



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

## COVID-19 Advisory Commission on African American Disparities

### MINUTES

June 25, 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  
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

**Absent:** Delegate Caleb Hanna, Nicholas County, House District 44

**Presenters:** Dr. James Arnaez, MPH PhD, Lead Epidemiologist - Health Statistics Center  
Owens Brown, State Conference of NAACP  
Secretary Bill Crouch, Department of Health and Human Resources (DHHR)  
Romelia Hodges, StriveN4  
Dr. Clay Marsh, WV COVID-19 Czar, WVU Medicine VP - WVU Health Sciences, Executive Dean  
Tiffany Samuels, WVU Cancer Institute

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

Chairperson Upson began the meeting by explaining the steps to access the 'Raise Hand' function in ZOOM. By hovering the cursor over the bottom portion of the screen, pressing the participants button and then select 'Chat'. She then instructed the task force to scroll past the participant names, select 'Options' and then select 'Raise Hand'. She requested that members follow this process to be unmuted to comment or ask questions.

#### **DHHR Update – Secretary Bill Crouch:**

Secretary Crouch began by stating that Dr. Slemp had given her resignation on the day before. He publicly thanked Dr. Slemp for her public service, commitment, and passion for improving public health in West Virginia. There is a lot of work yet to be completed and data collected. Secretary Crouch expressed his commitment to strengthening the task

force and continuing the work to combat the coronavirus disease. He stated that the numbers for the African American community are not good and will continue to investigate further. Secretary Crouch expressed his gratitude towards the task force members for their participation. Chairperson Upson added that Dr. Slemp was a tremendous resource and will be greatly missed.

**Updated – Dr. Clay Marsh, WV COVID-19 Czar, WVU Medicine VP - WVU Health Sciences, Executive Dean:**

Dr. Marsh began by stating that COVID is heating up across the country. It is now believed that the second wave of COVID outbreaks may not be as bad as originally anticipated. In 2007, Dr. Michael Osterholm, University of Minnesota, predicted a global pandemic. Dr. Osterholm believes COVID will be continuous until a vaccine is developed. Dr. Marsh stated that COVID may calm down during the summer months due to the hindering effect of UV lighting. He reported that California, Arizona, Texas, Florida, South Carolina, Louisiana and Alabama are experiencing a substantial increase in positive cases. New York is somewhat stabilizing as a result of the extended shut-down. Dr. Marsh shared that Connecticut, New Jersey and New York are requiring visiting travelers to self-quarantine for 14 days upon arrival. Several states have activated emergency expansion plans to increase the number of ICU and ventilator beds. Florida and Houston have very few ICU beds. Texas and California both had over 5,000 new positive cases on the previous day; comparatively, West Virginia has approximately a total of 2,600 cases.

Dr. Marsh shared that at least 80% of the population wearing masks would have the same effect as a vaccination. He explained that the R-value measures how quickly the virus is growing. It determines the average number of people that could be infected by a COVID-infected person. An R-value greater than one means that the virus is spreading, while a value less than one means that the virus is slowing down. He shared that the virus cannot spread through a person that is immune. Sweden has lost approximately 5,000 citizens to COVID by following a natural immunity approach. Dr. Marsh added that it is questioned if the coronavirus vaccines need to be an annual vaccination like influenza. In Asia, three feet or less of a distance for 15 minutes or more is considered to be a significant exposure. A six-foot distance is an additional benefit. Each 3 feet of added distance provides a benefit of reducing the infection rate by 2.2 times. Eye coverings and face masks are effective.

Dr. Marsh stated that economies benefit by the reduction of the spread of COVID. The R-value in West Virginia is greater than one, which means COVID is spreading, however the conversion rate is 1.67%, which is one of the lowest in the country. West Virginia is still in good shape. Dr. Marsh urged the task force to continue to role model protective behaviors. He mentioned that two hairdressers in Memphis wore masks while servicing 120 clients without spreading/infecting anyone. Dr. Marsh concluded by stating that everyone should wear a mask whenever in the presence of others; inside or outdoors.

The Chair asked if, considering the recent spikes, the information was incorrect that claimed that the UV light and higher temperatures would hinder the spread. Dr. Marsh compared COVID to the game called Whack-a-Mole. He stated that the challenge is controlling the spread as people are actively moving. The key is to test broadly to control the rate of spread and follow the increasing R-values. It is imperative to find people that are infected and spreading to others. Those that have tested positive must be identified and contact traced. Dr. Marsh explained that COVID's R-value is 2.5, which means that one infected person infects 2.5 others. The spread is compounding, which means that over a thousand people will be infected by one person with COVID in just 60 days. If uninterrupted, the spread continues to compound. In two more months, the one person will have infected 1,000,000 people; and 1 billion will be infected in an additional 2 months. Dr. Marsh further explained that if more than 3% of tested people start infecting others, it is impossible to keep up with the spread and everything must be shut down. This is what happened in New York City, Italy and Spain. The US has only 4% of the world population with a quarter of the overall cases and deaths. He shared that the European Union is considering banning travelers from the United States.

The Chair read a question submitted into the chat by Pastor Rahsaan Armand asking if masks are a substitute for the distancing. Dr. Marsh urged that all protective measures should be adhered to for benefits. Pastor Armand then asked if three feet is enough distance in a choir setting. Dr. Marsh explained that singing, coughing and sneezing accelerates the spread of particles. Sneezing can spread particles up to 100 feet; coughing and singing up to 6 feet. He stated that

56 of 62 members were infected at 2-hour choir practice. Dr. Marsh shared that the masks are less beneficial with forceful exhalation, but still better than going without a face covering. He advised to not have people stand front-to-back or facing each other in a choir setting. Outdoor settings are better because the particles are dispersed into the open air. While indoors, droplets can remain airborne for up to 15 minutes. Dr. Marsh stated that he would send some more detailed videos to Chairperson Upson.

Chairperson Upson mentioned that there would be another opportunity to discuss outbreaks in churches later in the agenda. She then introduced Dr. James Arnaez to begin his update.

**Minority Data Update – Dr. James Arnaez, MPH PhD, Lead Epidemiologist - Health Statistics Center:**

Dr. Arnaez began by asking Dr. Marsh what the resistant attitudes are towards wearing masks and how to target them. Dr. Marsh responded that the role modeling of positive behaviors is key. From a political standpoint, people can choose not to wear a mask. Wearing a mask is about protecting others; a sign of love, consideration and altruism. Dr. Marsh stated that the economy must be restarted; the economies, where COVID is controlled, are performing well. He stated that he feels the stigma of wearing a mask is evolving. It is up to us to protect ourselves and others until a more definitive treatment is developed.

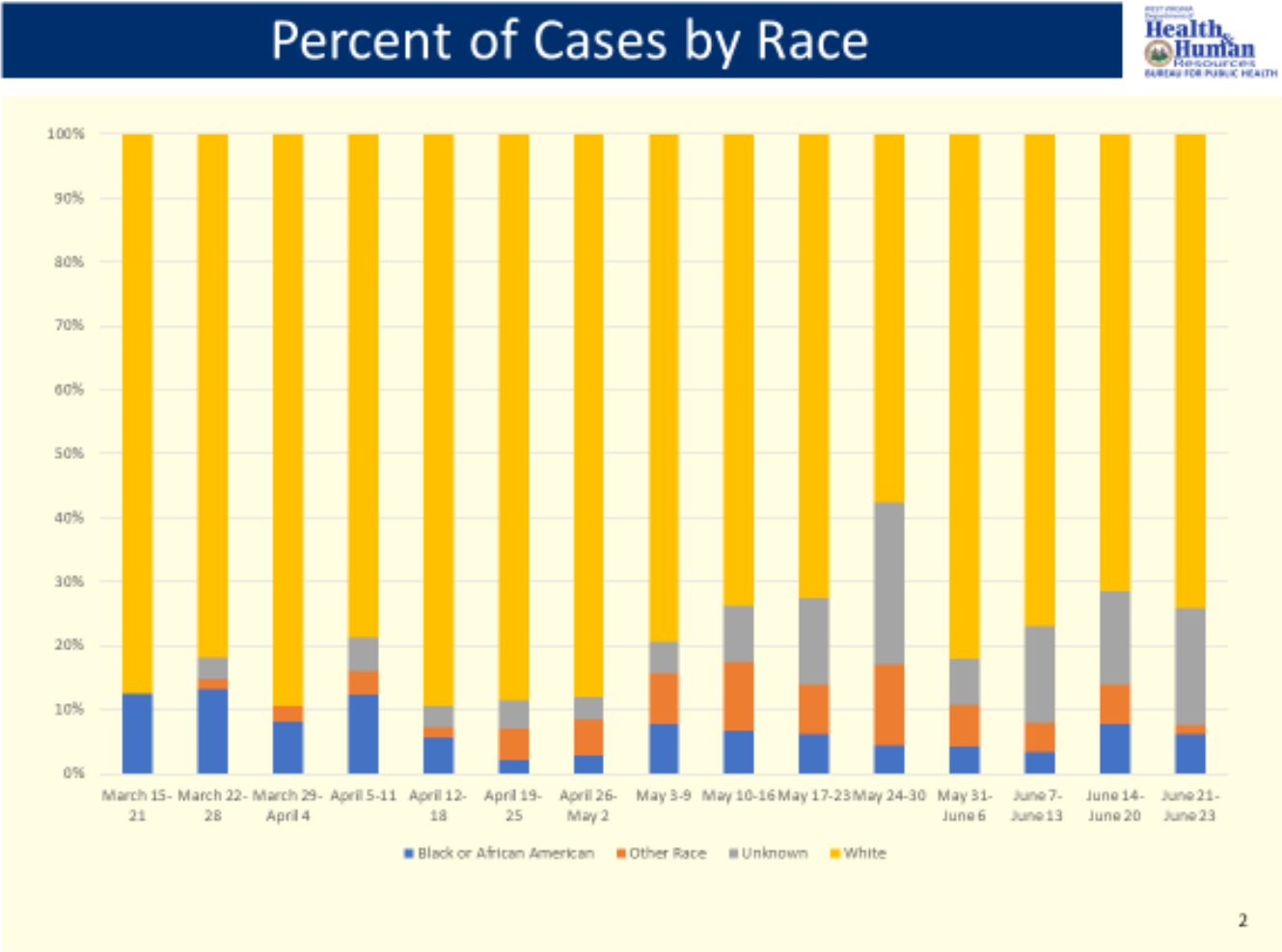
Owens Brown asked how to push back since the politicization of mask wearing is coming from the top. He stated that an organized PR campaign addressing mask wearing is needed. He asked if there was a marketing budget. Mr. Brown shared that Belmont County in Ohio, less than a half-mile away from his residence, has 632 positive cases. He then asked if there was a coordination of contract tracing being conducted between Ohio and West Virginia.

Secretary Crouch replied that it is a valid concern and Belmont County has been tracked over the last few weeks. He shared that contract tracing responsibilities are shared among the contiguous states. One of the first cases in WV was an Ohio resident who tested at a hospital in West Virginia. He noted that death records are sent to the county of residence. Secretary Crouch stated that DHHR is working on a public campaign, which is near the point of release.

Owens Brown asked if it would be helpful to look at the data from a regional perspective. Secretary Crouch shared that bordering cities such as Parkersburg, Huntington, Ohio County are looked at regionally.

Dr. Arnaez then transitioned to the weekly update. He reported that the data shared today is preliminary and was accessed through the WV Electronic Disease Surveillance System (EDSS) on June 23, 2020. The information is only accurate through the day it was accessed. The following report was provided:

Dr. Arnaez stated that there was a significant increase among the African American race during the week of June 14-20; an increase from 3.5% to over 7%. They will continue to watch the data to see if the pattern of the current week will remain consistent.



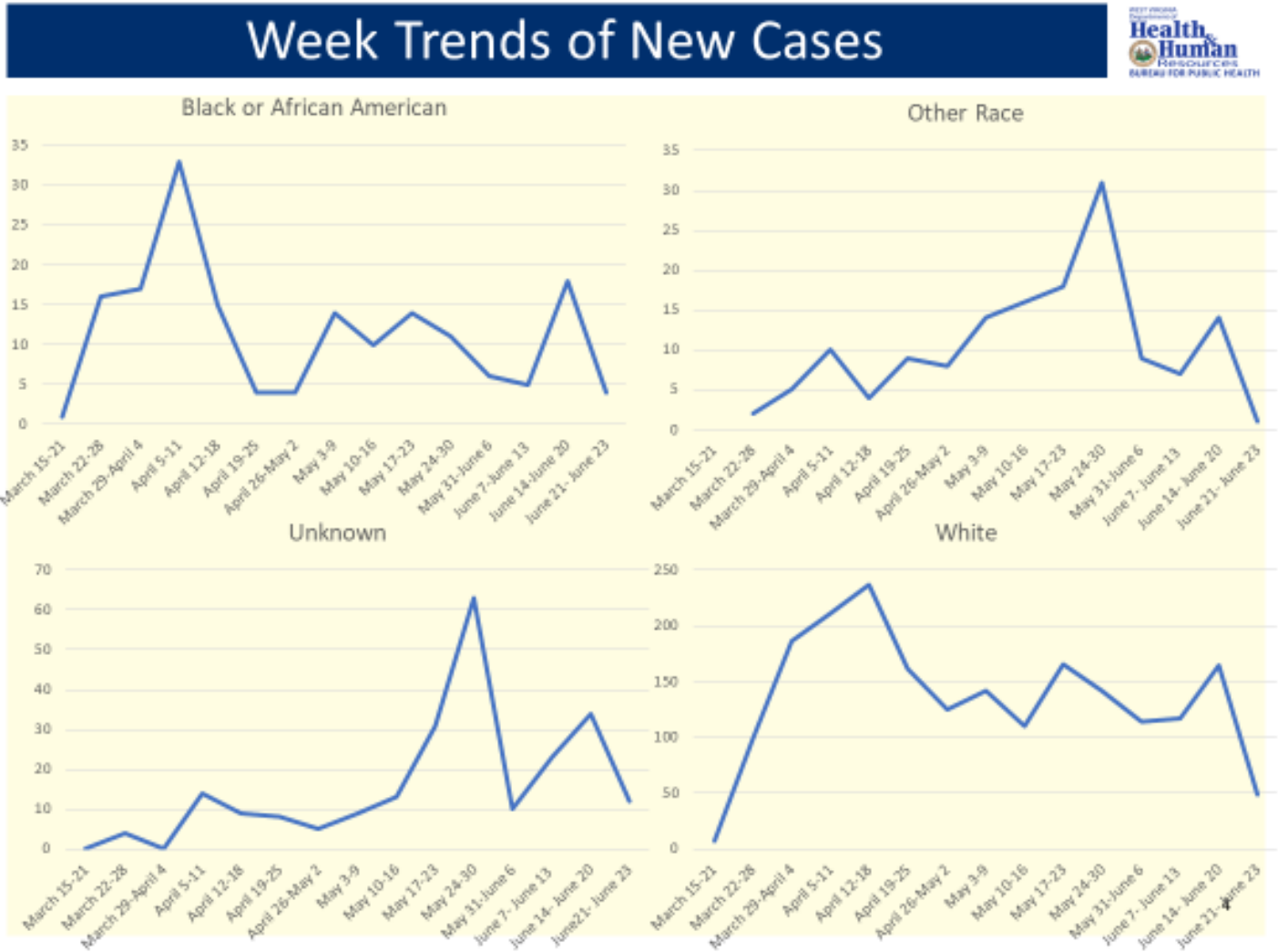
The original counties of Berkeley, Jefferson, Kanawha and Randolph were noted to have a larger proportion of Unknown Race cases. This week, there are a total of seven counties with a noticeable percentage of Unknown Race cases including Greenbrier, Monongalia and Preston counties.

## Unknown Race

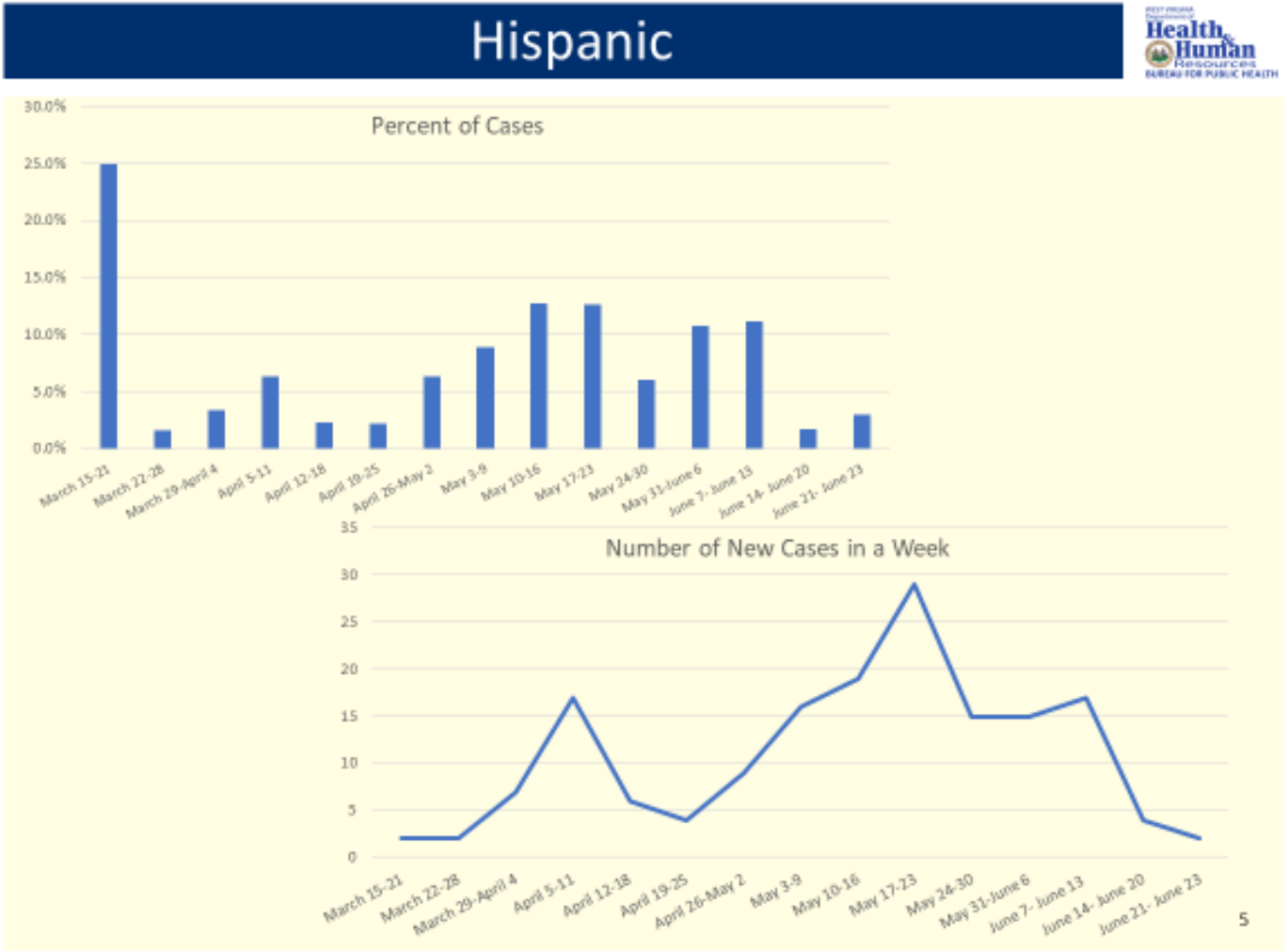
**Seven counties make up 71% of Unknown Race**

- Berkeley**
- Greenbrier**
- Jefferson**
- Kanawha**
- Monongalia**
- Preston**
- Randolph**

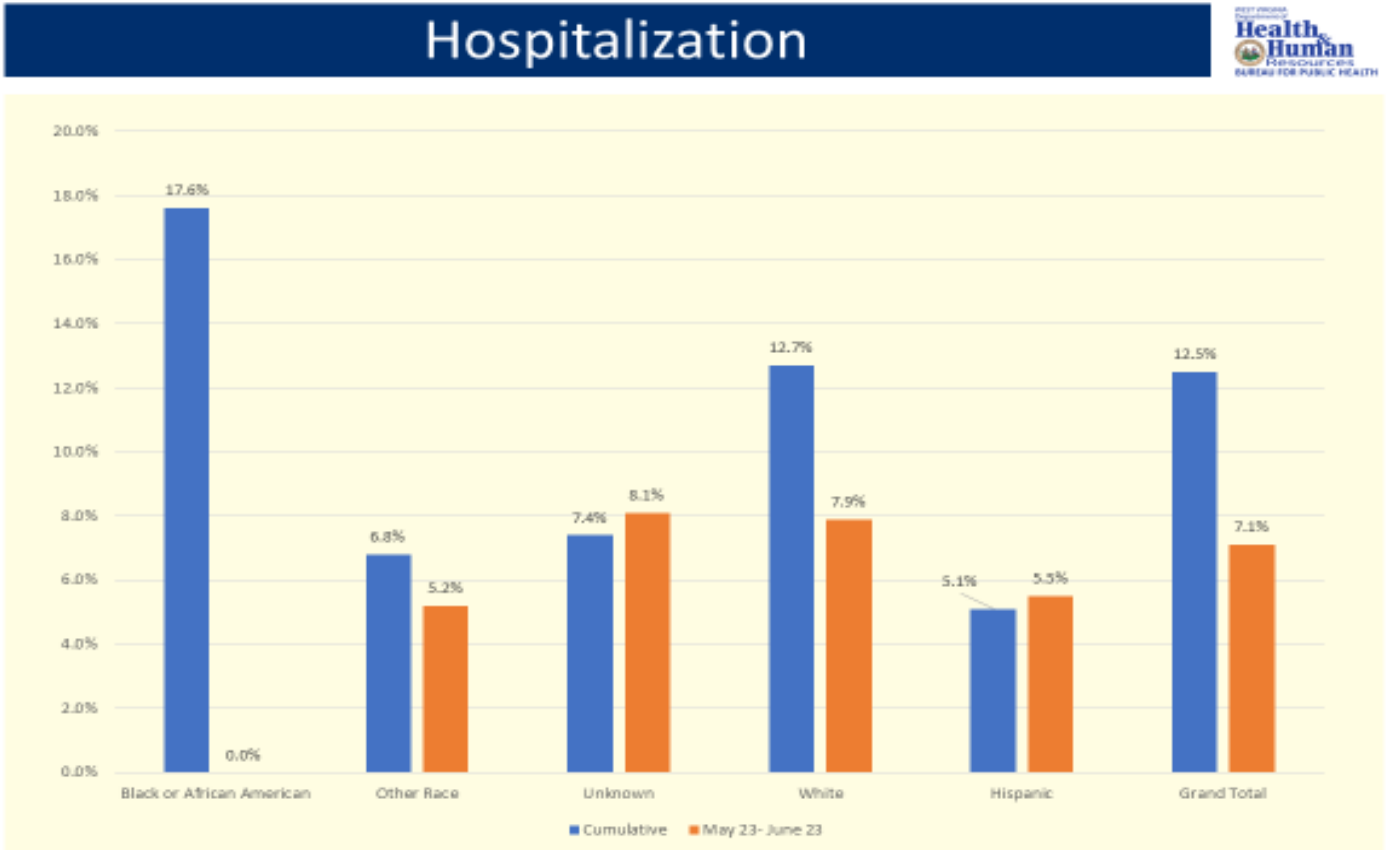
Dr. Arnaez stated that the Week Trends of New Cases shows that an increase in percentage occurred due to the increase of the positive cases in African American and Other Race categories; 18 and 14, respectively. The Unknown Race category has been increasing since May 30. There are approximately 160 cases in the White Race during June 14-20. He added that the increases may be directly related to the testing events.



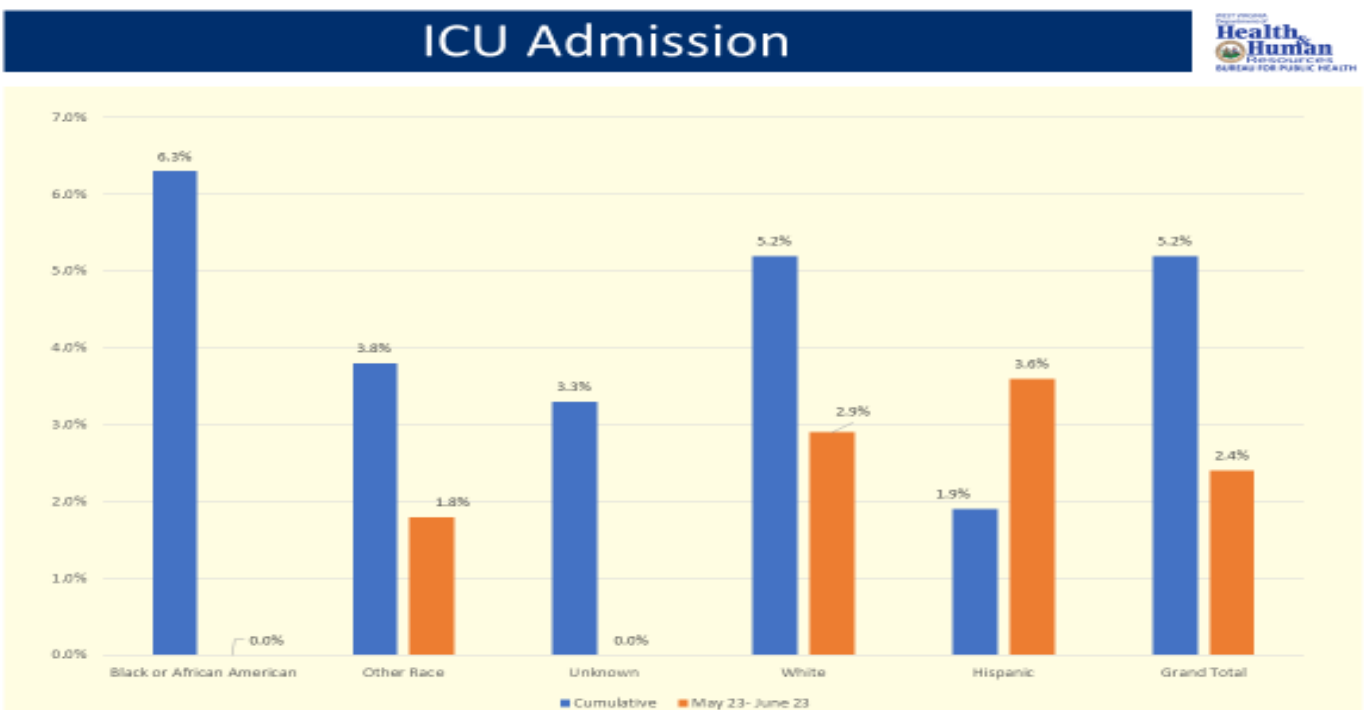
Only 1.7% of cases were among Hispanics during June 14-20, which was a significant decline. During June 7-13, there were 14 new cases; compared to 4 cases during June 14-20.



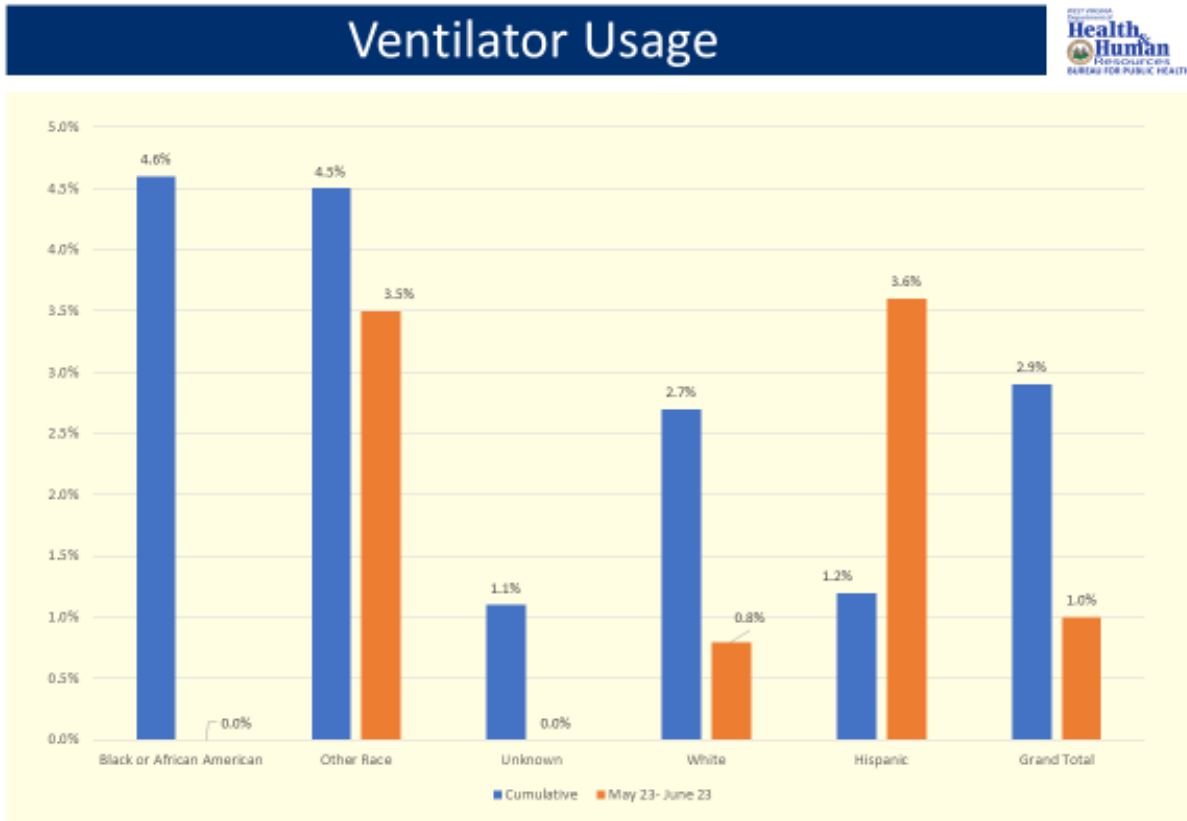
The cumulative total of hospitalizations are 12.5% of positive cases. Less than 18% of hospitalization are African American cases ; 6.8% are Other Races; 7.4% of Unknown Race cases; 12.7%, White Race; and 5.1%, Hispanic Race. Dr. Arnaez noted that there have been no hospitalizations among the African American cases during May 23-June 23.



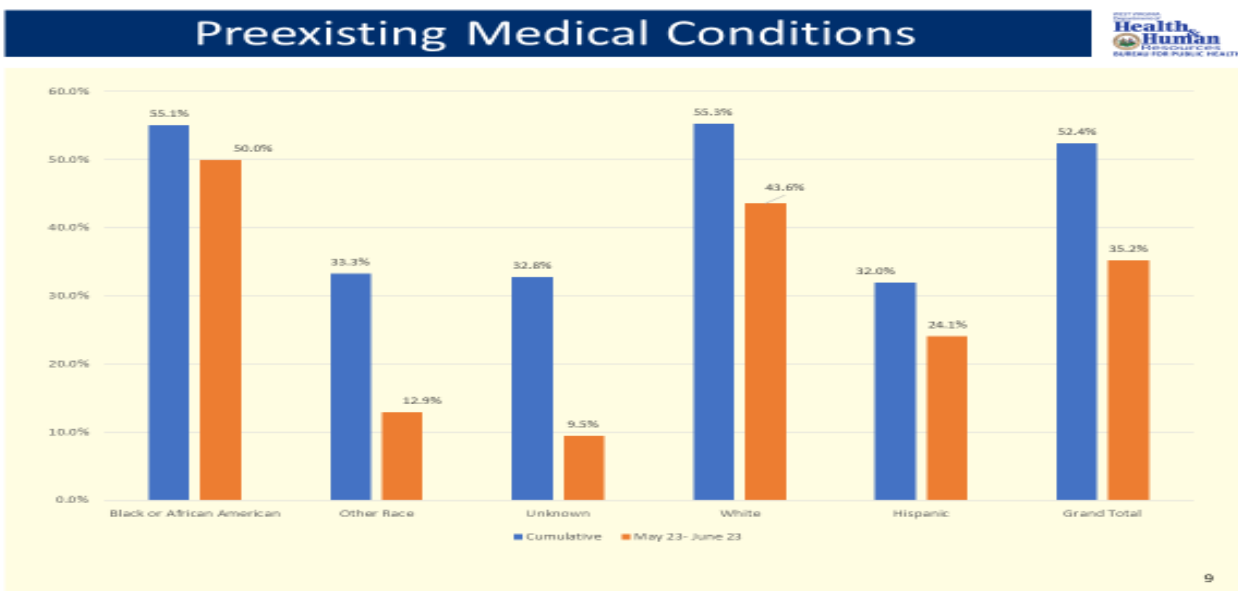
Dr. Arnaez stated that he has started reviewing the number of ICU admissions and ventilator usage. He cautioned that the numbers are relatively low given the fact that they represent only those who were hospitalized.



Dr. Arnaez stated that all Other Races had a similar proportion of ventilator usage as the African American race at 4.6%. The African American and Unknown Race groups did not have ventilator usage during the period of May 23-June 23. Hispanic residents had a 3.6 % ventilator usage, which could be due to when the ventilator usage occurred. Overall, in the past month, only about 1% of all cases required ventilator usage.

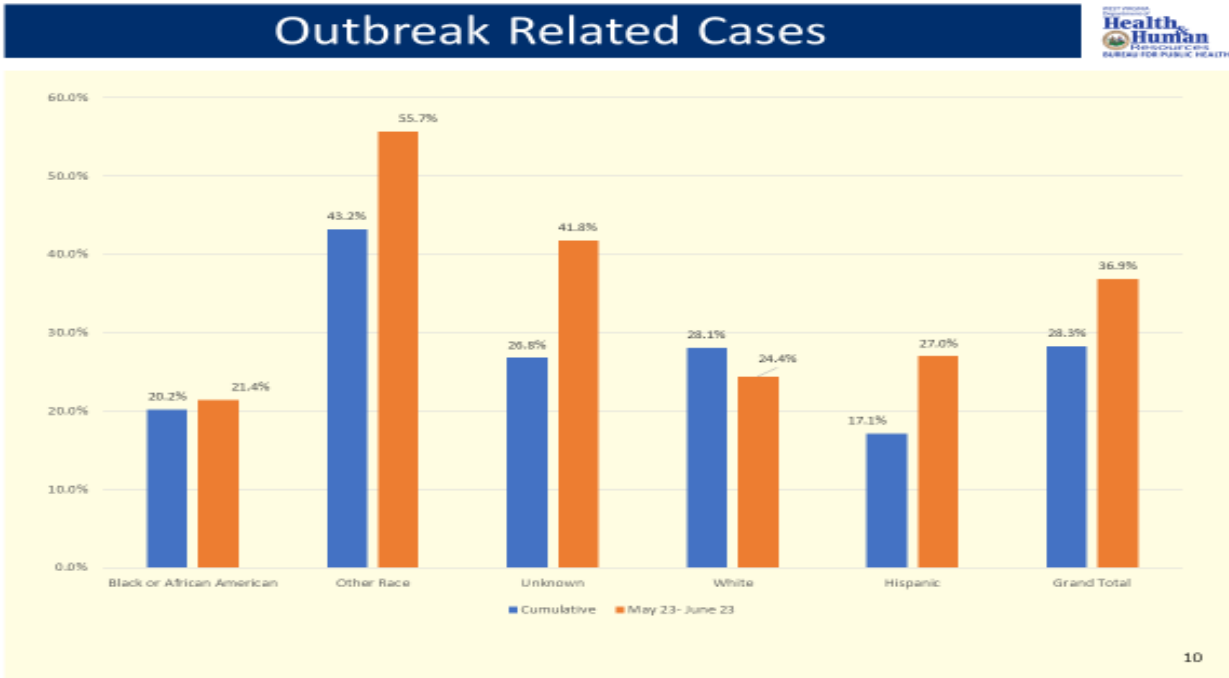


Dr. Arnaez reported that a little over half of all cases reported a pre-existing medical condition. He stated that African Americans are one of the highest with 55.1% having pre-existing medical conditions. The Hispanic, Other and Unknown Race groups have a similar proportion of approximately 33% having pre-existing medical conditions.





Dr. Arnaez reported that there was a slight change in the number of outbreak related cases among the African American race during May 23-June 23. He added that Hispanics had the lowest percentage of cases related to an outbreak at 17.2%. He noted that the Other Race category can include Native Hawaiians, Asians and anyone that falls under a broad race category.



Dr. Clay Marsh requested that the quantitative data be included in Dr. Arnaez’s reports going forward. Dr. Arnaez agreed to start including the quantities along with the percentages.

Reverend James Patterson shared that PAAC held another testing event in partnership with Family Care on Second Avenue in Charleston. He reported that 41 out of 44 people tested were People of Color. He also reported that, overall, 142 people have been tested; 91% were People of Color. He shared that he did not have the results of the tests to share. Rev. Patterson stated that he was tested with the short swab and suggested making the short swab standard at the testing events. He concluded by stating that he believed the turnout at the testing events would be larger.

Secretary Crouch stated that he would be happy to obtain the test results for Reverend Patterson.

Dr. Clay Marsh stated that people are starting to understand that the short swabs are as equally effective as the long swabs. Effectiveness in testing is equally as important as comfortability. He explained that, initially, the medical community had shared the same concerns about the effectiveness of the short swabs. Dr. Marsh shared that short swabs are being manufactured within the state, which will eliminate the dependency on external vendors. In general, there will be a move towards the short swabs.

Delegate Sean Hornbuckle asked which swab would be used for the testing in Huntington. Secretary Crouch explained that it would be dependent upon which swab would be provided by the labs for the testing. LTC McGonegal stated that she believed that the short swabs would be used in Huntington, since that they have been more widely used at the testing events. Delegate Hornbuckle added that he agreed with Reverend Patterson’s statement that the short swabs would boost more participation.

Romelia Hodges asked about the efforts to reduce the Unknown Race numbers. She noted that the Unknown Race category seems to be increasing. She then asked if the locations of the ICU admissions was obtainable by county or regionally.

Dr. Arnaez stated that he plans to start including a regional category and will be sure to include county data. Ms. Hodges asked if the ICU Admissions data is available today. Dr. Arnaez responded that he should be able to run that particular report.

Secretary Crouch added that the ICU data comes from the Hospital Association. He explained that, due to confidentiality restrictions, there are limitations as to what ICU information will be provided. Secretary Crouch concluded by stating that he will do what he can to get the information from the Hospital Association.

There was additional discussion about reducing the Unknown Race category. Ms. Hodges reiterated her concern about the increasing numbers across the board in this category. Secretary Crouch shared that he agreed and had asked the same question a couple of meetings ago. He expressed that his concern with the numbers, which are significant; relative to the other numbers. He explained that part of the issue is not having the information available on the form. It is difficult to obtain the information without an investigation of the individuals.

Dr. Arnaez deferred to Dr. Sarah Sanders, who has more information on the direct data collection process. He explained that he is mainly analyzing the data that is collected by Dr. Sanders. Dr. Sanders stated that Secretary Crouch responded accurately. She shared that case investigation is a process. The goal is to have the basic information completed within three days. Any cases within the 3 days prior may have the missing information. Dr. Sanders stated that she noticed that the numbers are associated with counties of higher quantities of cases. She added that this led her to believe that the missing information may be directly related to the worker's inability to complete the workload in time. She added that there has been work on improving the data quality in the community workforce.

Secretary Crouch added that the issue must be fixed on the front end, so that the data collection is more complete. It is difficult to back track the missed data. Secretary Crouch added that although there are some who refuse to provide the information, testing will not be denied. He then apologized for having to jump off the call due to a previously scheduled meeting.

**Community Gatherings Update – Mike Jones, Kanawha Institute for Social Research and Action (KISRA):**

Mike Jones, on behalf of the hosts, thanked the team for the expedited response in providing masks for the Juneteenth event in Charleston. He shared that it was a great turnout overall. He noted that over 90% of the people wore masks, which were accessible upon entering into the event area.

Dr. Marsh stated that he will need to leave the meeting at 8:45 PM for another call. He offered to answer questions on the chat.

Chairperson Upson introduced Tiffany Samuels who requested that a discussion about the outbreaks in churches be added to the agenda.

**Guidelines and Concerns Regarding Churches – Tiffany Samuels, WVU Cancer Institute:**

Ms. Samuels stated that she had a discussion with Dr. Marsh about their shared concerns regarding their outbreaks in churches. She suggested offering messaging, specific to churches, that provides the proper protocols for opening services, spacing and distancing for choirs, mask usage during services, available resources and alternative formats for services in the format of a FAQ, manual, or video. Ms. Samuels stated that she would use the information to share with her local pastoral leadership, as well as statewide.

Chairperson Upson shared that there are guidelines online that may not be as specific as what Ms. Samuels requested; which addresses the sermon, choir and other aspects of the service. Dr. Marsh expressed that the idea of addressing

churches is a great opportunity for the task force. The key is to recognize the powerful impact of maintaining the physical distance and mask wearing. He then expressed the desire for people to connect socially. There are guidelines that recommend seating people in every other pew and classroom seating should not be front-to-back. Dr. Marsh stated that offering a virtual alternative of access for those with a pre-existing medical condition is a smart approach. He stated that there are guidelines available on the Governor's website at [www.wv.gov](http://www.wv.gov). (Direct link to church guidelines: <https://coronavirus.wvgovstatus.com/2020.04.28%20ReligiousGuidelines.pdf>).

Dr. Marsh explained that a community of family protecting each other is the goal; not restricting personal liberties. Being seated in close-proximity facilitates the spread of the virus. He urged leaders and clergy to help spread the word. He stated that not everyone will adhere to guidelines, but that the outcome is safer for all if 80% follow the guidelines. Dr. Marsh stated that everyone should adhere because of the benefit of helping and protecting each other. He added that providing masks and other equipment is an added benefit. Dr. Marsh concluded by stating that each task member should role model positive behaviors as leaders.

Ms. Samuels stated that she agreed with Dr. Marsh about spreading the message. She asked how to proceed with spreading the message across the state given the size limitations of the task force. She mentioned creating PSA's and providing a resource list.

Dr. Marsh replied that, on the organizational level, the information on the Governor's website can be packaged differently and people could be recruited to do PSA's. He suggested connecting with a sub-group in the community to assist in their areas of expertise. Dr. Marsh mentioned that a surge in positive cases can be avoided if people voluntarily stay at home and follow guidelines. He concluded by stating that

Ms. Samuels shared that she informed the congregants when some of her local churches did not want to sanitize before reopening. Succumbing to the demands of their congregations, the pastors decided to have their churches sanitized. She concluded by stating that educating the congregation could assist in spreading the message and ensuring that the guidelines are followed.

Chairperson Upson announced Romelia Hodges to speak about her concerns for Monongalia County and Owens Brown would follow with discussion about the Hil-Dar and North Wheeling testing.

**Monongalia County Round II Testing Update – Romelia Hodges, StriveN4:**

Romelia Hodges reported that, while trying to setup additional testing, the planning team has been met with tremendous adversity in dealing with the local Health Director. She stated that the Health Director did not feel that retesting was needed. The health department is allocating all resources towards preparing to test WVU students when classes resume and would not be able to retest the African American population until September or October. Ms. Hodges stated that, due to the short notice, only 8% of tests in Morgantown were of the African American race. She stated that, as a task force member, she feels retesting in Monongalia County is very necessary. She asked if there was a way to offer testing without the help of the local health department in Monongalia County.

Dr. Marsh stated that he had spoken with Lee Smith. Dr. Marsh expressed that he feels that a compromise is possible and that he is trying to be sensitive to everyone involved. He mentioned that mobile testing may be an option. He stated that he is a volunteer and privileged to help. Everyone is doing a great job under the pressure and stress. Some may not be embracing in the same way and may be perceived to not be onboard with the process. He concluded by stating that he loves the group because, although the skin colors are not the same, there is love for one another. He expressed his appreciation for the group and his delight in helping.

Chairperson Upson stated that she had contacted the Marion, Taylor, Harrison, and Doddridge County Health Departments. Taylor County offered their assistance in setting up the testing.

LTC Tanya McGonegal mentioned that the WV National Guard prefers to work with the local health departments, but that there have been instances when that was not possible. She shared that Task Force Cre has been offering PPE training for businesses and may be able to include churches. It is a “Train-the-Trainer” style video, which has been shared outside of West Virginia. She suggested that requests be made at the Task Force Cre meetings and they will try to get it scheduled.

**Ohio County Round II Debrief – Owens Brown, NAACP:**

Owens Brown stated that he was retested at the Hil-Dar testing event. He shared that the WV Nation Guard and volunteers were very nice and helpful. He asked about the efforts to outreach the undocumented community in the state. Chairperson Upson stated that it is a challenge and known issue. She shared that when word spread that testing was going to be conducted at a worksite approximately 100 employees did not show up that day. There is some discussion about providing testing through the Catholic churches, which would provide a greater sense of security. The Chair concluded by stating that Mr. Brown had a valid point and that there are a number of people who are considered undocumented and getting tests.

Mike Jones suggested that Dr. Marsh develop a PSA on what he discussed with the task force. He suggested that the WV National Guard’s PPE training could be scheduled on Zoom and an invite sent out statewide. LTC McGonegal responded that it might be possible. Part of the training includes a video and a question and answer session could be included in the Zoom training. She concluded by stating that she would follow up by contacting Task Force Cre and the IT team to see about setting up the virtual training.

Chairperson Upson added that she has been working with the communications team to set up the PSA. Romelia Hodges, Jonathan Wesley and Michelle Petties will be speaking on the first PSA. The Chair concluded by stating that she would follow up with Dr. Marsh about working on the PSA geared towards churches.

Delegate Hornbuckle stated that he appreciated the comments made by Mike Jones. Delegate Hornbuckle requested an addition to the agenda and expressed his concerns about how West Virginia would be affected with President Trump stating that testing is not needed, and federal funding possibly reduced. He then asked how to address the mentality and messaging assuming that people may sub-consciously stop adhering to social guidelines, following the lead of the President.

Chairperson Upson clarified Delegate Hornbuckle’s addition to the next agenda. She asked if she correctly interpreted his request to discuss how potential funding cuts will affect West Virginia and how to deal with messaging coming from the relaxing of the restrictions. Delegate Hornbuckle confirmed, adding that, since the President had stated that testing is no longer needed, the mission of the task force will become much more difficult.

Chairperson Upson stated that the items discussed would be added to the agenda for the next meeting.

LTC Tanya McGonegal stated that the testing is important because it is a point in time and the results may change; continual testing is recommended. She concluded by stating that it is best to continue distancing and wearing masks. She mentioned that the Japanese culture is buried in honor and respect for the elderly and protecting each other. LTC McGonegal concluded by stating that distancing and wearing masks saves lives.

The Chairperson closed the meeting by acknowledging that the meeting ran long and thanked everyone for remaining on the call.

The meeting adjourned at 9:05 AM.

Respectfully Submitted by:  
Michelle Petties  
HHOMA Executive Assistant