



**H**erbert  
**H**enderson  
**O**ffice of  
**M**inority  
**A**ffairs

## COVID-19 Advisory Commission on African American Disparities

### MINUTES

June 11, 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)  
Reverend James Patterson, Institute Church of the Nazarene  
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 Slemp, Bureau of Public Health  
Pastor Rahsaan Armand, Mt. Zion Missionary Baptist Church  
Owens Brown, State Conference of NAACP  
Keisha Saunders, Tug River Health Clinic

**Call to Order:** Chairperson Jill Upson called the meeting to order at 7:30 a.m. and proceeded with welcoming the Commissioners and presenters.

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

Dr. Slemp stated that the reports for Week 3 and Week 4 have been posted electronically and that a link was sent out to the task force. The reports may be accessed online at <https://dhhr.wv.gov/COVID-19/Pages/communities.aspx>. Dr. Slemp stated that the reopening of the state began quickly, and West Virginia is ready. She shared that there have been outbreaks recently in four churches. Dr. Slemp stated that the recent outbreaks have occurred as a result of the affected churches not following the suggested protective measures of wearing masks and distancing. She agreed that it is challenging to reconvene in church without physical connection. She stated that the outbreaks are not unique to the church setting, but that it emerges quickly. Dr. Slemp added that the virus is present and real, but manageable if

precautions are taken. She concluded by stating that it is important to find ways to protect each other while regathering.

Chairperson Jill Upson asked Dr. Slemp if there have been other “upticks”. Dr. Slemp responded by stating that worksites have shown a rise. Overall, there are still some communities with high, but fairly steady levels in the Eastern Panhandle, Berkeley County, Jefferson County and the base of the Panhandle. Dr. Slemp concluded by stating that most of the smaller outbreaks have occurred in churches and worksites.

Chairperson Upson reminded the group to use the ‘raised hand’ function in Zoom. She stated that only members will be able to speak and everyone else is welcome to submit questions and comments by typing in the chat box.

Reverend James Patterson shared an update on the two testing events at Cabin Creek Health Systems and Family Care. At Shiloh, 41 out of 51 tested were people of color and 44 out of 47 tested were people of color on the West Side of Charleston. He stated that Dr. Slemp had commented about the importance of testing at the community level. Rev. Patterson’s agency, PAAC, is qualified to provide testing. He stated that PAAC received requests to provide testing at an apartment complex that houses approximately 400 people and another request to retest on the West Side; both in Charleston. Rev. Patterson asked how the task force could enable PAAC to provide testing in communities of color. He shared that he believes that teams of color should be providing testing in the communities of color.

Secretary Bill Crouch stated that Rev. Patterson’s community test efforts were a great idea. The details of obtaining test kits and the logistics will need to be worked out. He shared that goal of the task force is to work hands-on with groups that know where to test in the communities.

Dr. Slemp asked about PAAC’s role in the testing events and the process to set up the testing. Rev. Patterson shared that it began with discussions with local Pastors and congregations. Announcements were aired on the radio station that PAAC operates in Charleston. He added that children in the afterschool program helped to distribute flyers in the community. He stated that PAAC chose the site and coordinated with local Pastors. The provider supplied the testing kits and staff. He proposed a staff of one registered nurse, one CNA, one person to register and a driver. He shared that his proposal is to have one African American team in the southern part of the state, one in the northern and a Hispanic team in the Eastern Panhandle to provide community-based testing.

Dr. Slemp added that Rev. Patterson’s plan is a creative approach. Rev. Patterson stated PAAC would like to provide people of color to staff the testing events. He added that there is value in seniors seeing people at the testing events with whom they can identify.

Secretary Crouch stated that Rev. Patterson’s work is beyond task force and would have to be added to the list for those organizations requesting funding. Secretary Crouch advised that the CARES fund is available for cities and counties at this time. There will be more funds available that will allow entities to apply.

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

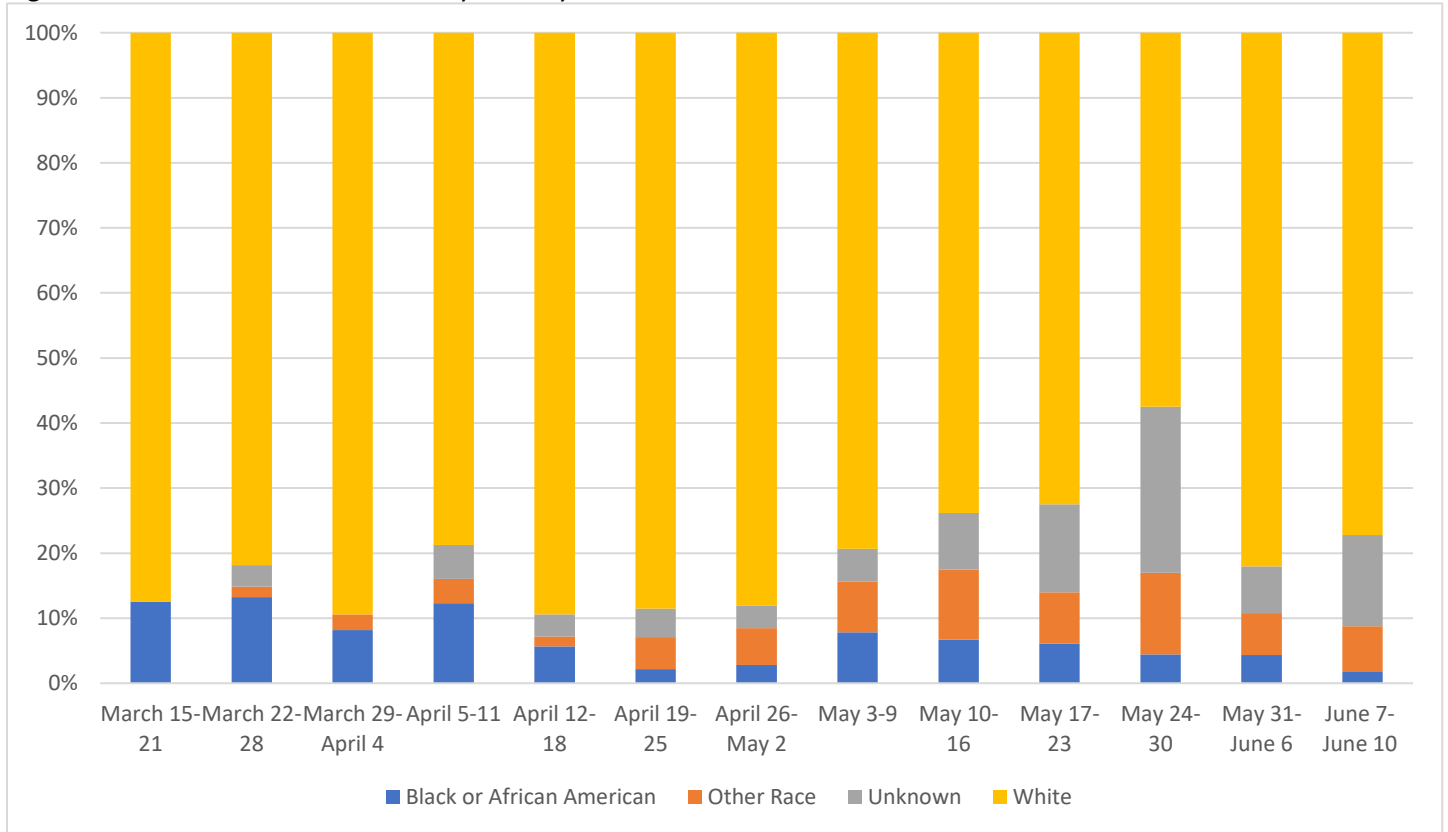
Chairperson Upson welcomed Dr. James Arnaez to the call, who will replace Dr. Sarah Sanders as Epidemiologist on the task force.

Dr. Sanders reported that the data shared today is preliminary and was accessed through the WV Electronic Disease Surveillance System (EDSS) on June 10, 2020. The following report was provided:

Only West Virginia residents are included in the positive cases.

- OEPS has started reporting active and recovered cases.
  - Active cases include people who currently have symptoms associated with COVID-19 or do not have symptoms but are in the isolation period after a positive diagnostic test.
- This is a way to assess the current disease level within communities.
  - One source cites that 81% of cases recover in 10-14 days, 14% recover in 15-30 days, and 5% recover in two months (<https://coronavirus-resources.esri.com/datasets/UrbanObservatory::covid-19-trends-in-each-country>).
  - This means most active cases are people who were diagnosed within the past two weeks.
- Other Race captures anyone who does not identify as African American/Black or White.
  - Race is self-reported.
- Data was accessed on 6/10/2020.
- Some numbers are small, and caution is needed for generalization and interpretation.
- The number of new cases were summed for each week from March 15 to June 10, starting with the week the first positive was reported.
  - There had been 12 full weeks since the first positive case in WV had been reported.
- For the 1<sup>st</sup>, 2<sup>nd</sup>, and 4<sup>th</sup> week since the first case of COVID-19 was identified in the state, over 10% of cases were in African American's. There was a decrease in the percent of new cases until May 3-9, which had an increase of percent of new cases in African American's. Since then the percent of new cases in African American's has decreased.
- However, the percent of new cases in Other Races has increased since April 12-18.
- The proportion of case with Unknown race has also increased, with 25% of new cases in the week of May 24-30 with Unknown Race. This is likely due to the prison outbreak in Randolph County.
- Four counties make up 74% of all Unknown Race, Berkeley, Jefferson, Kanawha, and Randolph.

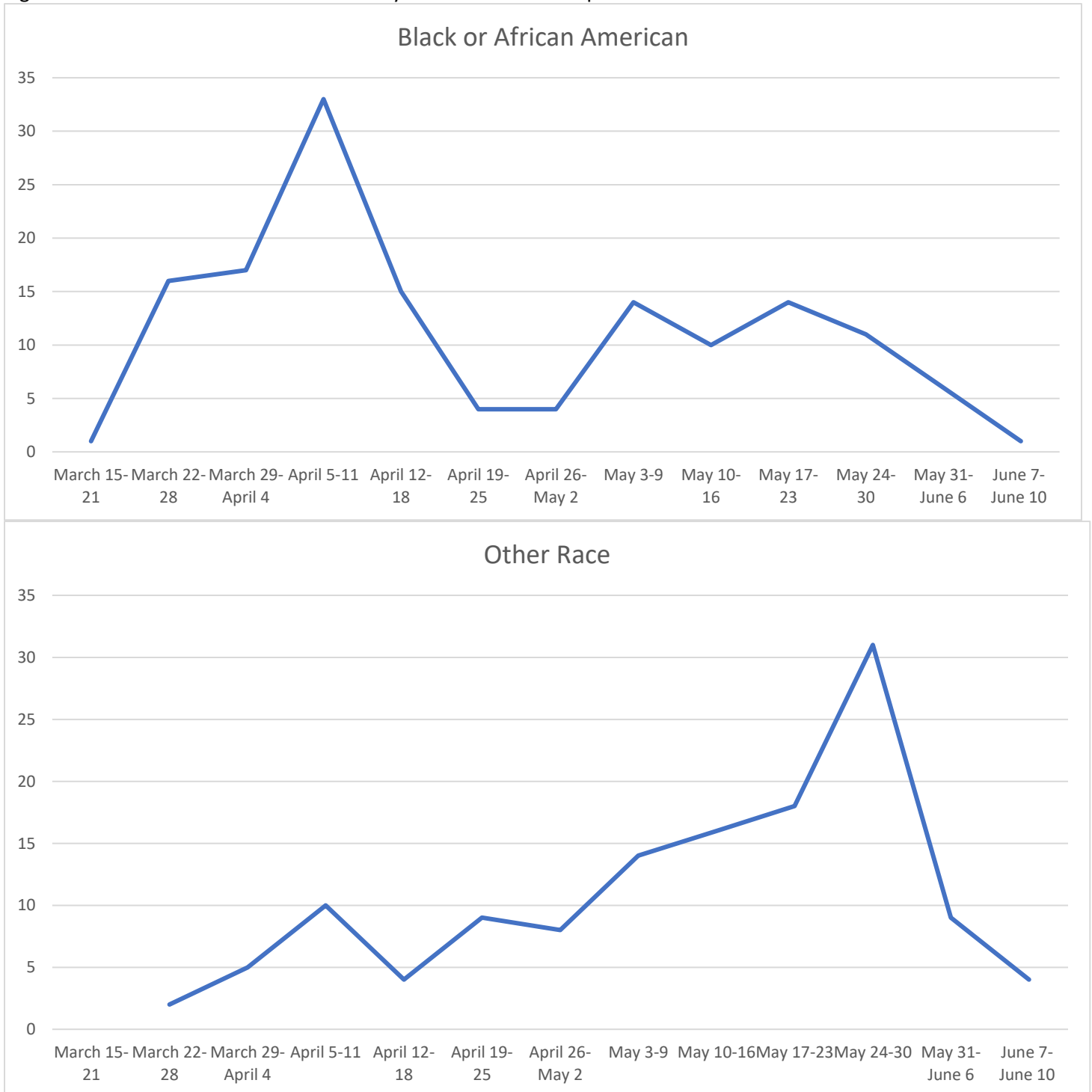
Figure 1. Percent of COVID-19 Cases by Race by Week.

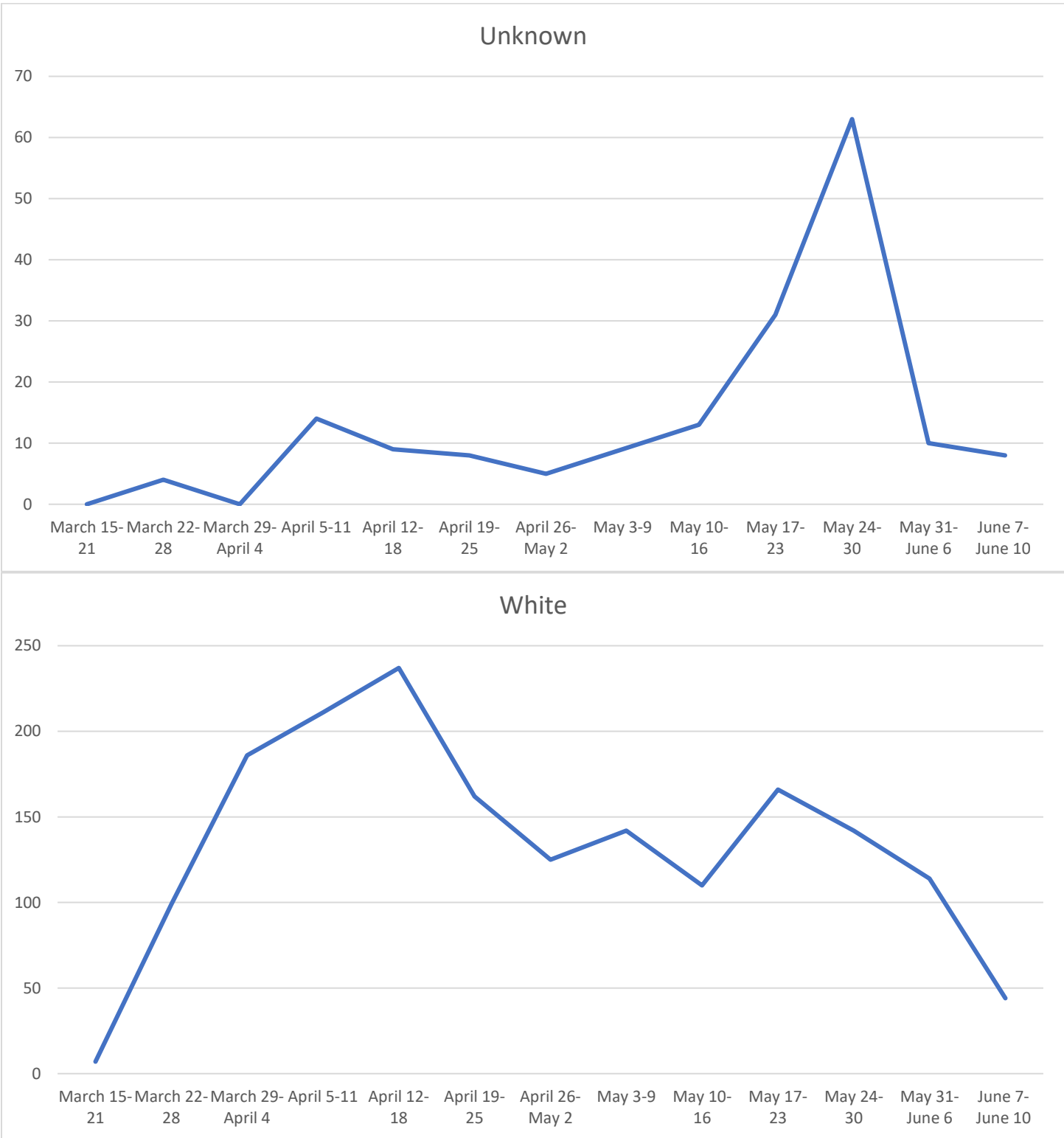


Data Source: WVEDSS accessed 6/10/2020

- While percent of new cases is an important indicator, the number of new cases by week also tells us a lot.
- Each race has shown a distinct pattern of new cases by week since the pandemic was identified in West Virginia.
  - The number of new cases in a week was greater late March and early April for African American's, while Other Race and Unknown Race cases have increased recently.

Figure 2. Number of New COVID-19 Cases by Week for Race Groups.

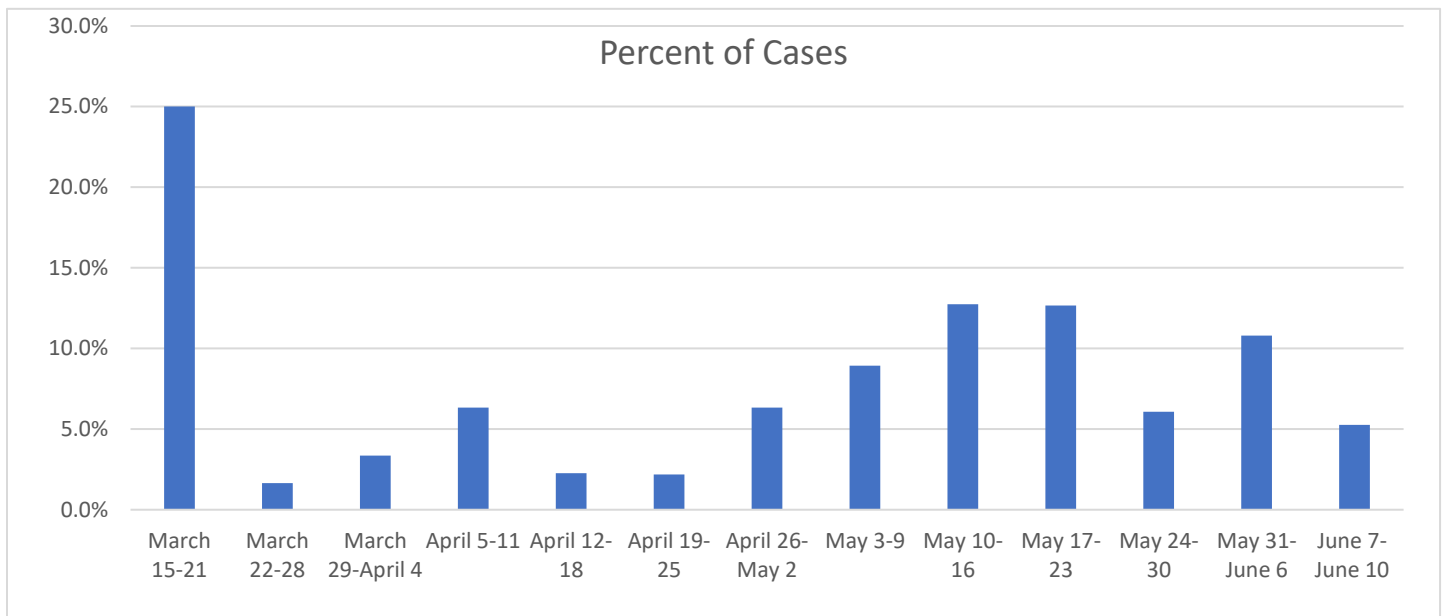




Data Source: WVEDSS accessed 6/10/2020

- Even though the first week of COVID detection in the state had 25% of cases that reported Hispanic ethnicity, it is important to remember total numbers diagnosed during that week was low.
- An increase in the percent of Hispanic cases started to increase April 26 – May 2.

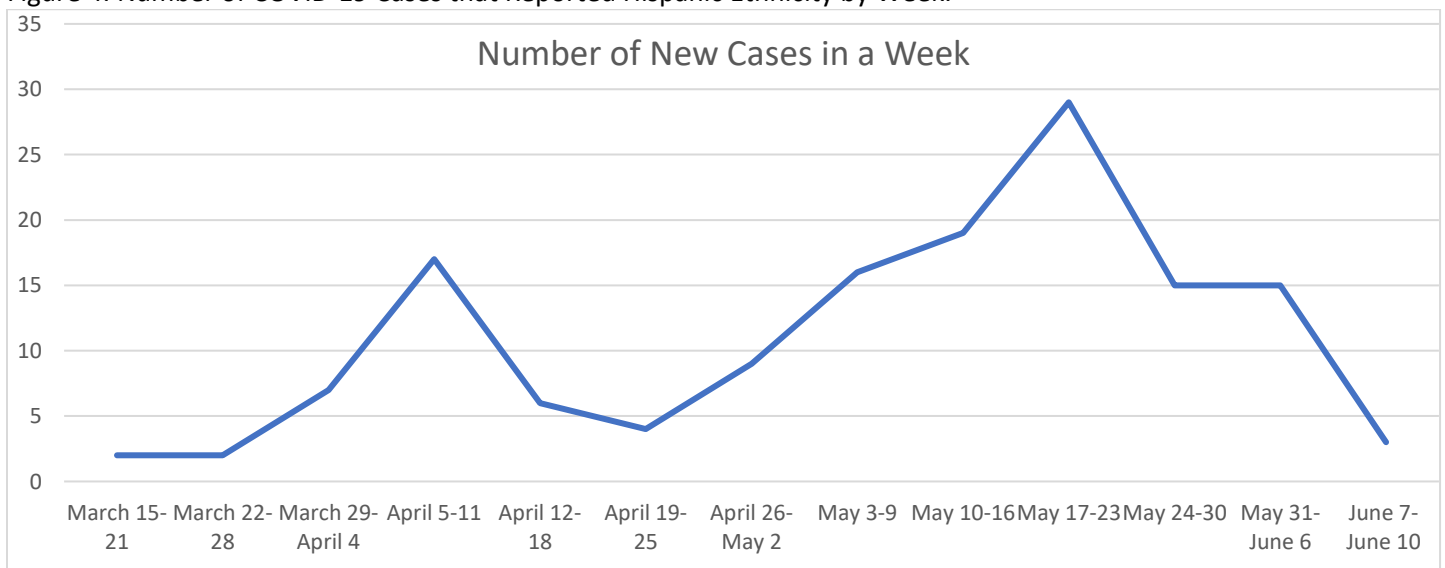
Figure 3. Percent of COVID-19 Cases that Reported Hispanic Ethnicity by Week.



Data Source: WVEDSS accessed 6/10/2020

- The number of new cases increased in Hispanics showed a smaller peak at April 5-11, and a larger peak at May 17-23.

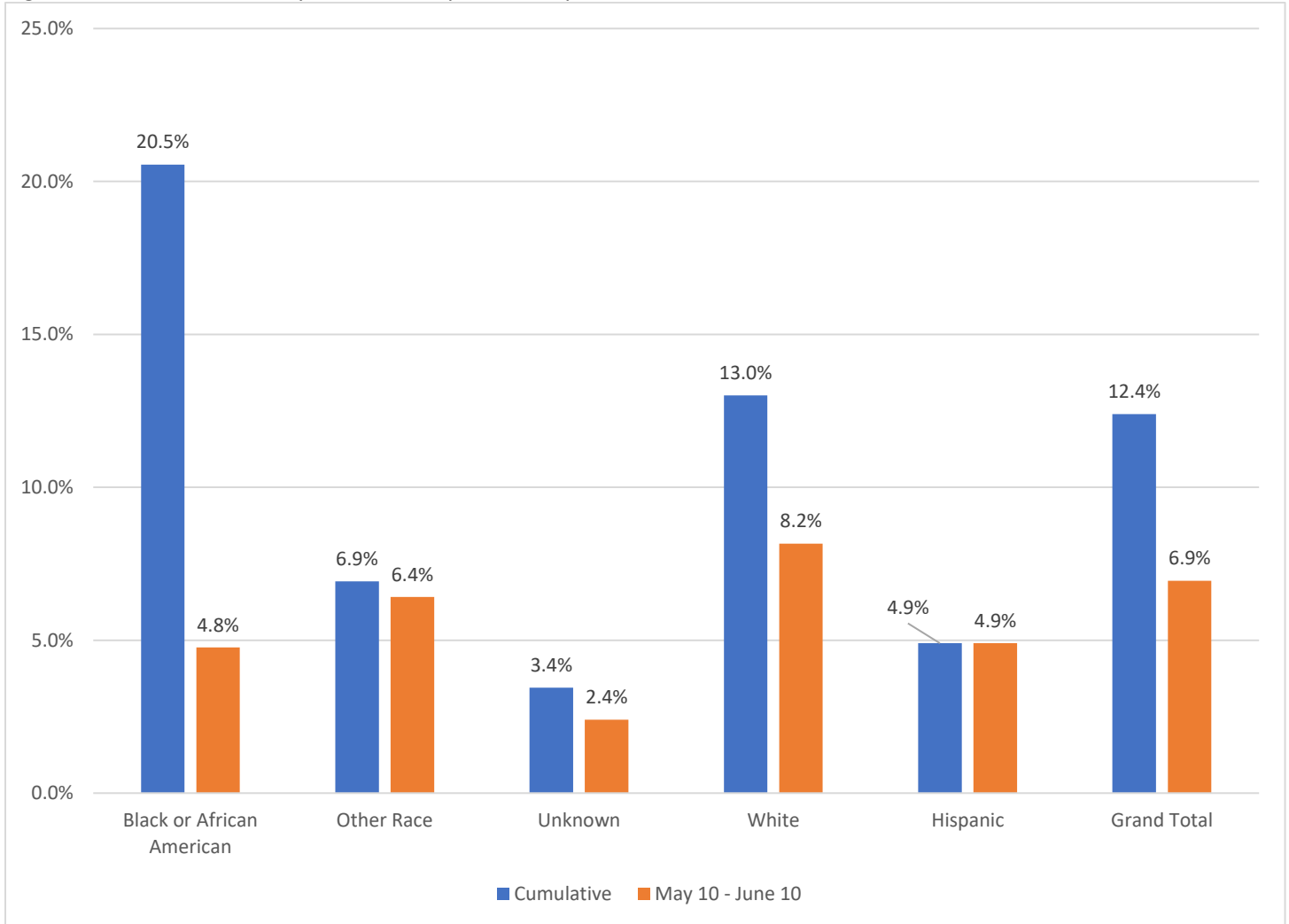
Figure 4. Number of COVID-19 Cases that Reported Hispanic Ethnicity by Week.



Data Source: WVEDSS accessed 6/10/2020

- As testing has expanded and increased testing has occurred, reported hospitalization has decreased for most races.
- Additionally, as different populations contract COVID-19 there could be differences in risk factors which can affect the need for more intensive treatment.
- Overall, 21% of cases in African Americans reported hospitalization. However, only 5% reported hospitalization in the past month.

Figure 5. Percent of Cases by Race that Reported Hospitalization.

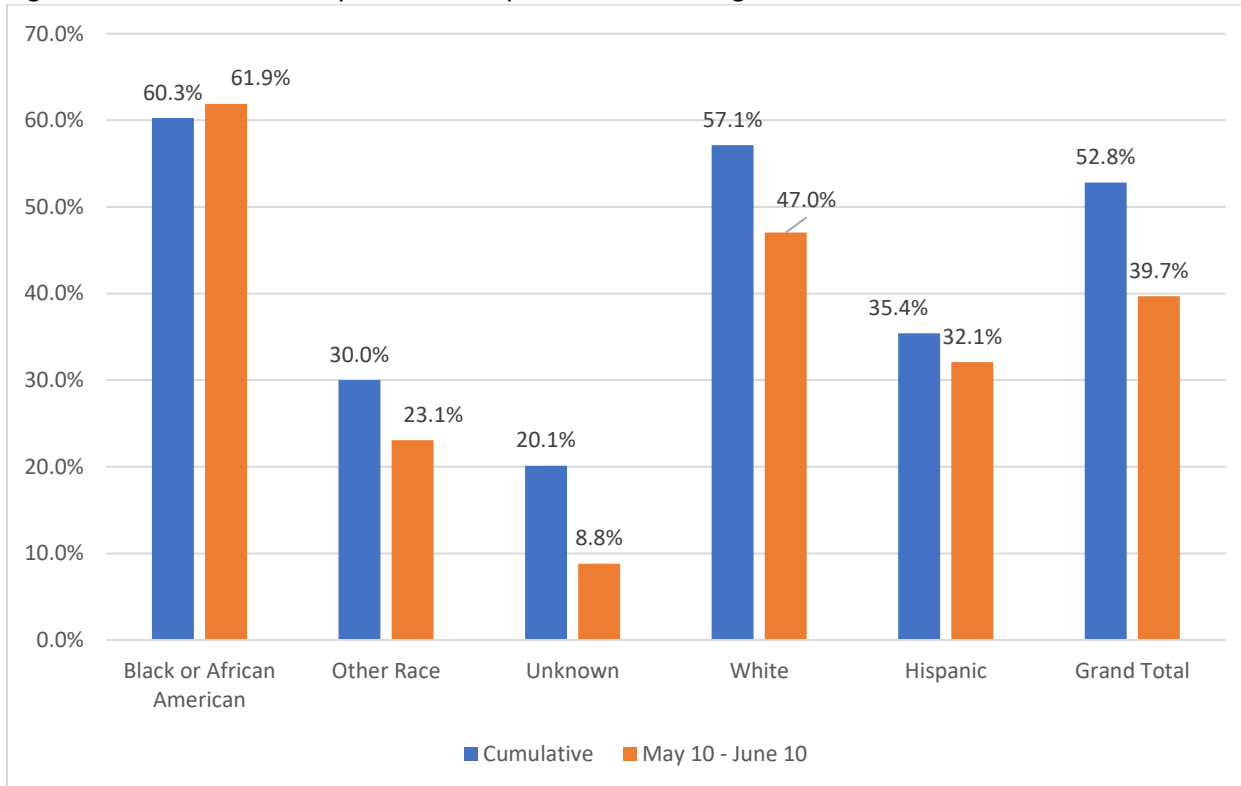


Data Source: WVEDSS accessed 6/10/2020



- Preexisting medical conditions put people at risk for more severe consequences of the disease.
- All races but African American saw a decrease in reported preexisting medical conditions in the past month compared to cumulative data.

Figure 6. Percent of Cases by Race that Reported a Preexisting Medical Condition.



Data Source: WVEDSS accessed 6/10/2020

Dr. Sanders reported that this will be her last meeting with the task force. She shared that her replacement, Dr. James Arnaez, is a doctorate-level Epidemiologist in the Bureau for Public Health. The Chair shared that Dr. Arnaez serves on the Herbert Henderson Office of Minority Affairs' Advisory Board. Dr. Arnaez chatted that he is unable to introduce himself over voice this week, but is looking forward to working with everyone.

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

LTC McGonegal stated that there have not many changes recently. There has been continued collaboration to secure site locations and ensure the right amount of care providers for the anticipated number of testers. She shared that the testing events may return to locations as needed. The WVNG has been on the supportive role and encouraging community involvement at the testing events to ease the anxiety experienced by testers. LTC McGonegal concluded by adding that the WVNG has adjusted to community needs and willingly held testing events mid-week.

Chairperson Upson mentioned that Marion County distributed masks as the testers came up or exited. The Chair asked which way works best. LTC McGonegal stated that it has happened both ways. She concluded by stating that the WVNG has provided approximately 500 makes per event, but has allowed the community partners to distribute them.

**Harrison County Update – Pastor Rahsaan Armand, Mt. Zion Missionary Baptist Church:**

Pastor Armand stated that over 1,000 people were tested in Harrison County, which was the target range. He worked closely with the local health department, fire departments, police departments and EMS teams. A rehearsal was held the day before the event and was attended by the local media. Romelia Hodges was extended her support for the Harrison County testing. Pastor Armand shared that there was a consistent discussion of the fear of the long swab and skepticisms of the accuracy of the short swabs. He stated that there were some challenges of dealing with the concerns and fears of the community. He concluded by sharing concerns that the report of 100% negative test results may cause a false sense of security in the county. Chairperson Upson stated that the turnout in Harrison County remarkable.

There was in depth discussion about COVID messaging. Dr. Clay Marsh asked if Pastor Rahsaan Armand would do anything differently if given an opportunity to retest. Pastor Armand replied that he would inform and educate the public about COVID and the accuracy of the testing. Dr. Marsh asked how to educate and inform in between the testing events. The messaging, along with how and what is being said, is important. Dr. Marsh commented about the need to demystify the fears of the community. Pastor Armand responded by stating that a solution would be to enlist celebrities to cosign the messaging and then relay the message in an understandable way. Sometimes the language used by the task force and medical professionals can be intimidating and misunderstood. Pastor Armand concluded by stating that it would be most helpful to use grassroots personalities to cosign the message in between the events.

Secretary Crouch added that one of the areas in which the task force was created to address is helping people understand the benefits of testing. Consideration should be given to providing the education and benefits of COVID testing statewide. Pastor Armand stated that COVID should become as common of a discussion as HIV. It must become a regular part of conversations.

Dr. Slemp mentioned having discussions about a media plan with Allison Adler, Communications Director of DHHR. She invited any members that may be interested to work with DHHR on developing public service announcements, key messages and communications. Dr. Marsh requested input from the task force to identify people to feature in the public service announcements. Chairperson Upson asked for the task force members to email any suggestions and she will compile and forward to Secretary Crouch.

Chairperson Upson read a comment posted in the chat by Dr. McGill from Berkeley County. There is a concern about surges with reopening and the reluctance to test with the shorter swap might become an issue. The Chair also share a commented posted by Sharyn Carey. The perception that the short swab is of lesser quality and reserved for poor people and people of color. The Chair added that she hears the same concerns on a weekly basis for various testing sites. She advised that there is a great need to get ahead of the short swab myth.

Pastor Armand asked if there is an option for testers to choose which swab will be administered. Dr. Marsh stated that there should be an opportunity to choose between the swabs. Part of the issue is availability of the different types of swabs. If there is enough of a viral load, the virus should extend to the shorter swab area. Dr. Marsh added that, eventually, people can administer the shorter swab by themselves. The longer swabs require a second person to help perform the test. There is hope that tests can be given at a local pharmacy or at home; like a swab for strep throat or influenza. He concluded that, as transition takes place, there will need to be a PSA to help people understand that these are equally effective strategies to test for COVID.

Pastor Armand asked for a recommendation to combat the false sense of security since Harrison County has tested 100% negative. He stated that fewer residents are social distancing and wearing face coverings. Dr. Marsh stated that people have freedom to choose; complacency and fatigue related to COVID is happening around the country. He reported that nineteen states are experiencing upticks; nine states have an increase in ICU patients, while Arizona has activated its emergency medical plan to expand ICU capacity. Dr. Marsh shared that COVID will likely decrease over the summer when people are outside and in UV light. So far, 110,000 people have died from COVID in the United States. Dr. Marsh stated that the data is clear about the benefits of social distancing. He shared that he feels It can be reinforced, but that unfortunately, it may be learned by experiencing a second wave. He stressed that the community

leaders play a massive role. Dr. Marsh concluded that, as a physician, he cannot tell people what to do, but can model the ideal behaviors.

Dr. Slemp stated that that it is know that COVID is still here and that we must learn to live in balance with it; loving and caring of each other considering the situation. She added that it is a different world to manage, even with the lower disease levels experienced in West Virginia.

Dr. Marsh expressed gratitude for Chairperson Upson’s leadership with the group and within the state. The Chair expressed her gratitude for the remarks.

Mike Jones stated that people consistently spoke about the discomfort at the testing site at the Shawnee Sports Complex in Dunbar. He agreed that it was painful, yet he tried to explain to others that it was an uncomfortable and unusual feeling. He mentioned that very few spoke of the difference in the swab lengths. Although the testing event was well attended in Dunbar, Mr. Jones requested more time to prepare and advertise before the testing events.

Secretary Crouch acknowledged that Mr. Jones’ request was an area of focus. He stated that they will try to give a two-week notice, but can try to release the dates a little sooner. Dr. Marsh added that it may be beneficial to share with people that the short swab is effective and much more comfortable.

There was additional in-depth conversation around COVID messaging. Romelia Hodges shared that her career is in Communications and motivational speaking. She stated that it is ideal to speak to the audience at a language that is close, intimate and personal to them. The current messaging does not resonate with the community. Ms. Hodges recommended going into social clubs, unions, social media circles and other smaller circles to spark the conversations. She then added that leaders and personalities could meet with the heads of the circles and the information be disseminated to the people from there. She spoke of a conversation at the Harrison County testing site with a local resident in which she shared that she was the face of COVID and discussed asymptomatic carriers. Ms. Hodges concluded by stating that there is a need for conversations that are more on the level of the groups.

Dr. Marsh suggested a social media channel discussing COVID in “plain talk”; hosted by community people. Ms. Hodges agreed that would be a great idea. She mentioned that Pastor Armand created a social media circle, which greatly contributed to the high attendance in Harrison County. Dr. Slemp added that she would help support the development.

LTC McGonegal commented that it would be beneficial for others to hear the recovery stories and personal experiences of losing loved ones to COVID. Dr. Marsh suggested recording some of the stories, “Faces of COVID”, as LTC McGonegal recommended. He suggested adding the video testimonials as part of the strategy. Secretary Crouch added that DHHR has the resources to develop the videos and that it should be added to the agenda. Chairperson Upson added that she would be happy to work with Emily Hammond from Commerce Communications to arrange the video in the studio in the Culture Center. Dr. Slemp brought up the concept of the video addressing what or who drives anyone to wear a mask.

#### **Ohio County Update – Owens Brown, State Conference of NAACP:**

Owens Brown began by stating that the projected participation was not met given the amount of advertisement released. He stated that it might have been due to the low number of positive cases causing a false sense of security in that area and that the conspiracy theories that are believed to be true. He stated that Wheeling is densely populated by African Americans. Mr. Brown shared that the testing event on June 19 and 20 at Reverend Cummings church will be better attended. A little over 500 people participated and the location was excellent; allowing people to walk up to the site. Mr. Brown stressed that the advertising should be more targeted.

Chairperson Upson reiterated that Secretary Crouch would try to give additional planning time for the testing events. Main Street Methodist, New Vision Church, First Baptist Church, Men of Mount Tabor, Women of Color for Change and Race Matters are community groups that have stepped up to help support the testing event in Greenbrier County. She

concluded by stating that the addition 5-7 days of lead time will make a difference in the second round of testing in Ohio County.

Mr. Brown explained that the church is a center of communication in the African American community. He added that communication is lacking due to churches, social clubs and organizations being closed.

Mike Jones recommended Jonathan Wesley, who recovered from COVID-19, for the Faces of COVID video. He also asked for clarification on the recent outbreak in the churches across the state. Dr. Slemp stated that there are 4 churches that have about 7-8 positive cases per location. At least one person has spread the virus to another 21 close contacts. Three of the four churches had not implemented any prevention measures, spacing or environmental cleaning. The fourth church had measures in place, but probably transmitted during pre- and post-fellowship gatherings. Dr. Slemp stated that outbreaks have not been reported in churches that have been following preventative measures.

Chairperson Upson stated that she would reach out regarding the video and for additional suggestions to a lot of the members.

Secretary Crouch requested that the messaging be added to the next agenda. He stated that the current messaging format is a little clinical and can be improved.

The meeting adjourned at 8:42 AM.

Respectfully Submitted,

Michelle Petties  
Executive Assistant  
HHOMA