Hospitalized psychiatric patients have traditionally been denied their right to vote. This right was restored in 1972 when the Queens Board of Elections established a registration and polling site on the Creedmoor Hospital grounds. A patient education program stimulated interest in current affairs and facilitated informed voting. Gross analysis of patient-voting patterns showed no significant difference from the community at large. However, deeper analysis suggests that the patient vote was independent of the borough of residence, tending to be more Democratic-Liberal and less Republican-Conservative. Furthermore, the patient vote was seen to reflect thoughtfulness and awareness of relevant self-interest.

Hospitalized, chronic psychiatric patients have been traditionally deprived of their right to vote in general elections, regardless of their competency to do so. During the voter registration period prior to the 1972 election, Robert Anthony\(^1\) initiated a project to rectify this situation. This study evolved out of the desire to help hospitalized individuals exercise their right to vote.

**ESTABLISHING THE RIGHT TO VOTE**

*Registration*

Since a number of patients had been hospitalized for many years, the initial plan was to seek permission for them to register and vote from the Creedmoor Psychiatric Center address. The Queens Board of Elections originally agreed to this, but was subsequently overruled. The new ruling declared that all patients must register from their last address prior to hospitalization, even if that address no longer existed.

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\(^1\) The late George Howard, Ph.D., was Director of Rehabilitation at Creedmoor Psychiatric Center, New York. Robert Anthony, M.A., is Chief of Services, Steinway Unit at Creedmoor Psychiatric Center. Reprint requests should be addressed to Mr. Robert Anthony, Creedmoor Psychiatric Center, 80-45 Winchester Blvd., New York 11427.
Given this ruling, a new plan was developed to register patients by absentee ballot since return to the community was not feasible, for a variety of reasons, for the great majority of them. However, it was found that the medical certificate on the absentee ballot contained a clause specifically excluding patients in a mental institution. Informed of this, the New York City Board of Elections authorized a special affidavit for mental patients which was to be affixed to the back of the absentee ballot in lieu of the medical certificate. In this manner, 29 patients were registered. Those for whom no address could be found were given Creedmoor’s address, as were five patients who had originally come from Brooklyn; the Brooklyn Board of Elections refused to register them, holding that they were Creedmoor residents. The Queens Board of Elections cooperated and accepted the registration of patients given the Creedmoor address.

Anthony sought legal advice in order to clarify the affidavit applicable to patients in a mental institution. He was advised that patients should be registered locally from the Creedmoor address at the risk of challenge in court by the Board of Elections. Recent court decisions seemed to indicate that such challenges would have to be pursued individually rather than by class action and would, therefore, necessitate a separate hearing for each registrant, a procedure too cumbersome and time-consuming to be considered. The favorable court decisions regarding the residency of college students also supported such an approach.

Against that background, 183 patients were registered at the hospital registration site. The local registrars offered no objection, taking it as a matter of course that patients could register. The Queens Board of Elections recommended that an affidavit be prepared for each registrant in case of challenges, but none were forthcoming.

Education

A voter-education program was initiated in order to prepare patients for the election, and three training teams were formed, one for each section of the hospital. These teams, each equipped with sample ballots and a simulated voting machine provided by the Queens Board of Education, held meetings with all registered voters. Patients were taught the names of the candidates and the mechanics of voting, and it was hoped that any anxiety surrounding the voting process was alleviated.

With the cooperation of the local political parties, “Candidate Nights” were arranged to further familiarize patients with candidates and issues. In order to avoid confusion, separate nights were held for the Democratic and Republican parties. On each evening there were four speakers: the local assembly candidate, the state senate candidate, and speakers representing the Congressional and Presidential candidates of the respective parties. Patient attendance was good, and questions asked of the speakers on the whole reflected awareness and understanding of the issues. Candidates