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**A**ffairs

## **COVID-19 Advisory Commission on African American Disparities**

### **MINUTES**

May 22, 2020

7:30 AM

Via Zoom

**Chair:** Jill Upson, Chairperson and Director, Herbert Henderson Office of Minority Affairs (HHOMA)

**Commissioners:** Pastor Rahsaan Armand, Mt. Zion Missionary Baptist Church  
Owens Brown, State Conference of NAACP  
Joylynn Fix, WV Offices of the Insurance Commission  
Delegate Caleb Hanna, Nicholas County, House District 44  
Romelia Hodges, StriveN4  
Delegate Sean Hornbuckle, House District 16, Cabell County  
Mike Jones, Kanawha Institute for Social Research and Action (KISRA)  
Senator Patricia Puertas-Rucker, Jefferson County, Senatorial District 16  
Tiffany Samuels, WVU Cancer Institute  
Keisha Saunders, Tug River Health Clinic

**Presenters:** Secretary Bill Crouch, Department of Health and Human Resources (DHHR)  
Lieutenant Colonel Tanya McGonegal, WV National Guard (WVNG)  
Sarah Sanders, Ph.D., Bureau of Public Health  
Dr. Cathy Slempp, Bureau of Public Health

**Absent:** Reverend James Patterson, Institute Church of the Nazarene

**Call to Order:** Chairperson Jill Upson, due to technical difficulties, called the meeting to order at 7:37 a.m. and proceeded with welcoming the Commissioners and presenters.

**Update – Dr. Cathy Slempp, WV Bureau of Public Health:**

Dr. Slempp stated that Berkeley County, the largest testing site, had over 800 individuals come out for testing. There was a 2.8% positivity rate in African Americans. Jefferson County tested 137 African Americans with one positive. Out of the results for Raleigh County, there were no positives in the African American population and only one positive in the Caucasian population. Mercer County tested 166 African Americans with no positive test results in any population group. Dr. Slempp concluded by stating that the results reflect variable instances across the state.

**For Berkeley County**

Race	Total Tested	Total Positive	Total Negative	Percent Positive	Percent Negative
American Indian	2	0	2	0%	100%
Asian	9	1	8	11.1%	88.9%
Black	214	6	208	2.8%	97.2%
Other	21	1	20	4.8%	95.2%
Unknown/Not Indicated	68	0	68	0%	100%
White/Caucasian	530	7	523	1.3%	98.7%
N/A	7	0	7	0%	100%

**For Jefferson County**

Race	Total Tested	Total Positive	Total Negative	Percent Positive	Percent Negative
American Indian	0	0	0	0%	0%
Asian	4	0	4	0%	100%
Black	137	1	136	0.73%	99.3%
Other	25	2	23	8%	92%
Unknown/Not Indicated	24	0	24	0%	100%
White/Caucasian	565	11	554	1.9%	98.1%
N/A	3	1	2	33.3%	67.7%

**For Raleigh County**

Race	Total Tested	Total Positive	Total Negative	Percent Positive	Percent Negative
American Indian	2	0	2	0%	100%
Asian	0	0	0	0%	0%
Black	150	0	150	0%	100%
Other	0	0	0	0%	0%
Unknown/Not Indicated	3	0	3	0%	100%
White/Caucasian	218	1	217	0.46%	99.54%
N/A	0	0	0	0%	0%

**For Mercer County**

Race	Total Tested	Total Positive	Total Negative	Percent Positive	Percent Negative
American Indian	1	0	1	0%	100%
Asian	0	0	0	0%	0%
Black	166	0	166	0%	100%
Other (Hispanic)	1	0	1	0%	100%
Unknown/Not Indicated	0	0	0	0%	0%
White/Caucasian	235	0	235	0%	100%
N/A	0	0	0	0%	0%

\*Note: There is still one test pending out of Berkeley county, there was an identification issue with the specimen. According to LabCorp, it is still pending result.

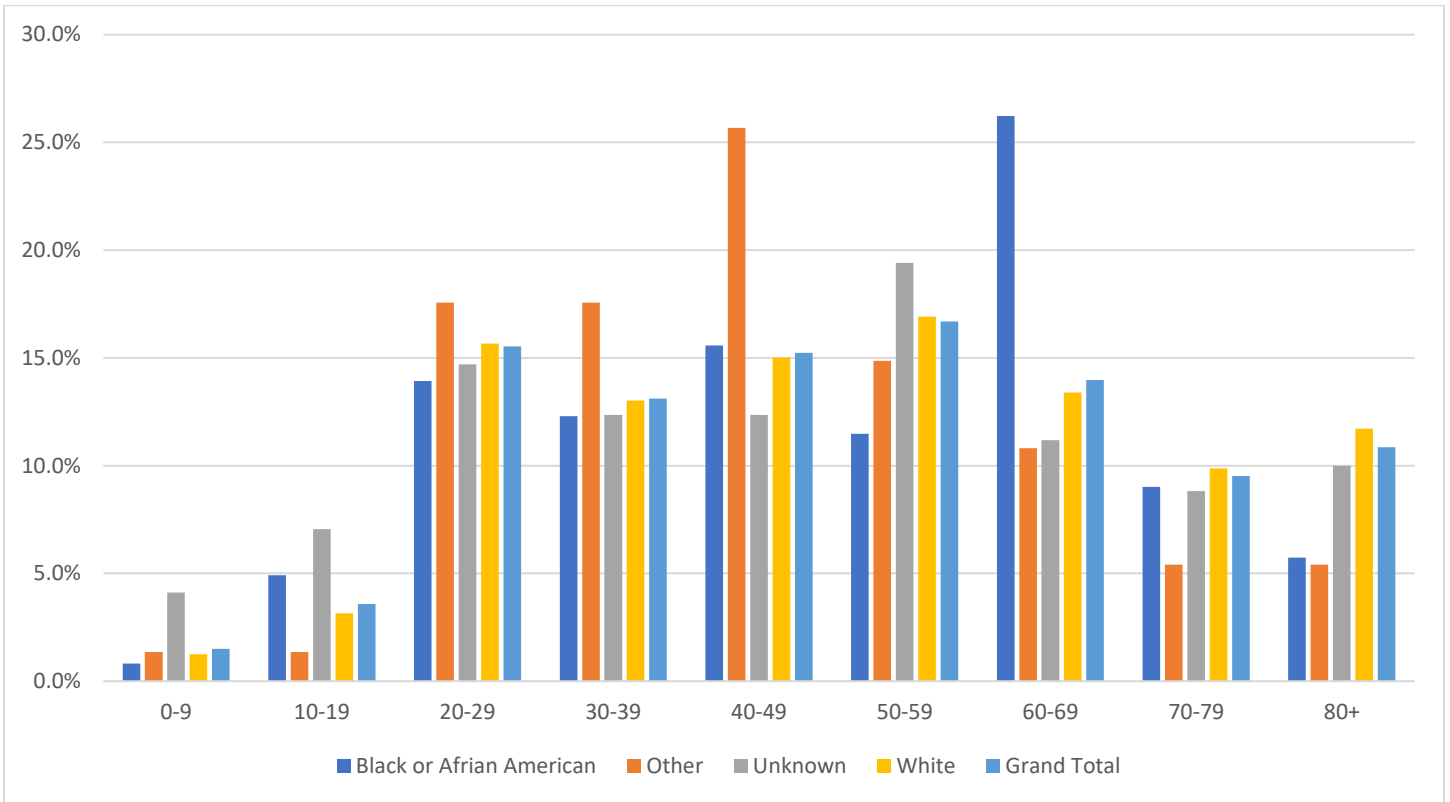
**Minority Data Update – Dr. Sara Sanders, Epidemiologist, WV Bureau of Public Health:**

Chairperson Upson then announced Dr. Sara Sanders to provide a case update. Dr. Sanders stated that counties of interest include Hardy County with 14.7% of positive cases being African American; Marion County with over 50% African American cases; McDowell County with one-third African American cases; and Pendleton County with 20% African American cases. The overall total population of cases for African Americans is 7.5% and 4.5% for other races. Dr. Sanders shared that, overall, 70% of African Americans were showing symptoms at the time of testing.

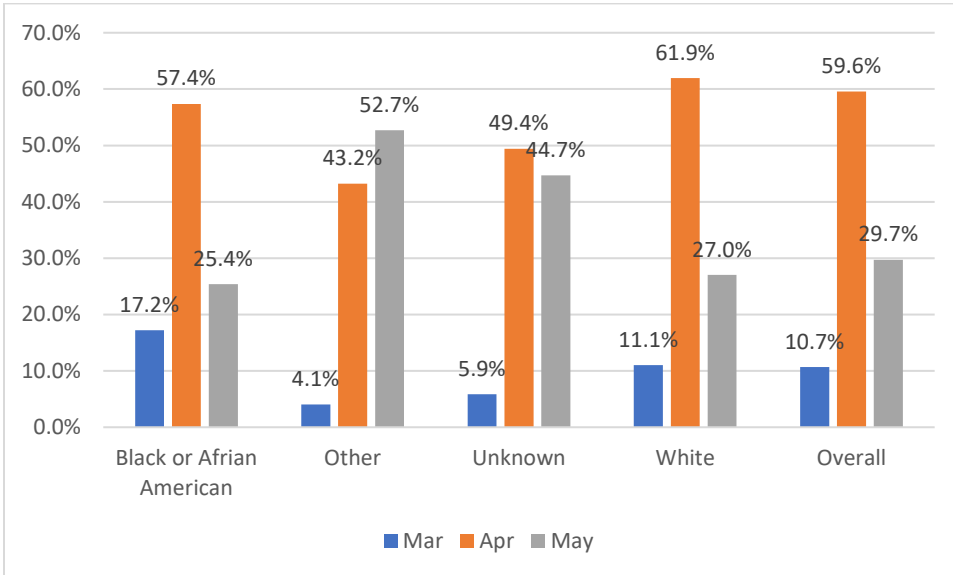
The following data was provided for review.

	Number of Cases					Percent of County Cases				
	Black or African American	Other Race	Unknown	White	Total Cases	Black or African American	Other Race	Unknown	White	Total Cases
<b>Berkeley</b>	30	18	18	188	254	11.8%	7.1%	7.1%	74.0%	100%
<b>Braxton</b>		1		1	2	0.0%	50.0%	0.0%	50.0%	100%
<b>Cabell</b>	4	1	1	51	57	7.0%	1.8%	1.8%	89.5%	100%
<b>Fayette</b>	1	5	2	31	39	2.6%	12.8%	5.1%	79.5%	100%
<b>Gilmer</b>	6			3	9	66.7%	0.0%	0.0%	33.3%	100%
<b>Hardy</b>	5	5	9	15	34	14.7%	14.7%	26.5%	44.1%	100%
<b>Harrison</b>	1	1		35	37	2.7%	2.7%	0.0%	94.6%	100%
<b>Jackson</b>		1	3	131	135	0.0%	0.7%	2.2%	97.0%	100%
<b>Jefferson</b>	12	13	17	91	133	9.0%	9.8%	12.8%	68.4%	100%
<b>Kanawha</b>	16	11	23	156	206	7.8%	5.3%	11.2%	75.7%	100%
<b>Lewis</b>		1		4	5	0.0%	20.0%	0.0%	80.0%	100%
<b>Logan</b>	1			14	15	6.7%	0.0%	0.0%	93.3%	100%
<b>Marion</b>	24		2	21	47	51.1%	0.0%	4.3%	44.7%	100%
<b>Mason</b>		1		14	15	0.0%	6.7%	0.0%	93.3%	100%
<b>McDowell</b>	2	1		3	6	33.3%	16.7%	0.0%	50.0%	100%
<b>Mercer</b>	2			11	13	15.4%	0.0%	0.0%	84.6%	100%
<b>Mineral</b>		1	1	33	35	0.0%	2.9%	2.9%	94.3%	100%
<b>Monongalia</b>	12	1	9	99	121	9.9%	0.8%	7.4%	81.8%	100%
<b>Morgan</b>		1			1	0.0%	100.0%	0.0%	0.0%	100%
<b>Ohio</b>		1	1	37	39	0.0%	2.6%	2.6%	94.9%	100%
<b>Pendleton</b>	1			4	5	20.0%	0.0%	0.0%	80.0%	100%
<b>Pocahontas</b>	1	2	14	17		0.0%	5.9%	11.8%	82.4%	100%
<b>Preston</b>		1	1	12	14	0.0%	7.1%	7.1%	85.7%	100%
<b>Putnam</b>	2		6	21	29	6.9%	0.0%	20.7%	72.4%	100%
<b>Raleigh</b>	1			13	14	7.1%	0.0%	0.0%	92.9%	100%
<b>Randolph</b>		1	1	7	9	0.0%	11.1%	11.1%	77.8%	100%
<b>Roane</b>		1		7	8	0.0%	12.5%	0.0%	87.5%	100%
<b>Wayne</b>		3		92	95	0.0%	3.2%	0.0%	96.8%	100%
<b>Wood</b>	1	2	3	43	49	2.0%	4.1%	6.1%	87.8%	100%
<b>Grand Total</b>	121	72	104	1316	1613	7.5%	4.5%	6.4%	81.6%	100%

	<b>Black or African American</b>	<b>Other</b>	<b>Unknown</b>	<b>White</b>	<b>Grand Total</b>
<b>0-9</b>	0.8%	1.4%	4.1%	1.2%	1.5%
<b>10-19</b>	4.9%	1.4%	7.1%	3.1%	3.6%
<b>20-29</b>	13.9%	17.6%	14.7%	15.7%	15.5%
<b>30-39</b>	12.3%	17.6%	12.4%	13.0%	13.1%
<b>40-49</b>	15.6%	25.7%	12.4%	15.0%	15.2%
<b>50-59</b>	11.5%	14.9%	19.4%	16.9%	16.7%
<b>60-69</b>	26.2%	10.8%	11.2%	13.4%	14.0%
<b>70-79</b>	9.0%	5.4%	8.8%	9.9%	9.5%
<b>80+</b>	5.7%	5.4%	10.0%	11.7%	10.9%



	<b>African American</b>	<b>Other</b>	<b>Unknown</b>	<b>White</b>	<b>Overall</b>
<b>Mar</b>	17.2%	4.1%	5.9%	11.1%	10.7%
<b>Apr</b>	57.4%	43.2%	49.4%	61.9%	59.6%
<b>May</b>	25.4%	52.7%	44.7%	27.0%	29.7%



#### **Testing Plan Update – Lieutenant Colonel (LTC) Tanya McGonegal, WV National Guard:**

LTC McGonegal began by stating that the second round of testing begins at 9:00 a.m. in Charleston, Huntington, Fairmont and Morgantown on Saturday. The WVNG was able to obtain surgical masks, which have a shelf life of 1-2 days, for the second round of testing. She shared that there was a lot of discussion about the site selection process. The plan will now include a detailed breakdown to ensure the site meets the safety requirements, including lab processes and obtaining address information of the test-takers. In addition, the plan will be updated to include the importance of obtaining address information, so that follow up with positive test results can be completed.

Senator Patricia Puertas-Rucker asked if the numbers in Jefferson and Berkeley counties are considered unusually high or consistent with the expectations. Dr. Slemp commented that there has been an increase in that area over the last few days. Dr. Sanders added that the Eastern Panhandle has always had a little higher rate of COVID-19 positive rates than the other counties. Recently, the Eastern Panhandle has surpassed some indicators that are tracked internally. Dr. Slemp stated that there has been concern for this area due to its proximity to the border. There has been a second threshold of positive cases in the Eastern Panhandle. As a result, additional precautionary measures and support have been provided to increase testing, contact tracing and PPE supplies to minimize the spread.

Dr. Marsh requested the group try to help drive the usage of face masks, which is an effective preventative measure in reducing the spread of the virus. He shared that up to 40% of positive people are asymptomatic and very infectious during 1.5-2.5 days prior to showing symptoms. Face masks block the droplets from forming and reduce spreading. While talking, droplets can be produced and remain airborne for 15 minutes. He mentioned a 62-member choir in Washington State where 56 people tested positive for COVID-19 from one person. Sweden did not shut down or wear face masks and has a death rate 38 people per 100,000 in comparison to the United States with 28 people per 100,000. Japan, consistent in wearing masks, has a population of about 10 million people with a death rate of .61 per 100,000 people. A total of 784 people died from COVID-19 in Japan. Dr. Marsh concluded by stating that everyone should wear a face mask when in public with others.

Chairperson Upson asked what type of masks are recommended. Dr. Marsh stated that N-95 are reserved for medical personnel. DIY cloth masks with at least 2 layers are effective in reducing the spread of droplets. Even a washcloth or dishcloth as a mask is very effective. He advised that people must stay home if they are feeling sick.

Mike Jones commented that there are a lot of local churches discussing the reopening process. He asked if there is printed information that could be shared with the churches. Dr. Slemp shared that West Virginia Council of Churches has posted coronavirus tools and resources. There is new guidance of faith-based communities on the CDC's website. Dr. Marsh advised that wearing face masks while singing and worshiping is key to reducing the spread. He mentioned that 500-1,000 people were infected during a service at a super church in South Korea. He then advised that the choirs should sing in one direction by standing in a line and not front-to-back. Dr. Slemp suggested that churches consider special services or smaller groupings based on risk to protect the elderly. LTC McGonegal mentioned that gyms are another area of concern. Dr. Marsh agreed that gyms are a challenge.

**Communications and Outreach Presentation – Tiffany Samuels and Romelia Hodges:**

Tiffany Samuels had previously emailed a video presentation to the group for review. The key point of the presentation shared creative ways to offer testing to minorities. Ms. Samuels shared that community resources, entertainment, food and giveaways were provided, which was the template she followed for the testing event in Marion County. She advised that the Chief of Police, as well as other city officials, should be involved in the planning process. The local health department provided funding to obtain printed materials. She suggested the task force set aside funding to help with printed materials. Volunteers were used to distribute flyers and a contact person was designated in each coal mining camp to reach out to those not on social media. She shared that greeters will be in place to help minimize the intimidation of the presence of law enforcement and National Guardsmen. The NAACP, minority businesses, fraternities, sororities, United Way, local charity organizations, senior living facilities, senior centers, pastors, apartment complexes, etc. have been contacted to help share the testing event information. Ms. Samuels concluded by sharing that finding a location that met all criteria became a huge point of discussion.

Secretary Bill Crouch responded by stating that testing began right before the task force was formed and they are catching up on the coordination of the testing events. He shared concerns about the task force not having enough input. He asked for data from the testing sites to be presented as quickly as possible, so that the task force can provide timely input. Secretary Crouch noted that he is trying to provide 14 days of lead time to plan the testing events. He mentioned that volume is not always the priority, but instead, location and turnout from the minority population is critical. This is an ad hoc group without a budget; DHHR can provide printing support. He advised the group to contact Chairperson Upson with printing requests. Tiffany Samuels commented that the flyer used for these events is lengthy and unappealing to the general population. She recommended changing the "under-served" and "under-privileged" language in the flyers as it may be offensive. Secretary Crouch agreed and responded that going forward, the flyers will be sent out for review ahead of time.

Chairperson Upson offered an apology and asked that Joylynn Fix, WV OIC, present next week in order to allow enough time to identify site locations for the third week of testing within the meeting timeframe.

**Member Discussion:**

Chairperson Upson stated that she received input that Piedmont, in Mineral County, is not ideal for emergency services. The county health department recommends using the school complex in Keyser. She emphasized that the goal has been to hold the testing sites in the African American community and welcome everyone to test. The Fayette County Health Department has already selected a location. Potential locations for Kanawha County are the William Raglin Community Center and the Shawnee Sports Complex in Dunbar. Romelia Hodges emphasized the importance of holding the events in the minority community, despite the logistical challenges. She then stated that Friday meetings present a challenge for those participating in setting up the testing events. She recommended moving the Friday meetings to Thursday mornings.

Mike Jones mentioned that there is a lot of construction in the William Raglin Community Center area, but recommends either location. He asked for clarification on the concerns with the sites in Piedmont. Chairperson Upson stated that one must drive through Maryland to get to Piedmont and that local roads are narrow, creating a logistical issue. She added that Mineral County has already selected their desired site, but that Secretary Crouch does want input from the task force. LTC McGonegal added that for the WVNG, having enough space to maintain social-distancing guidelines and

not obstructing the routes for emergency vehicles is priority. Mike Jones then stated that he recommended the Shawnee Sports Complex in Dunbar.

Chairperson Upson asked if the group preferred to meet on Thursday to accommodate the members that are providing support to the testing sites. The group agreed to meet again on Thursday, May 27 at 7:30.

Secretary Crouch shared that Hardy, Harrison, McDowell and Ohio counties are the upcoming site locations. Chairperson requested recommendations for contacts in the counties to be emailed to her directly. Secretary Crouch mentioned an opportunity for free advertising and asked for input from the group. Dr. Slemp asked if local partners have been linked with the planning calls. Chairperson Upson confirmed that partners have been added to the calls for each area.

Chairperson Upson reminded the group that the next meeting will be held on Thursday, May 28 at 7:30 a.m.

The meeting adjourned at 8:37 AM.

Respectfully Submitted,



Michelle Petties  
Executive Assistant  
HHOMA