COVID-19 and Ebola: What We Can Learn from Prior Elections

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KEY TAKEAWAYS

America and other nations, including Liberia during the Ebola epidemic, have successfully conducted free and fair elections during health crises.

With sufficient resources, states can take the necessary precautions to ensure voters are safe while casting their ballots in the 2020 elections.

We must not put the ballots of all Americans into the hands of the U.S. Postal Service if we are to have faith in the security and integrity of the outcome.

There is unprecedented pressure being brought to bear on election officials by the media, liberal advocacy organizations, and legislators like Speaker Nancy Pelosi (D–CA) to hold an all-mail election in November. They point to the current circumstances of the COVID-19 pandemic to justify a fundamental transformation of how an election should be run—in six months. But the question arises whether this is really necessary given the current health threat that has resulted in a temporary, partial shutdown of the country—particularly if the country has reopened for business by November.

This is a crucially important question. If, by the date of the general election—November 3, 2020—the disease has been suppressed, shutdowns across the country are over, and the public is back at work, back in school, and back in their churches, synagogues, and mosques, will there really be any reason for voters not to be back in their polling places to cast in-person votes?
Probably not.

That is only part of the problem for those advocating a fundamental transformation of how America conducts elections. But they have an even bigger problem. Namely, who says we cannot conduct a regular normal election even if the threat of COVID-19 is still an issue? One thing is for certain, other countries have conducted successful in-person elections during an epidemic.

Lessons from the Ebola Epidemic

Lessons can be learned from how elections have been conducted during other public health crises, such as the 2014 senatorial elections in Liberia in the midst of the West African Ebola epidemic. While different in many ways from the COVID-19 virus, Ebola is an extraordinarily dangerous pathogen in terms of its infectiousness and fatality rates. Ebola symptoms include high fever, debilitating vomiting and diarrhea, and perhaps most emblematic of the 2014 outbreak, internal and visible external bleedings from your eyes and pores.²

Yet despite the devastating Ebola outbreak in the middle of the Liberian election, it was possible to create polling places that protected voter health with some help from outside organizations. The International Foundation for Electoral Systems (IFES), headquartered in Washington, DC, works in countries around the world to promote democratic elections.³ In 2014, they were instrumental in assisting Liberia to make its polling places safe despite Ebola. According to IFES President Anthony Banbury, that election was crucial in ensuring “continuity of government and to maintain Liberia's fragile peace” after a “devastating civil war.”⁴

So how did the National Elections Commission of the Republic of Liberia (the Commission) do it? What lessons can America learn from the Liberian experience with an epidemic?

The Liberian Guidelines

According to the IFES, Liberian election officials worked closely with health experts to “integrate a range of practical health measures, such as social distancing and revised processing, to ensure the safe exchange of ballot papers, ID cards, pens, and other common voting materials.”⁵ Poll workers were also trained in the “roll of queue controllers,” and there was an extensive voter-education effort.
In other words, Liberia did the very same thing during the election that we are already doing today in dealing with the coronavirus: Businesses that are open to the public, such as grocery stores, drug stores, and chains like Lowes and Home Depot, have all incorporated social distancing and the use of face masks, gloves, and cleaning supplies into their business models—just as Liberia apparently incorporated the same tools, procedures, and distancing into the lines of voters waiting to vote and the clean-up and sanitation of poll locations and the voting materials being used to minimize the spread of any possible contamination.

And the Commission educated the public on the importance of using and applying all of these preventative measures. In fact, the Commission provided very specific guidelines “to prevent the spread of the Ebola Virus Disease,” not just for polling places, but also for “Town Hall Meetings, Political Rally, and other Campaign Activities.”

For political activities, that included “hand washing corners and temperature monitoring equipment” at all points of “entry/commencement of such campaign gatherings” with the exclusion of any individual whose temperature was above a certain point, and notification of public health authorities. All attendees were required to maintain “a non-contact distance of at least three (3) feet.”

All polling and election officials were required by the Commission to undergo special training and health screening to be able to appropriately administer the election on Election Day with the health and safety precautions mandated by public health officials in place. All of those procedures were to be applied to the “deployment and retrieval of electoral materials and personnel” including the “washing of hands before entering vehicles” along with “temperature monitoring of individuals before boarding the vehicle.” Similarly, the same procedures were directed to be applied to the “tallying, tabulating, and collating of data from voting precincts across the country,” including maintenance of the required three-foot physical separation requirement between all election officials.

When it came to the actual polling locations, election officials were directed to immediately “isolate” any “visibly sick person” showing the “symptoms of Ebola Virus Disease.” Voter’s temperatures were also to be checked prior to admittance, with an additional check for voters with no visible signs of Ebola “at an interval of thirty minutes from the last check.”

Poll workers were directed to maintain the three-foot spacing between voters in the “queues” or voter lines, using white paint on the floor (similar to what we are all seeing these days at our grocery stores and pharmacies). If there was more than one line of voters waiting to cast their ballots, a distance of four feet was to be maintained between the separate lines.
Normally in Liberia, a voter must hand his “voting card” to an election official when he enters a polling place in order that the information identifying that voter can be compared to the voter registration list. The Commission directed that voters would be “instructed to display their voting cards to the voter ID staff” so they could read them “without physical contact.”

The IFES, working with the Commission, identified 40 points in the election process that constituted an Ebola transmission risk, including “items [that] moved between hands, such as voter registration cards, ballot papers, pens, and more.” Those risks were mitigated through a “set of practical recommendations” that were “integrated into election-day operations.”

Using all of the recommended precautions of health officials, Liberia held its election on December 20, 2014—in the midst of an epidemic. It was only the third election since the end of what the U.N. Secretary-General, who was in Liberia the day before the election, called a “brutal war.” That election was conducted with in-person voting—not an all-mail election—and the U.N. congratulated Liberia on organizing a successful election “under challenging circumstances, particularly in the midst of difficulties posed by the Ebola crisis.”

The CARE Act and Wisconsin’s Successful Election

It worked. And state election officials have something that the Liberians did not have: a large amount of federal funds to implement polling place health protocols. On March 27, 2020, President Donald Trump signed the Coronavirus Aid, Relief, and Economic Security Act (CARE Act) into law. The Act provided $400 million in emergency funds that are being distributed to the states by the U.S. Election Assistance Commission to “prevent, prepare for, and respond to the coronavirus for the 2020 federal election cycle.” That preparation and response already started in Wisconsin.

Voter Turnout. Wisconsin successfully held its primary election on April 7, 2020, with both absentee balloting and in-person voting. The voter turnout of 34.3 percent was virtually identical to the turnout of 34.9 percent in 2008, when there was a heavily contested race between Hillary Clinton and Barack Obama. And it was eight percentage points higher than in 2012 when turnout was only 26.1 percent.

Worker Training. Wisconsin’s Elections Commission promulgated an extensive poll worker training manual (the Manual), providing mandated health procedures for the administration of polling places on Election Day. It included the placement of prominent warning signs stating the rules to
be followed by voters, including a “Health Alert” telling them not to enter the building if they showed certain specific symptoms. Instead, they were given a phone number to call for a “curbside ballot.”

Sanitizing Stations. The Manual required hand washing/sanitizing stations for all voters when entering and leaving a polling place, as well as before and after voting. Tables, door handles, pens, voting booths, voting equipment, and everything else being touched or handled in the polling place were to be sanitized regularly “or at least every ten minutes.” There was a ban of “all non-election related activities in the polling location that could promote congregation and close personal contact.”

Social Distancing. Pursuant to the Manual, voter lines had to maintain six-foot social distancing between voters, including using tape, floor markings, and chalk inside and outside the polling location to “establish appropriate gaps between voters and poll workers.” Precinct officials were given authority to stagger voters “to limit the number of voters in a facility or voting area at the same time.” Doors were to be kept open to “increase air flow and eliminate unnecessary touching of doors and door handles.”

Health Screenings and Disposable Items. According to the Manual, all precinct workers were to be given health screenings prior to their shift. There were numerous procedures for avoiding personal contact. For example, Wisconsin is a voter ID state, but the ID could be reviewed and checked without the poll workers ever touching the ID presented by the voters. Voters were allowed to bring their own pens from home to mark their ballots and sign the registration poll book, and disposable items such as pens were to be sanitized or discarded after each use.

Curbside Voting. There were special procedures for “curbside voting” in the Manual for voters who could not come into a polling location. IDs could be checked through the car window, for example, while ballots were then passed through a slightly opened car window using a “privacy sleeve” and returned in the same way.

The Wisconsin Election Commission generated an Election Day checklist outlining all of these procedures for poll workers. In summary, Wisconsin put in even stricter, more careful procedures for its election workers and voters than those seemingly being followed by all of the businesses that have been allowed to remain open during the COVID-19 crisis. Additionally, those voters who did not want to vote in-person, including the elderly who may be more susceptible, could still vote by absentee ballot.

The Associated Press reported on only seven virus cases that “may” be related to Election Day, but Wisconsin health officials say that they cannot confirm the patients “definitely got [COVID-19] at the polls.” Instead, local
health officials are now asking newly infected individuals whether they voted. But the fact that they voted does not establish that they were infected at the polls rather than through some other means.\textsuperscript{22} There were 1,551,711 voters who cast ballots in the primary according to the Wisconsin Elections Commission.\textsuperscript{23}

South Korea also held national legislative elections on April 15 in the midst of the COVID-19 epidemic. The country has suffered 10,765 infections and 247 fatalities. In an election in which 29 million votes were cast, South Korean health authorities report “no infections from this month’s general election” from COVID-19.\textsuperscript{24}

The United States is vastly richer and wealthier than Liberia and has exponentially more resources than Liberia. In 2018, the U.S. gross domestic product (GDP) was over $20 trillion.\textsuperscript{25} Liberia’s GDP in 2018 was only a little over $3 billion.\textsuperscript{26} As former Ohio Secretary of State Ken Blackwell, who is chairman of the bipartisan board of the IFES, says:

If Liberia was able to safely hold an in-person election amid an Ebola outbreak, there is no reason we cannot do so here in the United States in the wake of this pandemic. It will take planning, resources, and carefully developed protocols, but adhering to our existing set of electoral rules is well worth the effort.\textsuperscript{27}

Conclusion

Now it is up to the states. Even assuming that COVID-19 will still be an issue six months from now, which is a possibility, with CARE Act funding states will have the funds and resources needed to implement all of the protective health protocols recommended by experts for polling places and equipment to prevent the spread of disease.

The answer is not to put the ballots of Americans and the administration of the presidential and congressional election into the hands of the U.S. Postal Service—at least not if we want to have faith in the security and integrity of the outcome.

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Endnotes


3. The IFES is a bipartisan organization that only works abroad: It does not do any election work in the U.S.


5. Ibid.


7. Ibid., § 2.

8. Ibid., § 7.

9. Ibid., § 8.

10. Ibid., § 9.

11. Ibid., § 12.

12. Ibid., § 13.

13. Ibid., § 14.


