2012, Roehling 2014).

We also expect variation across conditions in the degree of perceived impairments that can limit a candidate’s ability to perform the job. Representative leadership requires cognitive skills and the ability to handle stressful environments, along with the ability to work for long hours. People with health challenges and disabilities have been viewed incapable and incompetent

(Corrigan 2014, Friedman and Scotch 2017, Rohmer and Louvet 2018). Because of the cognitive ability requirement, mental illnesses are especially likely to be seen as disqualifying.

Moreover, conditions that weaken a candidate's ability to meet the job requirements because they may require medical treatment leading to absenteeism (see Loewen and Renaults 2019) - such as mental illnesses and chronic physical ailments like cancer and heart attacks - are also likely to be especially penalized. Politicians who are blind and deaf may spark fewer concerns about absenteeism, but face other challenges in performing the job, such as accessing reading materials and joining colleagues' and constituents' conversations (Friedman and Scotch 2017).

Finally, voters likely have concerns about the ability of candidates with health conditions to win elections, given that candidates from marginalized groups often suffer from heightened electability scrutiny (Magni and Reynolds forthcoming).

To summarize, we expect candidates with mental illnesses and with HIV to be the most severely penalized. In contrast, candidates born with a health condition for which they cannot be considered responsible and which does not impair their cognitive ability – such as being in a wheelchair or little people – should be the least penalized. In the middle, we expect candidates suffering from conditions that may affect their ability to perform the job, such as cancer, heart attacks, blindness and deafness.

Penalty variation among voters

We hypothesize that three factors shape variation in the degree of voter bias: empathy; familiarity through contact; ideological and religious beliefs.

First, we expect smaller penalties among voters from marginalized groups, who often exhibit greater empathy. “Historically disadvantaged groups (e.g., minorities and women) might

find it easier to imagine themselves in the position of a person being unfairly treated, *even when that person comes from a different group*” (Sirin et al. 2017: 429, italics in original). Individuals who have experienced discrimination are therefore more likely to support members of *other* groups facing discrimination. Specifically, empathy more likely emerges within minority groups who have been historically oppressed and for whom a narrative of group oppression is salient (Eklund et al. 2009). Hence, we expect greater support for candidates with health conditions among African-American and LGBTQ voters.

Second, we anticipate that voter familiarity with health challenges will reduce the penalty that candidates with such conditions face. Familiarity should be greater among minority voters who have suffered disproportionately from specific health conditions, inasmuch as personal experience and direct social contact with illnesses reduce stigmatization and discrimination (Thornicroft et al. 2008). African Americans are more likely to be overweight, have diabetes, experience heart attacks, die from cancer, have depression, use a wheelchair, be blind, and be HIV+ than the general population.⁶ LGBTQ individuals have been disproportionately affected by HIV/AIDS and by mental illnesses. Hence, we expect smaller penalties among African American and LGBTQ voters.

Third, we expect ideological and religious beliefs to influence voter attitudes. Conservatives prefer powerful candidates and strong leadership (Laustsen 2017) and are more likely to blame individuals for their condition (Skitka and Tetlock 1992). This makes conservative voters less likely to support candidates with health challenges. In contrast, religious individuals tend to exhibit greater support for disadvantaged groups (Regnerus et al. 1998), which should translate in reduced discrimination against politicians with health conditions. However, candidates

⁶ <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=61>.

with HIV should be an exception, since the religious right, which portrayed them as engaged in “disgusting” homosexual behavior or illicit drug use (Fetner 2008), has often stigmatized individuals with HIV.

Examples of politicians with health conditions

There are a few prominent cases of politicians with health conditions and disabilities, even though many did not acquire their condition until after being elected to office and struggled to hide it.

Mental illness. 1972 Democratic vice-Presidential candidate, Thomas Eagleton, withdrew after revealing he had been treated for depression. Several US presidents suffered from mental illness, most notably President Coolidge who battled depression throughout his tenure (Davidson et al. 2006). But mental illness has remained off-limits in presidential campaigns. George H.W. Bush’s presidential physician described mental illness as the “kiss of death” for a candidate. David Axelrod, senior adviser to Barack Obama, argued that a president disclosing mental illness would “create a crisis of confidence” in the nation.⁷ Only a handful of members of Congress have openly talked about their mental health struggles. Senators Lawton Chiles (FL) and Mark Dayton (MN) were treated for depression. Representatives Patrick Kennedy (D-MA), Lynn Rivers (D-MI), Jesse Jackson Jr. (D-IL), and Karen McCarthy (D-MO) suffered from bipolar disorder.

Physical Disabilities. As of 2020, there are only two permanent wheelchair users in Congress - Sen. Tammy Duckworth (D-IL) and Rep. Jim Langevin (R-RI). Brian Mast (R-FL) is a double amputee. There is also one Governor, Greg Abbott from Texas. In the past, the most prominent wheelchair user was President Franklin Delano Roosevelt, who concealed his condition, worried that being seen as a “crippled” would clash with the image of a “good leader” (Gallagher

⁷ <https://www.politico.com/magazine/story/2015/10/politics-mental-illness-history-213276>

1985). President Wilson suffered a series of strokes that left him paralyzed. Alabama Governor George Wallace, Representative Arthur W. Aleshire (OH, 1937-39) and Senators Max Cleland (GA, 1997-2003) and John Porter East (NC, 1981-86) were also wheelchair users.

The most prominent blind US politicians are Cyrus Habib, Lieutenant Governor of Washington, and former Governor of New York, David Paterson. Visually impaired politicians from the past include Thomas Gore, the first Senator from Oklahoma (1907-21; 1931-37); Benjamin Tillman, governor of South Carolina (1890-94), known as the “one-eyed plowboy;” and Matthew Anthony Dunn, US Representative from Pennsylvania (1933-41).⁸ In contrast, deaf Americans and little people have never had a national or statewide elected official.

Heart attacks, cancer, HIV, and obesity. Presidents Dwight Eisenhower and Lyndon Johnson and Vice-President Dick Cheney returned to work after heart attacks. Primary presidential contender Senator Bernie Sanders has been the most prominent politician admitting they suffered a heart attack on the campaign trail, in 2019. Some high profile Senators died of cancer in office, including Ted Kennedy, John McCain, and Hubert Humphrey. Other prominent politicians disclosed their battle with cancer: Senators Paul Tsongas and Arlen Specter and Governors Ella Grasso (Connecticut) and Larry Hogan Jr (Maryland).⁹ Currently, there are less than ten out HIV+ elected officials in America at any level of government, including NYC Council Speaker Corey Johnson.

President William Howard Taft was considered obese, weighing 340lbs, as were former Governors Chris Christie (New Jersey) and Mike Huckabee (Arkansas). New York Rep. Jerrold

⁸ <http://www.politicalgraveyard.com/special/disabled.html>

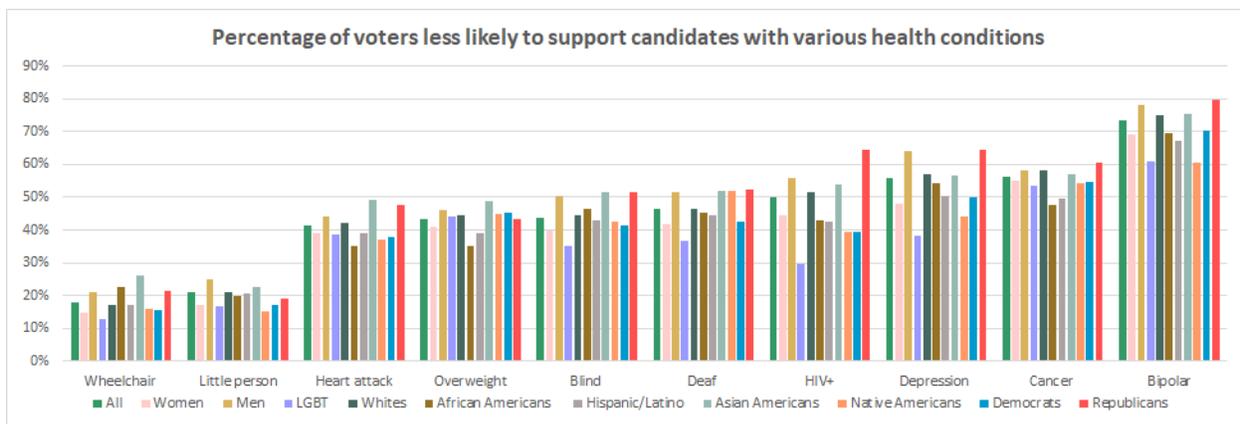
⁹ <https://www.washingtonpost.com/news/local/wp/2015/06/22/these-politicians-battled-serious-illness-while-in-office/>.

Nadler admitted he was unable to ride the subway because he could not climb the stairs.¹⁰ In February 2019, the *New York Times* published an article under the headline, “At 243 Pounds, Trump Tips the Scale into Obesity.”¹¹

Results

Figure 1, based on our survey with 6,345 likely US voters,¹² reports the percentages of voters who are “much less likely” and “less likely” to support candidates with health conditions and disabilities compared to “healthy” candidates.

Figure 1



While all health conditions face negative bias, penalties vary substantially. Mental illnesses and HIV are the most penalized. More than 70% of voters are less likely to vote for someone with bipolar disorder, 55% for someone with depression, and 50% for a candidate with HIV. Cancer,

¹⁰ <https://www.bbc.com/news/world-us-canada-31025556>; <https://abcnews.go.com/Health/fat-politicians-drop-pounds-health-votes-fall-elections/story?id=10481011>

¹¹ <https://www.nytimes.com/2019/02/14/us/politics/trump-obese.html>.

¹² More information on the two surveys, including sample characteristics and question wording, can be found in the online appendix.

which can be strongly debilitating and could sometimes elicit blame attribution, is also harshly penalized, with 56% of voters less likely to support a candidate with cancer.

Other conditions that could impair the ability of performing the duties of elected official face substantial penalties, but to declining degrees. Between 40% and 45% of voters are less likely to vote for someone who is overweight, blind, deaf, or has had a heart attack. Candidates in a wheelchair since birth or little people - conditions that normally do not affect cognitive capacity and are less likely to spark blame attribution - are discriminated against by about 20% of voters.

Which voters penalize candidates with health conditions?

Table 1 reports results from an ordered logistic regression, in which the dependent variable is measured on a five-point scale ranging from “much less likely to vote for” to “much more likely to vote for” candidates with health conditions.

Table 1

	Overweight	Heart attack	Cancer	HIV+	Depression	Bipolar	Wheelchair	Blind	Deaf	Dwarf
Age	-0.01*** (0.002)	-0.01*** (0.002)	-0.01*** (0.002)	-0.01*** (0.002)	-0.03*** (0.002)	-0.02*** (0.002)	-0.003 (0.002)	-0.01*** (0.002)	-0.01*** (0.002)	-0.01** (0.002)
Education	-0.07*** (0.02)	-0.07*** (0.02)	-0.05** (0.02)	0.03 (0.02)	0.02 (0.02)	0.0002 (0.02)	0.03 (0.02)	0.07*** (0.02)	0.05** (0.02)	-0.02 (0.02)
Income	-0.04** (0.02)	-0.003 (0.02)	0.002 (0.02)	0.003 (0.02)	-0.05** (0.02)	-0.10*** (0.02)	-0.02 (0.02)	-0.04* (0.02)	-0.02 (0.02)	-0.03 (0.02)
LGBT (self)	-0.10 (0.10)	-0.20* (0.10)	-0.13 (0.10)	0.46*** (0.11)	0.40*** (0.10)	0.27** (0.09)	0.26* (0.12)	0.15 (0.10)	0.14 (0.10)	0.13 (0.12)
Religiosity	0.04 (0.02)	0.05* (0.02)	0.04* (0.02)	-0.05* (0.02)	0.08*** (0.02)	0.08*** (0.02)	0.02 (0.03)	0.05* (0.02)	0.04 (0.02)	0.09*** (0.03)
Military (self)	-0.10 (0.08)	0.02 (0.08)	-0.06 (0.08)	-0.27*** (0.08)	-0.06 (0.08)	0.004 (0.08)	-0.03 (0.10)	-0.03 (0.08)	-0.10 (0.08)	-0.02 (0.10)
Conservative	0.02 (0.02)	-0.10*** (0.02)	-0.07** (0.02)	-0.24*** (0.02)	-0.17*** (0.02)	-0.15*** (0.02)	-0.06* (0.03)	-0.11*** (0.02)	-0.09*** (0.02)	-0.10*** (0.03)
Party: Republic	0.09 (0.08)	-0.16 (0.09)	-0.05 (0.08)	-0.29*** (0.08)	-0.18* (0.08)	-0.10 (0.08)	-0.13 (0.10)	-0.12 (0.08)	-0.14 (0.08)	-0.28** (0.10)
Party: Independ	0.13 (0.07)	-0.06 (0.07)	0.06 (0.07)	-0.04 (0.07)	-0.08 (0.07)	0.02 (0.07)	-0.01 (0.08)	0.04 (0.07)	-0.02 (0.07)	-0.08 (0.08)
Gender: Male	0.003 (0.06)	0.07 (0.06)	0.17** (0.06)	-0.13* (0.06)	-0.26*** (0.06)	-0.12* (0.06)	-0.29*** (0.07)	-0.22*** (0.06)	-0.18** (0.06)	-0.22** (0.07)
Gender: Other	0.18 (0.38)	0.18 (0.37)	0.44 (0.34)	0.02 (0.39)	0.13 (0.36)	0.71* (0.35)	0.33 (0.46)	0.51 (0.38)	0.68 (0.39)	-0.62 (0.41)
Race: Black	0.44*** (0.12)	0.14 (0.12)	0.33** (0.11)	-0.02 (0.11)	-0.55*** (0.11)	-0.26* (0.11)	0.04 (0.14)	-0.26* (0.11)	-0.20 (0.11)	0.12 (0.13)
Race: Latinx	-0.01 (0.11)	-0.18 (0.11)	0.06 (0.11)	0.04 (0.11)	-0.19 (0.11)	-0.10 (0.11)	0.005 (0.13)	-0.15 (0.11)	-0.08 (0.11)	-0.02 (0.13)
Race: Asian	-0.16 (0.12)	-0.47*** (0.12)	-0.14 (0.12)	-0.45*** (0.12)	-0.43*** (0.12)	-0.18 (0.12)	-0.47*** (0.14)	-0.50*** (0.12)	-0.40*** (0.12)	0.03 (0.15)
Race: Native	0.17 (0.23)	0.22 (0.24)	0.22 (0.22)	0.32 (0.23)	0.29 (0.22)	0.43 (0.22)	-0.24 (0.27)	-0.10 (0.23)	-0.19 (0.22)	0.02 (0.27)
Race: Other	-0.11 (0.18)	0.12 (0.19)	0.28 (0.19)	0.07 (0.19)	-0.03 (0.19)	-0.24 (0.18)	0.15 (0.23)	-0.18 (0.19)	0.02 (0.19)	0.21 (0.23)
Observations	5,472	5,472	5,472	5,471	5,469	5,470	5,472	5,472	5,472	5,472

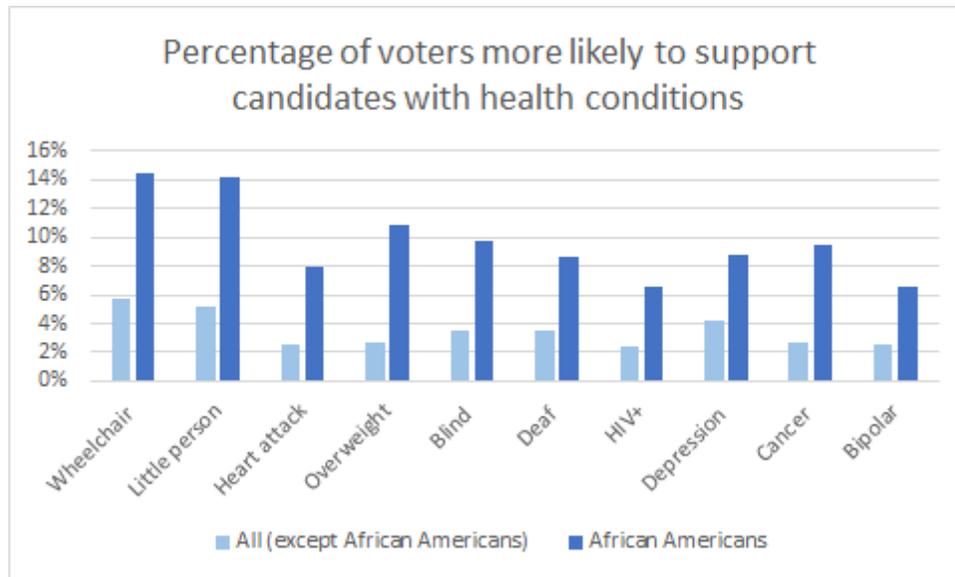
Note:

*p<0.05; **p<0.01; ***p<0.001

African Americans penalize less than white voters candidates who are overweight or have cancer, but exhibit more severe penalties for candidates struggling with mental health. Interestingly, though, African-Americans are consistently *more* likely to vote for candidates with health conditions (Figure 2). One possibility is that familiarity breeds empathy and support, given that

African Americans are more likely than the general population to be overweight, have diabetes, experience heart attacks, die from cancer, have depression, use a wheelchair, be blind, and be HIV+. ¹³

Figure 2



In contrast, Asian Americans have more negative attitudes than whites (Table 1). This could be due to the fact that, even though a minority group, Asian Americans are less economically disadvantaged and lack a salient narrative of group oppression, two conditions important for group empathy to emerge (Sirin et al. 2017). In contrast, LGBTQ individuals penalize less than straight voters candidates struggling with mental health and HIV, two conditions that have disproportionately affected the LGBTQ community.

¹³ <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=61>;
<https://www.nfb.org/resources/blindness-statistics>

Conservative voters penalize candidates with health conditions more than liberals, with the only exception of candidates who are overweight. Republicans show more negative attitudes than Democrats toward candidates with HIV and depression and toward little people. In contrast, religious individuals show less negative attitudes, with the only exception of candidates with HIV, who they penalize more strongly.

Regarding socio-demographic characteristics, women and younger voters are generally more supportive than men and older voters. Education has mixed effects, reinforcing the penalty for health conditions sometimes perceived as behavioral outcomes (i.e. overweight, heart attack and cancer), but reducing the penalty for candidates with physical disabilities like blindness and deafness. Income deepens the penalty for overweight candidates and for candidates struggling with mental health.

We also found suggestive evidence that exposure to a politician with a health condition lessens voter bias. Texas Governor Greg Abbott is in a wheelchair, and fewer Texans are less likely to vote for someone in a wheelchair than voters in other states (13.6% versus 17.9%). Minnesotan Governor Mark Dayton (2011-2019) was very public about his battles with depression - and Minnesotans are less inclined than voters in other states to vote against candidates with depression (46.3% versus 55.8%). Furthermore, while 38% of Democrats (compared to 48% of Republicans) are less likely to vote for a candidate who suffered a heart attack, only 25% of Bernie Sanders supporters are.

What drives voter bias?

Our conjoint experiment with a nationally representative sample of 1,829 US respondents focused on candidates who are overweight with diabetes (one of the most widespread health conditions),

in a wheelchair since birth (the least penalized condition in the observational findings), and candidates with HIV, acquired either at birth or later in life (to explore potential blame attribution).

We measure voter bias with both marginal means (MMs) - which are not sensitive to the baseline category - and average marginal causal effects (AMCEs), which allow us to quantify the degree of penalty. Candidates with HIV and overweight are penalized more severely than candidates who have been HIV+ since birth or in a wheelchair since birth. In the vote simulations, MMs reveal that respondents chose ‘healthy’ candidates 54.8% of the time, compared to 42.8% for candidates with HIV, 45.4% for overweight candidates, 47.3% for those HIV+ since birth, and 50.2% for those in a wheelchair since birth.

AMCEs show that, compared to healthy candidates, candidates with HIV suffered on average an electoral penalty of 11.9 percentage points, those overweight of 9.1, candidates HIV+ since birth of 8.1, and those in a wheelchair since birth of 4.5. Consistently with Weiner’s attribution theory of responsibility (Weiner et al. 1998), these findings reveal that voters penalize more severely candidates who can potentially be considered responsible for their condition, as opposed to candidates who cannot be blamed for a condition acquired at birth.

We further investigate drivers of voters’ bias by asking respondents: “Which of these two candidates... (i) ...would you prefer to have as a neighbor? (ii) ...has better chances to win the election? (iii) ...represents a sign of social progress?” Beyond attribution of responsibility, prejudice, electability concerns, and character assessment drive voter bias. Table 2 reports AMCEs with percentage point penalties where the baseline is a “healthy” candidate. Candidates with HIV suffer from the greatest prejudice. Candidates with HIV or overweight are also seen as antithetical to social progress. In contrast, electability concerns are the only statistically significant factor explaining voter bias against candidates in a wheelchair since birth.

Table 2

	Social progress	Prejudice	Electability	Electability (controlling for prejudice)
HIV+	-3.9%***	-7%***	-9.1%***	-5.8%***
HIV+ since birth	-2%***	-5.1%***	-5.8%***	-3.5%***
Overweight with diabetes	-4.5%***	-3.5%***	-5.8%***	-4.2%***
Wheelchair since birth	0%	-0.6%	-2.8%**	-2.5%**

Note:

*p<0.05; **p<0.01; ***p<0.001

Conclusion

Our study shows that candidates with health conditions and disabilities still have a mountain to climb, with mental illnesses and HIV perceived as the strongest disqualifiers for public office. Most Americans do not see these individuals in leadership roles and assume that society is not ready to elect candidates with such conditions. This self-fulfilling prophecy is pernicious. If citizens are less likely to vote for candidates because they are seen as unelectable, marginalized groups never have a seat at the table. The lack of descriptive representation then hinders the promotion of the rights and interests of marginalized groups, and makes poor public policy choices more likely.

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