Call to Order: Chairperson Jill Upson, called the meeting to order at 7:33 a.m. and proceeded with welcoming the Commissioners and presenters.

Chairperson Upson explained the question and answer process for this meeting, which was recommended by Delegate Sean Hornbuckle. Chairperson Upson advised the group to use the “raised hand” function in the Zoom app whenever there was a question. All participants will remain muted until their question is ready to be addressed.

Presenters:
Chairperson Upson introduced Dr. Cathy Slemp, Bureau of Public Health, as the first presenter.

Dr. Cathy Slemp began by extending greetings to the group and stated that she would provide a broad overview. She shared that a lot of effort has gone into increasing the capacity for testing statewide and to provide more diagnostic testing within the healthcare sector for symptomatic patients. In addition, reviewing more vulnerable populations where there are risks of spread, reopening and disease surveillance have been the focal points. Dr. Slemp stated that
reopening and tracking the disease results must be balanced. The county has an alert system to assist with monitoring the reopening. She then explained that what happens in communities today shows up 2-3 weeks later. She concluded by stating that watching the increase of community spread to make sure the communities have what is needed is another big initiative.

Chairperson Upson introduced Dr. Sarah Sanders, Epidemiologist, Bureau of Public Health, to provide an update.

Dr. Sanders reported that there have been no changes in the overall distribution of cases across racial groups since the last meeting on May 11, 2020.

<table>
<thead>
<tr>
<th></th>
<th>Black or African American</th>
<th>Other Race</th>
<th>White</th>
<th>Unknown/Missing</th>
<th>Total</th>
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<tbody>
<tr>
<td>Total Cases</td>
<td>107</td>
<td>58</td>
<td>1,170</td>
<td>108</td>
<td>1,443</td>
</tr>
<tr>
<td>Percent of Cases</td>
<td>7.4%</td>
<td>4.0%</td>
<td>81.1%</td>
<td>7.5%</td>
<td>100%</td>
</tr>
<tr>
<td>Percent Change from Previous Report</td>
<td>10%</td>
<td>18%</td>
<td>8%</td>
<td>8%</td>
<td>9%</td>
</tr>
<tr>
<td>Increase in Number</td>
<td>10</td>
<td>9</td>
<td>91</td>
<td>8</td>
<td>118</td>
</tr>
</tbody>
</table>

- A total of 25 counties now have a case in a minority population compared to 21 counties from Monday’s report.
- Fifteen counties have at least one case in the African American population compared to 14 at the last meeting.
- Fayette County now has a case in the Black or African American population.
  - Berkeley, Cabell, and Kanawha Counties have had one additional case since the last report.
  - Hardy County has had an additional two cases.
    - Gilmer has had four additional cases associated with the prison.
  - Jefferson, Logan, Marion, McDowell, Mercer, Monongalia, Pendleton, Putnam, and Wood Counties have had no change in the number of cases.
- Nineteen counties now have at least one case in a minority excluding African American cases.
- Five additional counties have reported a case in a racial group that is not African American or White.
  - Hardy, Harrison, Mineral, Morgan, and Preston Counties all have reported a case in a population that is not Black or White.
  - Berkeley has had an additional 3 cases, and Hardy has had an additional 4 cases.

Dr. Sanders also reported that there is currently an outbreak at a chicken processing plant in the eastern panhandle that has 22 confirmed cases. Results of testing are still pending, so cases may continue to rise. The workforce is diverse, which may result in additional cases in minority groups over the next few days.

Dr. Sanders concluded by stating that of the 107 cases in African Americans, a third (33%) occurred in March, 52% occurred in April, and 15% have occurred in May. Of all cases, regardless of race, 23% occurred in March, 59% in April, and so far, May accounts for 18% of cases. She explained that this data indicates that African Americans had more cases initially. There has been an increase in cases in other races. Dr. Sanders stated that, to date, 40% of cases in other races have occurred in May.

Chairperson Upson introduced Lieutenant Colonel (LTC) Tonya McGonegal from the WV National Guard to give an update.
LTC McGonegal began by sharing that a combined task force of service members from the Army National Guard and Air National Guard will arrive at 8:00 AM at the four testing locations in Berkeley County, Martinsburg High School; Mercer County, Bluefield State College; Jefferson County, Asbury United Methodist Church; and Raleigh County, Commission on Aging. Efforts were coordinated with local jurisdictions and volunteers. She explained that setting up the testing sites and spreading the word was a huge effort on such short notice. LTC McGonegal thanked everyone for their support. She mentioned that there was concern about the inability give the public enough notice. LTC McGonegal stated that additional testing opportunities may be added if the turnout is inadequate. Four additional four counties and testing locations will be finalized for the next Friday and Saturday. Location criteria requires sufficient entry and exit points, adequate room for social distancing guidelines and the ability maintain traffic flow while in operation. Since notification has been sent to the media, we will continue to refine the schedule. A debriefing will take place on Monday, May 18. LTC McGonegal concluded by emphasizing that the testing is free and voluntary. It is preferred that minors come with adults. The test is non-invasive, but involves swabbing the nostril passage. She also stated that there is a form to fill out, but a doctor’s note and proof of insurance are not required.

Discussion:
Chairperson Upson acknowledged and thanked Secretary Bill Crouch for joining the meeting. She then announced that Cabell, Kanawha, Marion and Monongalia are the next counties to be set up for testing. Ideas on how to outreach to the community, suggestions of partners to help publicize the testing and any learnings from the initial outbreaks are needed from the Commission.

Delegate Sean Hornbuckle thanked everyone for the quick deployment in the eastern panhandle. He asked about any active partnerships, how the sites are being chosen and if the Commission has input.

Chairperson Upson responded by stating that input is desired, but the National Guard has specific criteria for the testing locations. There were locations originally selected in the eastern panhandle that were moved because they did not have the access and exit points needed. She shared that local churches, United Way, NAACP and the Greater Kanawha Valley Foundation are just a few partners on the working list. Chairperson Upson explained that suggestions of additional people who could help with the outreach is needed.

Delegate Hornbuckle suggested leveraging the local YMCA’s, local universities, and utilizing the Commissioners from their respective site areas to give input. Delegate Hornbuckle recommended that the announcements for the test be released earlier in the week and that the group be informed prior site testing announcements. He suggested social media may be the best mode of delivery and using Facebook, Twitter, Instagram, etc.

Chairperson Upson asked Delegate Hornbuckle to recommend locations for Cabell County.

Delegate Hornbuckle suggested the center of town where the Fairfield, Southside and Southeast Hills communities merge. Also mentioned were the AD Lewis Community Center, the pharmacy school or a location off the exit in Milton. He suggested incorporating the Pumpkin Festival area in Milton. Also, DHHR and Workforce are located on the other part of the county. Delegate Hornbuckle concluded by emphasizing the AD Lewis Center on Hal Greer Boulevard.

Chairperson Upson mentioned that the WV National Guard would be able to review aerial images of the mentioned locations and thanked Delegate Hornbuckle for the input.

Senator Patricia Puertas-Rucker suggested including the Catholic church and Catholic charities, which are a great resource in the minority communities in the Eastern Panhandle. She mentioned that the local mayors in the Eastern Panhandle expressed their disappointment in not be included in the communications.

Chairperson Upson thanked Senator Rucker for the information. She then stated that was the kind of information needed to help improve the process going forward.
Romelia Hodges expressed concerns about the messaging that was sent out for the first round and any barriers to testing. Ms. Hodges shared that the photo ID requirements may present a problem since the DMV offices are currently closed. She asked why the personal information was being collected. Ms. Hodges then pointed out that the messaging has not been succinct across the board.

Dr. Slemp responded by stating that the personal information was set as a requirement to ensure the patients were able to receive their results.

LTC McGonegal added that a recent meeting focused on the paperwork requirements. There are HIPPA concerns because only military doctors are permitted to receive the paperwork. She emphasized the criticality of the paperwork. She shared that there are positive cases that are unreachable due to missing personal information. In addition, the personal information is necessary to link the citizens to a free clinic, physician or other resources for proper treatment.

Ms. Hodges added that a follow up call was never received when she tested positive. She mentioned that there is an app currently in use in Marion, Preston, Harrison, Monongalia counties. Ms. Hodges recommended having an iPad available explaining the process that patients can review while waiting to be tested. Ms. Hodges concluded by asking what role the task force plays since the first round of testing was already finalized.

Secretary Bill Crouch stated that data drives the decisions on where to test in the state. Input from members of the task force on how to increase the number of tests would be helpful and incorporated into the decisions. Having a good turnout is critical. Secretary Crouch emphasized the leveraging of community contacts and relationships to spread the word about the testing sites. He mentioned that the comments made by Delegate Hornbuckle were very helpful. As data is gathered, it will be brought to the task force to decide together where that will lead. Shortly, information will be provided in writing instead of receiving verbal reports. Secretary Crouch stated that not being able to contact a person with a positive result due to missing information can not happen again. Concluded first start looking at the data to move forward with something in writing to look at.

Ms. Hodges asked if a budget has been assigned to the group and if the testing is coming out of that budget.

Secretary Crouch stated that there is not a defined budget due to many resources being moved to the Bureau of Public Health. The system is antiquated and stacks of faxes from laboratories were received. Work to improve efficiency and accuracy has been done. There is money in the CARES Budget and two Senators have secured funding for contact tracing. Initially, $10,000,000 was budgeted for contact tracing. He concluded by stating that there is not a designated budget for the task force, but there is money available and must be spent wisely.

Romelia Hodges then asked if the task force would vote on spending or if it would be a unilateral decision.

Secretary Crouch stated that DHHR is part of the Executive Branch and makes decisions based on what the Governor has approved. The Governor is trying to get backfilling for funds used pertaining to COVID-19. The $56 is just for testing, contact tracing and anything related. It is possible that a budget may be created later in the process. He shared that he did not want the task force to be limited by the budget, but to consider the goal of getting as many tested as possible throughout the state. West Virginia was the first state to test all nursing homes. All assisted-living facilities and childcare workers are currently undergoing testing and we have moved into community-based testing to see the prevalence in the community.

There was additional discussion about communication efforts. Dr. Slemp asked if there was a specific app to which Ms. Hodges referred. Ms. Hodges stated that the app is through the health department and is only accessed with a link. The data is filled in by the user. Although some elderly may not be able to use the app, offering that technology would still be an asset. Ms. Hodges suggested the homeless community be included in outreach and testing. Developing community and education for the minority population is critical in getting them to the testing site. Secretary Crouch
mentioned two apps called COVIDWatcher and Kencor COVID. Dr. Slemp agreed that the Commission would be incredibly helpful in the areas of education and communication.

Ms. Hodges asked how many tests are allocated for the pop-up sites.

Secretary Crouch stated that shortages have been a concern, however testing will not be limited. There may exist a shortage of supplies, but through the WV National Guard and WVU, we have created our own reagents. He concluded by stating that our position is that we are going to keep charging forward.

LTC McGonegal explained that 500 test kits will be available at each location although the testing is voluntary. LTC McGonegal noted that the test kits do have a shelf life. There are a group of soldiers that set up each testing site; including two military physicians. The first round has been on short-notice and we will adjust as needed.

Dr. Slemp added that the more we can link in with community providers beyond just the testing events is very important. She noted that there are apps within the healthcare systems where people can obtain their own results.

Tiffany Samples asked if the group would receive debriefing information from the testing sites to better serve and make adjustments. She also commented about the communication efforts to the African American community. Terms such as “asymptomatic” may not be a common term in the general public. She suggested targeting social media towards the 20-30 year old population using apps such as Snap Chat. Apartment complexes and housing projects can be used to reach larger populations. Ms. Samples stated that she would be willing to participate on a communications sub-team.

Discussion about communication continued. Dr. Slemp agreed and expressed her excitement in quickly creating some messaging for upcoming testing events. Ms. Samples then suggested using key community contacts and local influencers, prior to going into the community, to help spread the word. She suggested doing the upfront work of contacting local pastors and community contacts prior to testing events. This would need to be done in a short period of time to not hinder the momentum.

Delegate Hornbuckle asked if the focus is on contact tracing and testing or if it would eventually include education and the social determinants that have caused this vulnerability. He stated that if there were more diverse groups, such as this one, there would be a better trajectory in the state. He acknowledged that there is a huge opportunity, but a level of distrust exists in the minority communities. Transparency in what the group is doing will go a long way with the general public. He mentioned that he has contacts from the Black Pastors Association, YMCA and the Chamber of Commerce to share. The inclusion of these contacts could help build confidence in Cabell County. Delegate Hornbuckle concluded by suggesting wrap-around services from Work Force and anything else appropriate to optimize the time while testing.

Reverend James Patterson mentioned that PAAC was contacted on Wednesday by a community-based health center that wants to offer testing. He suggested using local African American churches that are close to population centers and they would pay locals to help with the logistics. Recommends using churches to help publicize during their services which are being streamed. General education and solutions could be shared as well. Requesting input from DHHR and National Guard on the logistics of how to make this work.

Owens Brown expressed concern about the turnout, specifically in the eastern panhandle. He recommends leveraging a network, such as the NAACP. He recommended contacting Sylvia Ridgeway, NAACP, in Huntington and Dr. Jerry Carr, NAACP, in Morgantown. The culture must be understood, but older African Americans prefer telephoning. The availability of transportation to the sites must be considered in planning the testing events. He emphasized relying on and directly contacting the NAACP and networks of people.
Chairperson Upson asked Owens Brown for suggestions for creating a shuttle service to have up and running quickly for the next locations. Mr. Brown stated that he didn’t know the other locations, but recommended contacting the local leaders. He referenced the National Guard issuing 500 tests per location. He added that the best way to reach older African Americans is generally by telephone.

Chairperson Upson also asked if the NAACP has access to a phone tree that may be used to reach those not on social media. Mr. Brown stated that most chapters have a Facebook page and a phone tree, but that generally personal contact is best. He suggested contacting Florence and Matthew Plant, Sylvia Ridgeway and Dr. Jerry Carr to help get people out to the testing sites. Mr. Brown concluded by stating that the key is networking with other groups and speaking with the leaders of those groups.

**Closing:**
Chairperson Upson stated that the data report on the testing sites will not be available from the WV Nation Guard until Monday, therefore the meetings will occur on Tuesday and Friday for the immediate future.

Chairperson Upson adjourned the meeting at 8:43 AM.

Respectfully Submitted,

Michelle Petties,
Executive Assistant
HHOMA