Herbert Henderson Office of Minority Affairs

COVID-19 Advisory Commission on African American Disparities

MINUTES

July 9, 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:
Dr. Clay Marsh, WV COVID-19 Czar, WVU Medicine Vice President
Dr. James Arnaez, MPH PhD, Lead Epidemiologist - Health Statistics Center
Lieutenant Colonel Tanya McGonegal, WV National Guard (WVNG)
Romelia Hodges, StriveN4
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.

Update - Dr. Clay Marsh, WV COVID-19 Czar, WVU Medicine Vice President:
Dr. Clay Marsh began by sharing that the previous day marked the three millionth case of COVID in the United States. COVID is spreading at the fastest rate since the beginning of the pandemic. It took 99 days for the United States to reach 1 million cases, 43 additional days to hit two million and another 28 additional days to hit three million new cases. He shared that the timeframe is getting shorter, which supports the idea the COVID is spreading more quickly. The average age of infected people is forty-eight; compared to Florida at twenty-eight years old. Dr. Marsh stated that It was a bad assumption in believing that the summer would be a better time due to the perceived benefit of UV lighting on the virus. Florida, South Carolina, Georgia, Texas and California are seeing the most cases. Florida and Houston have run out of ICU space; Florida, Texas and Arizona are activating emergency hospitalization plans. He stated that it looks as if the deaths are reducing. There are three reasons; one being that young people are less severely affected by COVID than the older population.

Dr. Marsh spoke about the initial predictions for COVID. He stated that it was believed that the death rates would average 1-3% and 5% during a surge. He stated that Italy's death rate is approximately 10%, 13% in Spain and 4% in the United States. Dr. Marsh explained that, if everyone that has COVID were to be tested, the mortality rate would decline. The second reason for a lowered mortality rate is that testing has increased. The third reason is due to a delay from when you see positive cases and when you see problems following the cases.

Dr. Marsh continued to inform the group that the areas with the greatest number of positive case increases also have the highest number of ICU patients, hospitalizations, and ventilator patients due to COVID. West Virginia has experienced two or three days of its highest totals. The overall percentage was 1.67, but over the past five to seven days the rate has increased daily between 3-3.5 percent. He continued to explain that there have been more outbreaks and more active cases. Hospitalization and bed usage have doubled over the past few weeks. The Rt value or reproductive score has increased drastically. West Virginia once ranked second lowest in the country; now raking third and fourth highest in the country. There is a problem and it is community acquired. Monongalia County is the hottest in the state. The spread is usually related to an event or indoor facility or bars, restaurants, and weddings. There has been a 12% decrease in the states that require customers, patrons, and employees to wear masks in indoor businesses. Japan encourages its people to avoid the "Three C's; crowds, closed indoor environments and close contact with others that don't live with you. Although the rule is 6ft of distance, it is being within 3.2 feet of someone for more than15 minutes. It is difficult for the County Health Officer to keep up with the contact tracing due to the high number of cases. West Virginia is seeing more activity and the rate of spread is increasing. Dr. Marsh urged that it is incumbent upon all community leaders to role model the positive behaviors. You still must cover your face when coughing or sneezing due to the force behind the action. Dr. Marsh advised that the masks do not substitute for physical distancing, so doing both is recommended. Today is the day to try to reduce the spread. If we do not do better than we have done previously, the ICU's will fill up like other states. Eventually, the only strategy that will work is another shut down.

Chairperson Upson asked if better treatments are accounting for the lowered death rate. Dr. Marsh responded that there are some antiviral treatments, Remdesivir, and an anti-inflammatory treatment, Dexamethasone, with positive results. If hospitals and ICU's can stay open without becoming overwhelmed, the anticipated death rate is still one to three percent. Right now, the United States and West Virginia are around four percent. It could be that there was not enough testing to identify all the people with COVID. Initially, the focus was on symptomatic people due to limitations in testing. Dr. Marsh attributed the decline in the death rate to younger people being affected, increased testing volume, and that the healthcare system has not surged, and treatments are being developed. He advised that as the cases go up; problems surface 2-3 weeks later. He concluded by stating that he is concerned about the deaths in Washington State. The Washington State model anticipates well over 300,000 deaths by November.

The Chair then asked if there is a recommendation for pre-symptomatic treatment or is waiting until symptoms develop to start treating them better. Dr. Marsh stated that preventative or pre-symptomatic treatment is desired. First, pre-symptomatic treatments, such as Hydroxycloriquine, have not been proven to work well. Secondly, identifying pre-symptomatic people is important since at least fifty percent of the spread is caused by this group of people. Global testing in areas of more activity and more vulnerable people is important. Dr. Marsh concluded by stating that, currently, there is not a treatment that works before people become sick.

Romelia Hodges asked for the current R-naught value. Dr. Marsh explained that the R-naught is used when there is not a single infection; generation zero. Everyone uses the Rt, which is a measure of the reproductive value of the virus. Dr. Marsh shared the website which ranks the Rt value by state; www.rt.live. He stated that, yesterday, West Virginia had the 4th worst Rt value in the country; compared to three months ago with the second-best score. The Rt score was 1.27 and an increase implies that the virus is spreading faster.

Ms. Hodges shared that the requirement of masks is not being reinforced. Secretary Bill Crouch stated that the Governor's goal is voluntary compliance. There are some that are already being harassed. The hope is that everyone complies, resulting in a change in the numbers. The Governor stated that he is willing to take additional steps to enforce

the requirement. Secretary Crouch explained that neighbors, family, and friends are protected by wearing masks, which is an act of love. He shared that DHHR is struggling with how to deal with its employees that do not want to wear a mask. He also mentioned that he notices more people, as they walk down the street, are starting to wear masks. Secretary Crouch shared a story of waiting for an elevator for ten minutes because no one was wearing a mask. He shared that he does openly ask people to wear their masks. He concluded by stating that there has been progress, but how to enforce mask wearing is still unclear.

Ms. Hodges expressed her concern about the possible virus spread from Monongalia into Marion County. She stated that people in the community are afraid. She asked about what number must be reached for an area to be listed as a Hot Spot.

Secretary Crouch stated that there is no specific answer. He shared that Marion County is not good either, but lower than Monongalia County. He stated that the healthcare systems will be overrun if active cases continue to increase without effective contact tracing, ensuring that everyone in need is tested and following through with self-quarantining. He concluded by stating that there is concern as West Virginia is on a cusp.

Dr. Marsh added that Monongalia County had an Rt value of 2.0 and Marion with a value of 1.7 on the previous day.

Ms. Hodges thanked Secretary Crouch and Dr. Marsh for any role they might have played in reopening the hospital in Marion County. It is a relief for the community. Secretary Crouch stated that the Governor was determined to reopen Fairmont. He added that WVU played a large part in ensuring that services continue.

Chairperson Upson shared that she had been contacted by a constituent who was concerned that masks were not being worn in a local Wal-Mart. She then asked if anyone is working directly with the business community to encourage them to develop a policy. The Chair shared that she has recently received salon services where patrons are not allowed to enter without a mask and sanitizing upon arrival, which may have been an individual business policy. She then asked if anyone is talking to the businesses about what can be done to mitigate the spread.

Secretary Crouch stated that he was unsure if this was happening, but that it was a good idea. He stated that it should be promoted through the business community. Secretary Crouch stated that in pastimes there was assistance in getting messaging out and that he would follow up.

Reverend James Patterson asked Dr. Marsh to speak about the newly developed long-term consequences on those who have contracted the virus. There is a lot of discussion about people being recovered. He stated that he believed it was a misnomer if the long-term health conditions are contracted with the virus.

Dr. Marsh stated that there is a new mutation which allows people to contract it more easily. Some get infected and have cold or flu symptoms, while others get very sick. Initially, it was believed that COVID-19 was more of a lung problem causing pneumonias. The virus actually is more of a blood vessel issue, causing problems in those with high blood pressure, diabetes and pre-existing heart disease. Dr. Marsh stated that, from the literature that he has read, blood vessel disease is really the key and the morbidity (what happens after getting COVID) is a general issue. In Florida, 55 places have run out of ICU beds and ventilators. Acute strokes, heart attacks, kidney failure, amputations, and inflammatory disease in children are occurring in COVID patients. People are in rehabilitation at early ages. He reminded the group that approximately a half million people have died around the world from COVID-19. The ICU's in Florida have 20-30 year old COVID patients. Dr. Marsh concluded by stating that some people may have a lifetime of problems from COVID.

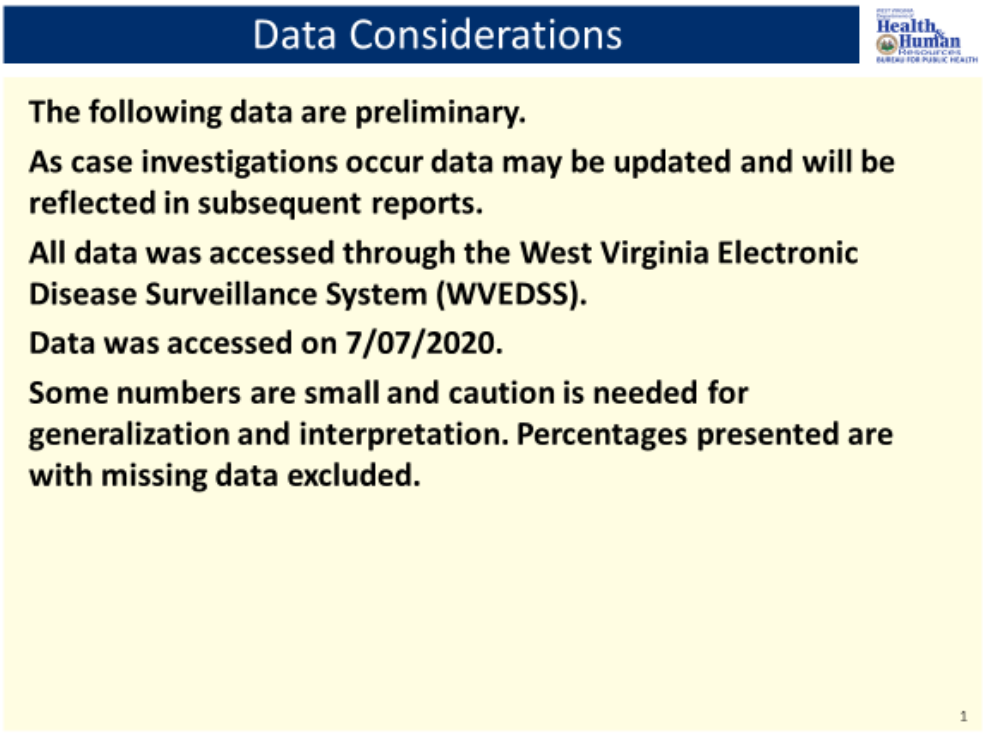
Chairperson Upson read a question posted in the chat by Owens Brown. He asked if there is a profile of the demographic of the people who refuse to wear masks due to health reasons or some other reason.

Secretary Crouch responded that there is not a good sample of data available. The Governor's Office receives comments about people opposed to wearing masks. Currently, there is no real way to collect the data; it is anecdotal. Secretary Crouch stated that it needs to be looked at a little harder going forward. The data will tell that masks work.

Dr. Marsh stated that there are three main reasons why people do not wear masks: pre-existing lung disease, lack of access to masks, and because they may feel it is an infringement on their rights. Face shields are an effective solution and less suffocating for those with lung disease. He stated that the Governor has been clear about his desire to not to cause division in enforcing the mask order. At least 60 percent, if not 80, of the people need to wear masks. At least half of the spread comes from more pre-symptomatic than asymptomatic people. A few days prior to showing symptoms, some people can be very infective.

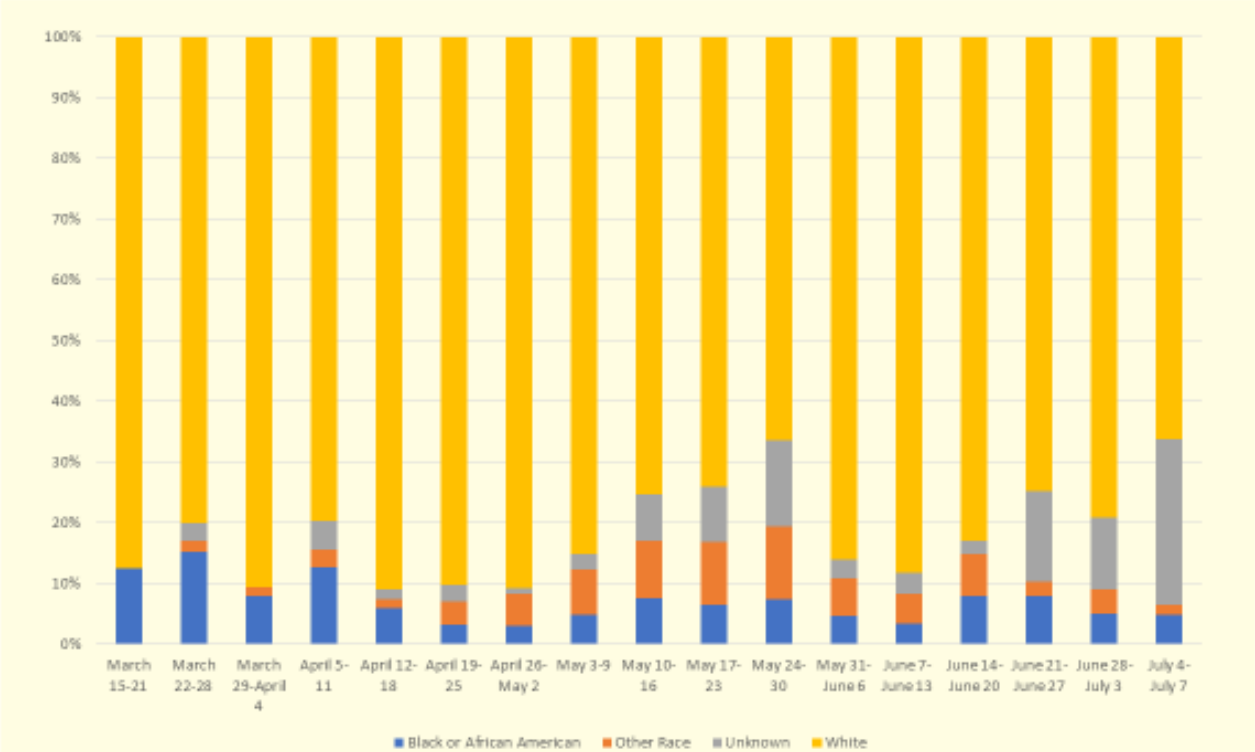
Minority Data Update – Dr. James Arnaez, Epidemiologist, WV Bureau of Public Health:

Dr. Arnaez reported that the data shared today is preliminary and was accessed through the WV Electronic Disease Surveillance System (EDSS) on July 7, 2020. The information is only accurate through the day it was accessed. The following report was provided:



Dr. Arnaez stated that he ran all of the weeks again to see if there has been a change after follow up has been performed on the unknown cases. He reported that a proportion of unknown cases has been reduced a fair bit. The timeframe of May 10-May 30 has a 10-12% average of unknown cases. It seems that the unknown cases reduce once follow up has occurred.

Percent of Cases by Race

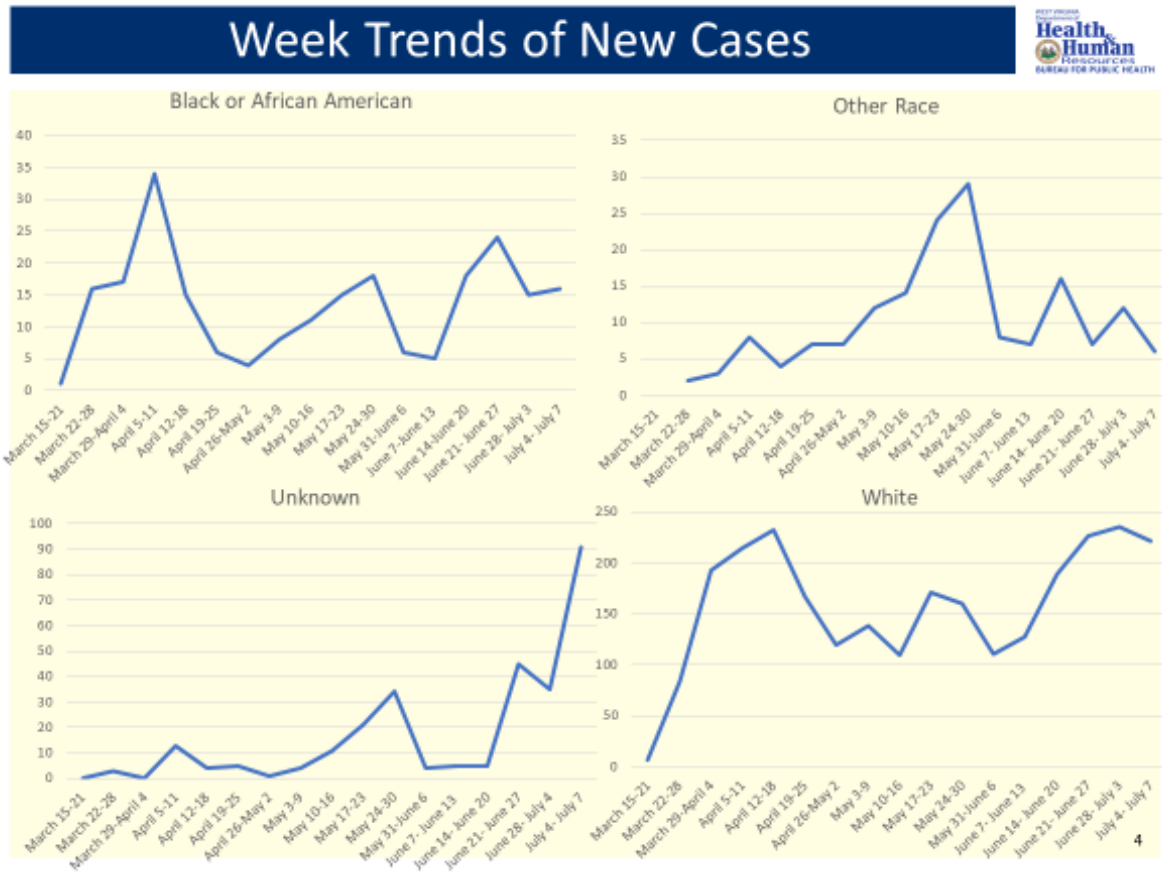


Unknown Race

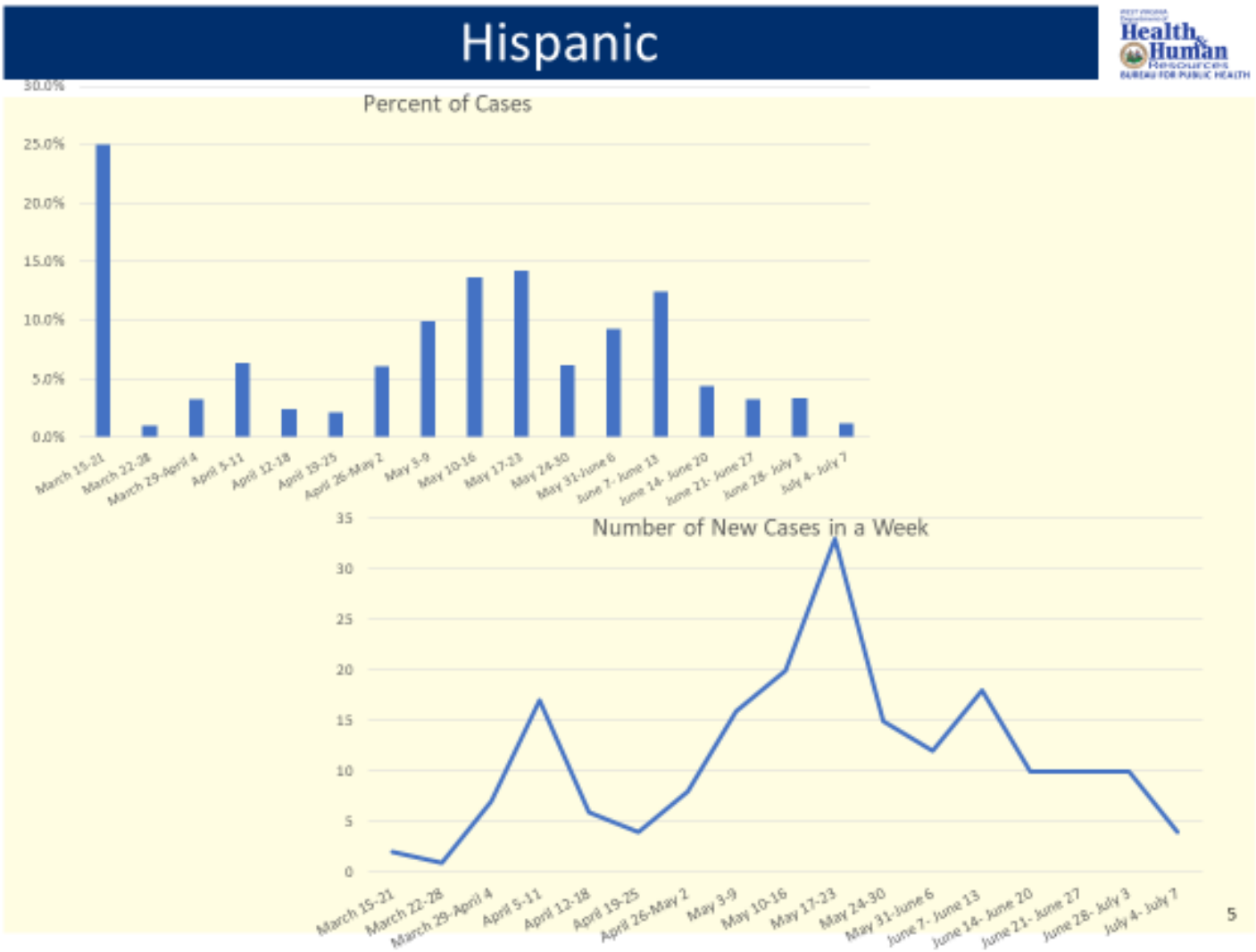
Eight counties make up 67.5% of Unknown Race

- **Berkeley**
- **Greenbrier**
- **Jefferson**
- **Kanawha**
- **Monongalia**
- **Mercer**
- **Randolph**
- **Wood**

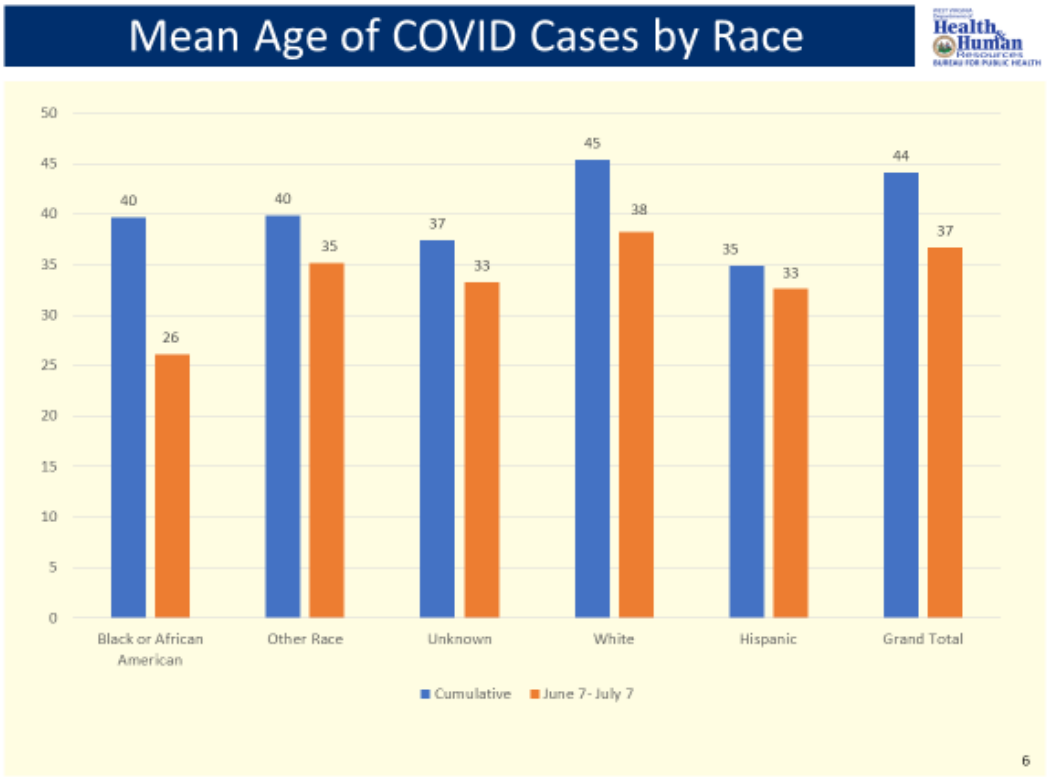
Dr. Arnaez highlighted that, starting around June 21, the number of new cases per week has increased in the White race. This shows that the virus is coming back strongly. Black or African American cases reflect a small surge, which may increase once another week of data is available. The Other race category has seen a general decrease since May 24-30. The Unknown race category has seen a substantial increase in the past few weeks.



Dr. Arnaez reported that there has been a general decreasing trend in proportion of cases and new cases per week in the Hispanic population. Since June 13, less than 5% of new cases has been among the Hispanic population.



Dr. Arnaez share that there was a question about the mean age at the last meeting. Pre-existing conditions have decreased. Overall, the mean age is for COVID cases is 44 years of age, accumulatively. The mean age for African American and Other races average 48 years; Unknown, 47; Whites, 45; and Hispanics, 35 years of age. Overall, the mean age for the past month's cases is 37 years of age. African Americans have the youngest mean age of 26 years. The average for Other races is 35 years of age; Unknown, 33; Whites, 38; and the Hispanic mean age is 33 years.



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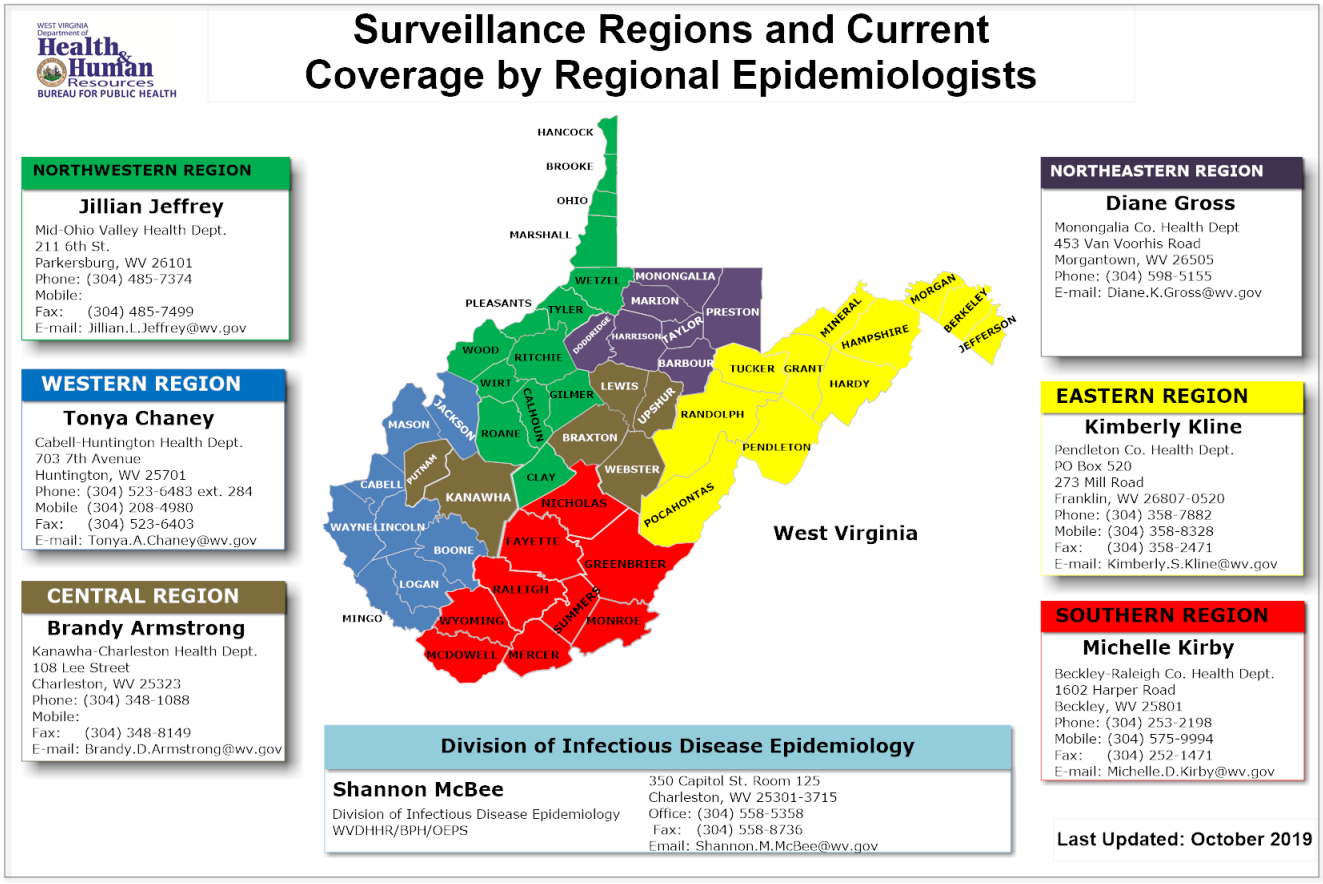


Dr. Arnaez pointed out that the Northeastern and Eastern regions have the highest number of cases for African Americans. In addition, the Eastern region holds the largest number of Hispanic cases.

COVID Cases by Region, Race, and Ethnicity

	State	% of cases	Western	% of cases	Central	% of cases	Northwestern	% of cases	Northeastern	% of cases	Eastern	% of cases	Southern	% of cases
Cumulative														
All Residents	3469		539		473		406		602		1143		306	
Black	240	6.9%	18	3.3%	24	5.1%	20	4.9%	63	10.5%	90	7.9%	25	8.2%
White	2783	80.2%	502	93.1%	401	84.8%	342	84.2%	461	76.6%	863	75.5%	214	69.9%
Other Race	172	5.0%	6	1.1%	15	3.2%	8	2.0%	17	2.8%	111	9.7%	15	4.9%
Unknown	274	7.9%	13	2.4%	33	7.0%	36	8.9%	61	10.1%	79	6.9%	52	17.0%
Hispanic	200	5.8%	6	1.1%	14	3.0%	5	1.2%	14	2.3%	158	13.8%	3	1.0%
June 7- July 7														
All Residents	1288		153		176		183		317		272		187	
Black	78	6.1%	8	5.2%	2	1.1%	12	6.6%	25	7.9%	14	5.1%	17	9.1%
White	996	77.3%	138	90.2%	150	85.2%	142	77.6%	239	75.4%	212	77.9%	115	61.5%
Other Race	48	3.7%	1	0.7%	1	0.6%	4	2.2%	8	2.5%	28	10.3%	6	3.2%
Unknown	166	12.9%	6	3.9%	23	13.1%	25	13.7%	25	7.9%	18	6.6%	49	26.2%
Hispanic	52	4.0%	3	2.0%	2	1.1%	2	1.1%	6	1.9%	37	13.6%	2	1.1%

Dr. Arnaez explained that the COVID Rates by Region, Race, and Ethnicity chart is based on rates of cases per 100,000.

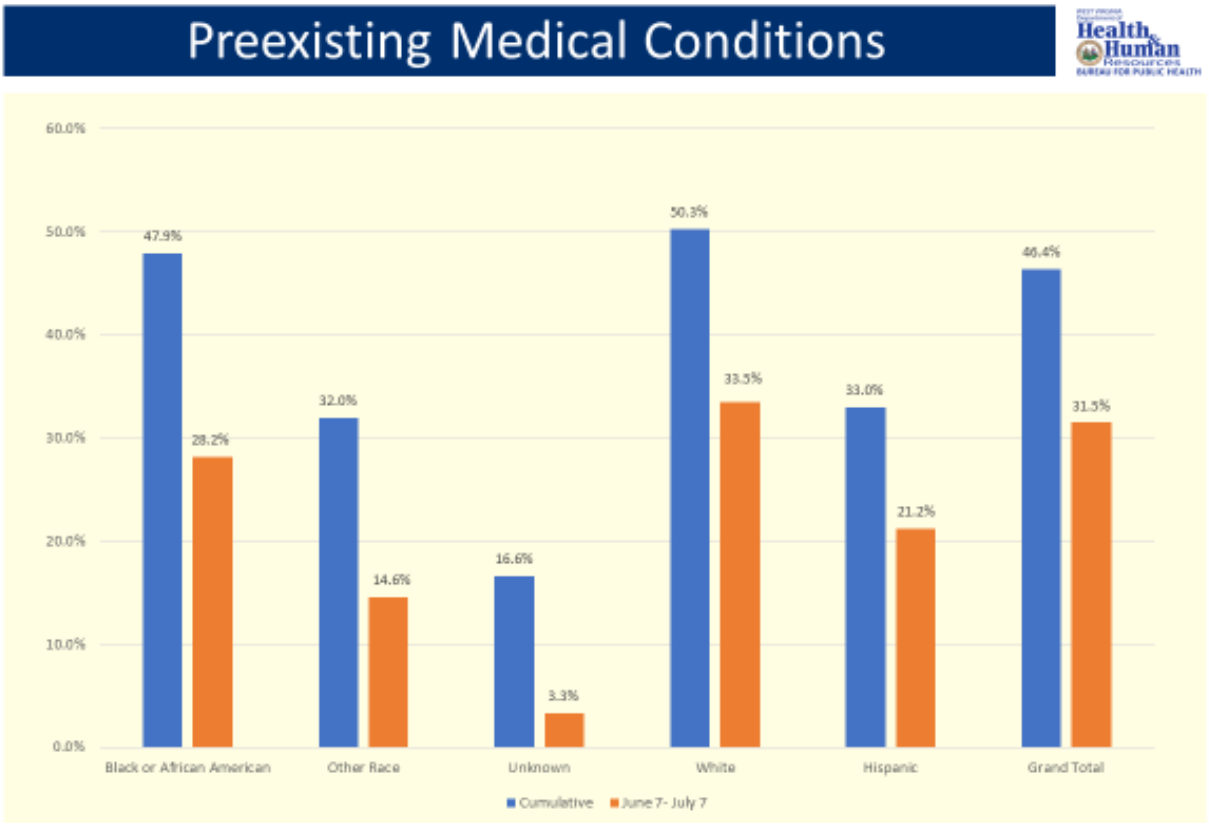
COVID Rates by Region, Race, and Ethnicity

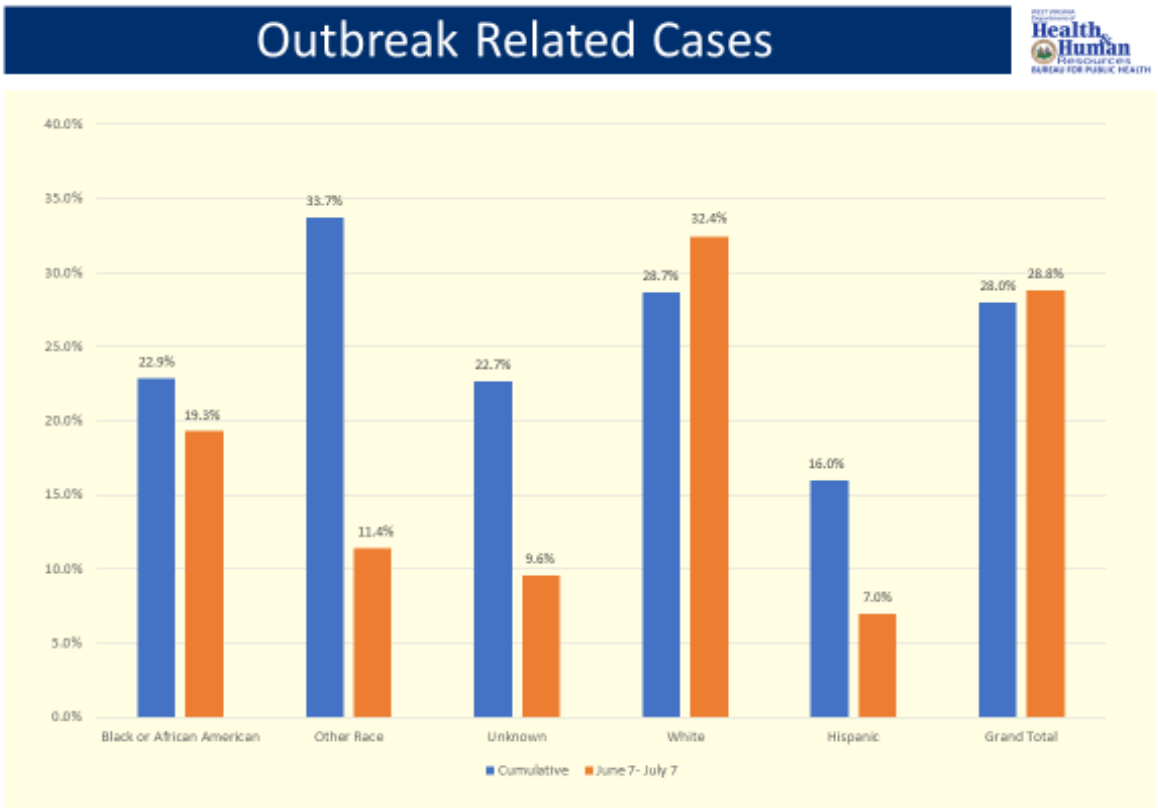
	State	Western	Central	Northwestern	Northeastern	Eastern	Southern
Cumulative							
All Residents	192.1	187.5	157.7	138.6	196.90	358.8	101.6
Black	319.1	229.8	142.4	305.1	631.10	518.8	150.5
White	162.9	181.2	143.6	120.5	159.10	290.7	75.9
Other Race	778.6	229.3*	388.4	323.4*	281.80	2,517.0	556.6
Hispanic	662.2	209.2	412.5	379.5	97.50	1,435.6	72.9

Hospitalizations, ICU Admission, & Ventilator Use

	Hospitalization	% of cases	ICU Admission	% of cases	Ventilator Use	% of cases
Cumulative						
Total	329	10.6%	133	4.3%	70	2.3%
Black	35	15.6%	13	5.8%	9	4.0%
White	279	10.7%	113	4.4%	55	2.1%
Other Race	9	5.8%	5	3.3%	5	3.3%
Unknown	6	5.4%	2	1.8%	1	0.9%
Hispanic	10	5.2%	3	1.6%	1	1.4%
June 7- July 7						
Total	40	5.0%	16	2.0%	4	0.5%
Black	2	3.8%	1	1.9%	0	0.0%
White	38	5.6%	15	2.2%	4	0.6%
Other Race	0	0.0%	0	0.0%	0	0.0%
Unknown	0	0.0%	0	0.0%	0	0.0%
Hispanic	1	1.8%	0	0.0%	0	0.0%

Dr. Arnaez explained that the overall cases with pre-existing medical conditions had dropped below 50% for the first time.





Rev. James Patterson posed a question of concern to the task force. He stated that sharing the data is okay. He then asked at what point will the task force be able to provide input into how to move forward and address the pandemic in communities of color. Listening to data has no real value or impact.

Secretary Crouch thanked and agreed with Rev. Patterson. He stated that he was thankful for Dr. Arnaez providing the detailed data. He explained that the presentation of the data needs to be changed. It is valuable and it is wanted and appreciated and asked Dr. Arnaez not to take it personally. Secretary Crouch explained that a summary of the data is needed, followed by a discussion, and input. He noted that the numbers are higher for African Americans and other minorities. The direction on how to proceed can be changed. Secretary Crouch concluded by stating that Rev. Patterson's point was well-taken.

Chairperson Upson stated that she had requested at the last meeting that the task force make location suggestions as to where to hold the two-county testing per week.

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

LTC McGonegal stated that the plan has mainly remained the same. Locations have been added or revisited. There was a great effort on everyone's part to reach out with concerns. She shared an update about the training for the churches. She stated that there has been a stall due to the recent uptick in cases. The Governor released new guidance and the WVNG wanted to be consistent with the changes. She added that the WVNG is working with the public affairs office and their Chaplains to develop the content. She shared that there will be a focus on how to protect the church members and facility cleaning.

PSA - COVID-19 Video – Romelia Hodges:

Ms. Hodges expressed her gratitude to Rev. Patterson and Pastor Wayne Crozier for their support in obtaining a PSA video from Bishop TD Jakes, formerly of West Virginia. Bishop Jakes is well received by the Christian community and among Americans, in general. In the video, he addressed West Virginians about COVID testing, mask wearing and social distancing. Ms. Hodges stated that it was Bishop Jakes' wish that the video be circulated in the public domain, reaching the African American community in West Virginia. Ms. Hodges mentioned brainstorming with others about how to obtain additional PSA from other notable West Virginians. She mentioned Dr. Marsh previously offering to get WVU athletes to give PSA's.

Ms. Hodges stated that she would like to see Superintendent Burch and President Miller Hall attend a meeting to speak about African American children returning to school. She noted that the number of 10-19 year-old positive cases has increased.

Director Upson shared that the Jonathan Wesley PSA performed well, reaching 2,570 people through HHOMA's social media.

Mike Jones asked if he could have access to the Bishop Jakes video to post to KISRA's site and his church website, as well. Romelia Hodges stated that Bishop Jakes wants the video used widely across social media platforms. The Chair agreed to send the video out to the task force members.

Week 8 Testing Look Ahead – Tiffany Samuels:

The Chair stated that the Monongalia County testing came about because of some concerns happening in the county. Ms. Samuels stated that Delegate Danielle Walker should give the update. Delegate Walker then thanked Director Upson, Michelle Petties and Toni Owens, the volunteer coordinator. She shared that volunteers would complete HIPPA training, verification and assist with registrations. She stated that she believed the event will complete more than 1,500 tests. She added that Taylor County and the WVNG will only need to assist with the swabbing.

The Chair stated that testing will be held in Monongalia, Marshall, Preston and Wayne on July 10 and 11. The week 9 testing will move to the two-county model in Jefferson and Berkeley counties on July 17 and 18. She then asked if there were any additional questions. Hearing none, she concluded the meeting.

The meeting adjourned at 8:36 AM.

Respectfully Submitted,

Michelle Petties
Executive Assistant
HHOMA