Before You Ask for a Vote, Ask About the Policy That Failed Them

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As we head into another election season, many of us are preparing to knock doors, host forums, write policy briefs, and argue about the future of this country. That work matters. But if you want to engage people meaningfully in politics — not just mobilize them for a moment — you have to begin somewhere deeper.

You have to ask:

When was the last time policy touched your life — and how did it feel?

In public health, especially in HIV advocacy, I've learned that people rarely disengage from politics because they "don't care." They disengage because they've experienced policy failure up close. A clinic closed. A benefit was cut. A promise was made and quietly defunded the next fiscal year.

Before we ask for someone's vote, we should ask:

- Has Medicaid expansion reached you?
- Did you lose coverage during a change in coverage you were aware of?
- When was the last time you tried to access care and hit a bureaucratic wall?
- What did the Ryan White Program mean to you — and what would happen if it were cut?

These are not abstract questions. They are governance questions.

Take HIV policy as an example. We talk about "Ending the HIV Epidemic" — and we should. But that initiative lives or dies on appropriations decisions in Congress, state-level implementation, and whether health departments have the staffing to process enrollments.

When funding for ADAP (the AIDS Drug Assistance Program) is threatened, that's not a talking point — that's medication access for tens of thousands of people. When states cut prevention funding, you see it in rising infection rates. When PrEP access declines because of cost barriers or insurance disruptions, the epidemiology shifts within months. When stigma goes unaddressed,

testing rates drop. When testing rates drop, diagnoses come later. When diagnoses come later, viral suppression is delayed — and public health setbacks follow.

Policy is not theoretical. It's a chain reaction.

If you are organizing people right now think about not asking, what they believe. Ask them what they've experienced.

Have they seen student health services underfunded?
Have they navigated insurance denials?
Have they watched friends ration medication?
Have they experienced discrimination in care settings?

These lived realities are policy outcomes.

And if we want people to engage in the political process, we have to help them see that connection. We have to explain how a line item in an appropriations bill shapes whether their community clinic can keep extended hours. We have to connect a Supreme Court decision to whether a trans teenager can access gender-affirming care in their state. We have to explain how federal rulemaking cycles — even ones that take years to implement — quietly shape the healthcare infrastructure people rely on.

Politics is not just about elections. It is about systems design.

In HIV work, one of our guiding principles is "no wrong door." That means wherever someone enters the system — emergency room, community clinic, mobile testing van — there must be a pathway back to care. That principle only works if policies align across federal funding streams, state implementation, insurance markets, and data reporting requirements.

If one piece fails, people fall through the cracks.

The same is true in democracy.

If people do not see how policy decisions shape their daily lives, they disengage. If they believe that no matter who wins, their material conditions won't improve, they stop participating. That's not apathy. That's learned disinvestment.

Community members have enormous power right now — but it cannot just be moral urgency. It has to be policy fluency.

When you talk to people, bring it down to this:

Here's how this budget affects your rent.
Here's how this health regulation affects your doctor visit.
Here's how this education policy affects your student loans.
Here's how this civil rights enforcement decision affects your safety.

In HIV advocacy, we fight every year to ensure that services expand rather than contract — that prevention options increase rather than narrow — that stigma does not get codified into

regulation. That fight is not won with slogans. It is won through coalition-building, comment submissions, appropriations advocacy, litigation strategy, and relentless education of lawmakers.

But it is sustained by stories.

Stories of people who want to live full lives.
People who want to work, to love, to build families, to chase dreams.
People for whom HIV is part of their life — but not the whole of it.

Policy should make that possible.

When we center lived experience in policy design, politics stops being a performance and becomes a public good.

The goal is not just to win elections.

The goal is to build systems where people can actually feel the difference.

That is how you engage people in the political process.
That is how you sustain movements.
And that is how you turn public health into public power.
