



Herbert
Henderson
Office of
Minority
Affairs

COVID-19 Advisory Commission on African American Disparities

MINUTES

June 18, 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
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
Keisha Saunders, Tug River Health Clinic

Absent: Delegate Caleb Hanna, Nicholas County, House District 44
Senator Patricia Puertas-Rucker, Jefferson County, Senatorial District 16

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

Dr. Clay Marsh began by comparing West Virginia to the rest of world to gain insight on how to live with the virus. He shared that Hong Kong and Sweden have about the same number of people, but Hong Kong is more densely populated with a greater likelihood of spreading COVID. He stated that Hong Kong has a culture of wearing masks. Comparatively, Sweden decided to allow the disease to spread slowly in a controlled way. Sweden applied the 'herd immunity' strategy where the virus stops if enough people contract the virus and recover; similar to the flu shot approach. He shared that Sweden has the highest per capita increase in number of cases in Europe. Dr. Marsh reiterated that 80% of the people wearing face masks offers the same benefits as a vaccine. He shared that 10% of the people spread 80% of the disease, while 70% of the people spread no disease. People do not know that they are infected. There is a half-day to 2.5-day window, before symptoms start, when a person is very infectious. One person in South Korea infected 5,000 people; 16 people went to a bar in Florida and everyone got infected. It is so important to live the values that we want others to live. He shared that he attended a meeting at a hospital where he was the only one wearing a mask and he explained to

the them that everyone should wear a mask because the meeting was indoors. He stressed the importance of the local leaders wearing masks. Crowds of people, close indoor spaces and constant contact with people with whom you do not live increases the likelihood of spreading the disease, if someone is infected. One meter or 3.2 feet is where the protection starts. Each foot of distance reduces the risk of contracting COVID by 2.2 times. As people travel, it is important to follow the simple rules of protection. He concluded by stating that the data is clear and the approach is simple. If 80% of West Virginians would socially distance and wear masks, we would have basically created a vaccine.

Chairperson Upson asked if Sweden reached the Herd Immunity threshold after the 5,000 deaths. Dr. Marsh stated that Herd Immunity basically means that enough people have either been infected or vaccinated and have immunity to stop the spread of the virus. He explained that it is like a firewall. COVID has a spread value of 2.5 or one person infects about 2.5 people. About 73% of the population would need to be infected and immune. They, Sweden, calculated about a 60% percent minimum. The majority of the deaths in Sweden were elderly and nursing home patients. The economy in Sweden is declining due to increased COVID activity. Dr. Marsh shared that the only way to keep the economy going is to keep the people healthy. Only seven people in Sweden have antibodies, which is thought to be over-estimated. It is most likely only five people that have antibodies in Sweden. New York City has detected only 23% of people with antibodies in its highest concentration area. Approximately 5.5% of people in the US die with COVID. Dr. Marsh concluded by stating that Herd Immunity in the US would result in approximately three million deaths.

Chairperson Upson read a chat question from Commissioner Mike Jones asking how to address the idea to stop COVID-19 testing. Dr. Marsh responded that everyone should be tested. He shared that 80% of the spread comes from 10% of people with most being unaware that they carry the disease. It is better to identify as many people before they can spread the disease. Dr. Marsh stated that the goal is to be very aggressive in testing, testing at-risk populations such as African Americans and congregate settings, i.e. nursing homes, directing capabilities towards following the spread. Selective testing is important for the public health of the state; going into the areas that have active cases to control the situation.

Secretary Crouch added that there are approximately 100 active contact tracers throughout the state. Lead by the local health departments, the contact tracers immediately contact the positive cases to learn with whom they have been in contact and recommend additional testing and self-quarantining.

Dr. Marsh reminded that COVID-19 is spread by droplets. Coughing, sneezing, singing, yelling, and normal talking disperses the droplets. He shared that droplets from normal talking can stay airborne for approximately 15 minutes. Wearing a mask reduces the droplet spread that is created by the person wearing the mask; providing a barrier of protection for others. Dr. Marsh cautioned that singing without a mask is the prototypical environment allowing COVID to spread if someone is positive. He reminded that congregate settings, like church, that involve face-to-face interaction and close-proximity is where COVID-19 spreads rapidly.

LTC McGonegal shared a breakdown of global and national statistics on COVID-19 for the day. She reported a total of 8,351,472 positive, world-wide cases. There was an addition of 167,096 positive cases in one day and an increase of 5,067 world-wide deaths reported on that day. There were 2,163,290 known cases in the United States: increasing by 25,595 in one day. She concluded by stating that, 117,717 total deaths were reported in the US with 754 deaths reported in one day.

Joylynn Fix asked if vacations should be postponed given the outbreak stemming from Myrtle Beach vacationers and if self-quarantining is recommended after returning from out-of-state travel.

Dr. Marsh responded that people have a responsibility to protect themselves. He suggested avoiding crowded stores or returning at another time. An individual's behavior can affect everyone, including family, the community, etc. If traveling to a higher COVID-area, one should probably test and self-quarantine afterwards. Dr. Marsh stated that the Governor said that he is torn, but understands the power and benefit of wearing face masks and does not want to cause

division among the people or create a policy that may be difficult to enforce. Dr. Marsh concluded by stating that most people may not fully understand the risk to others if one is infected.

Romelia Hodges shared her concern about the low percentage of mask-wearing in her area. She stated that people must be taught the benefits of wearing the masks. She shared her belief that leadership comes from and should be enforced from the top. A period of mandatory mask-wearing may be beneficial in conditioning people to wear masks, ultimately creating an environment and yielding results like Hong Kong. She stated that the Governor would not receive as much anticipated backlash as might be expected and that people would eventually comply.

Dr. Marsh stated that he appreciates the power in keeping people together. He added that, in Asia, a significant contact is considered to be 3 feet or less away for 15 minutes or more. One is unlikely to become infected by just passing a COVID-positive person. Being in close-proximity, without masks, for an extended period of time is high-risk. Going to the store, getting your items, and leaving quickly is fairly safe. There is a 40% infectability rate for someone living with a COVID-positive person. He shared the importance of containing outbreaks. He shared his concern with people not wearing masks while protesting. There is an upside of wearing masks until a vaccine or medication is in place. He concluded by stating that the situation could worsen if complacency occurs.

Chairperson Upson shared her observation that some people have used the 100% negative test results to bolster their position that COVID has passed. She stated that people are unwilling to continue socially distancing and mask-wearing because the reported numbers are low.

Ms. Hodges added that people are not understanding the incubation period. She shared that a lot of education is needed.

Dr. Marsh added that he does not blame anyone for getting infected. He reiterated that maintaining a high-level of personal protection is critical. He expressed his concern for the vulnerable while in the church environment. Dr. Marsh stated that 38 people were infected at a church in Greenbrier County.

Ms. Hodges added that an early intervention in Marion County could possibly have avoided the Greenbrier County church outbreak and that we will learn from mistakes.

Pastor Armand typed a question in the chat; asking if a wet mask is compromised. Dr. Marsh responded that any mask, no matter how wet or flimsy, is better than no mask. He added that additional layers increase the effectiveness. Folding a dish towel is an effective form of a mask. He urged that one should simply stay at home if coughing or sneezing.

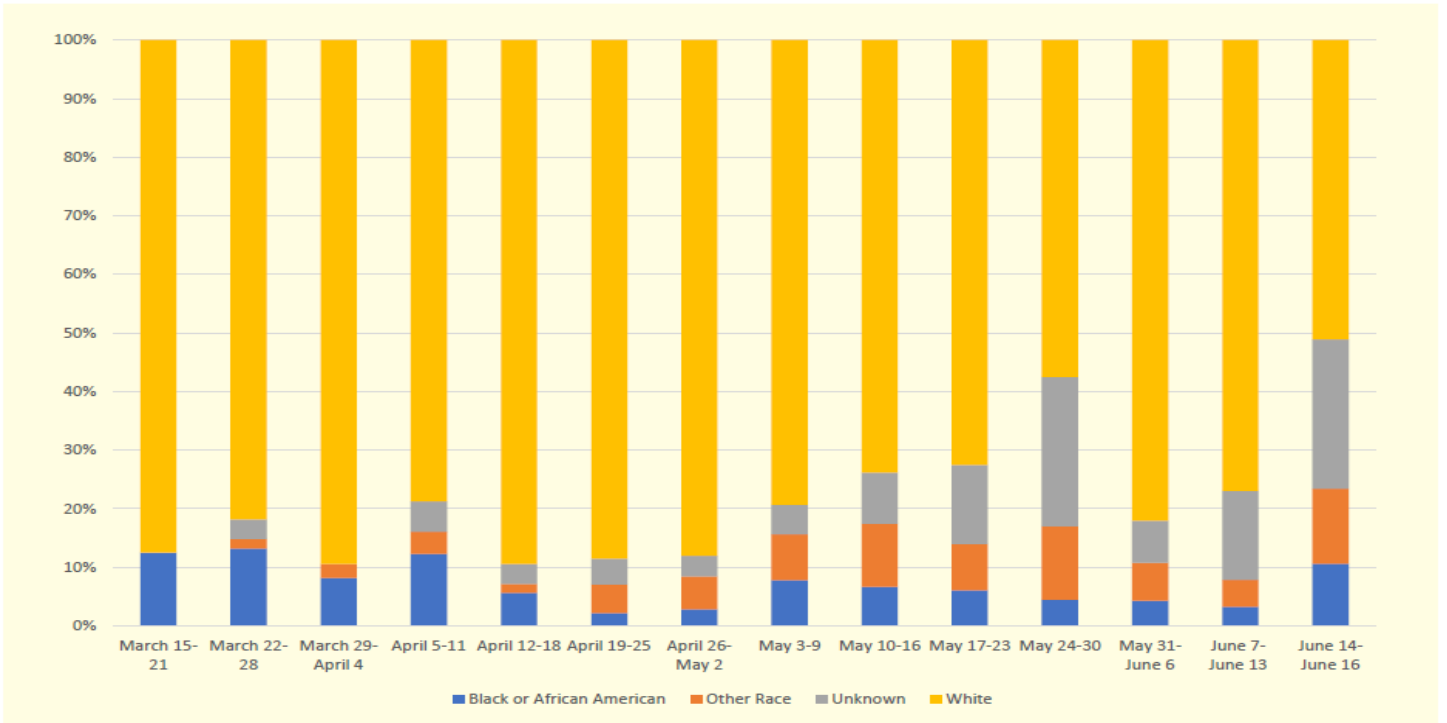
Minority Data Update – Dr. James Arnaez, Epidemiologist, WV Bureau of Public Health:

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

Dr. Arnaez reported that the data shared today is preliminary and was accessed through the WV Electronic Disease Surveillance System (EDSS) on June 16, 2020. The information is only accurate through the day it was accessed. The following report was provided:

Since May 10, 2020, the percentage of positive cases among the Unknown Race has been increasing. The cases among Black or African Americans has been decreasing since May 3rd. The recent period of June 14-16 will likely change when more data is available.

Percent of Cases by Race



Berkeley, Jefferson, Kanawha, and Randolph make up 64% of the Unknown Race; dropping from 74 percent.

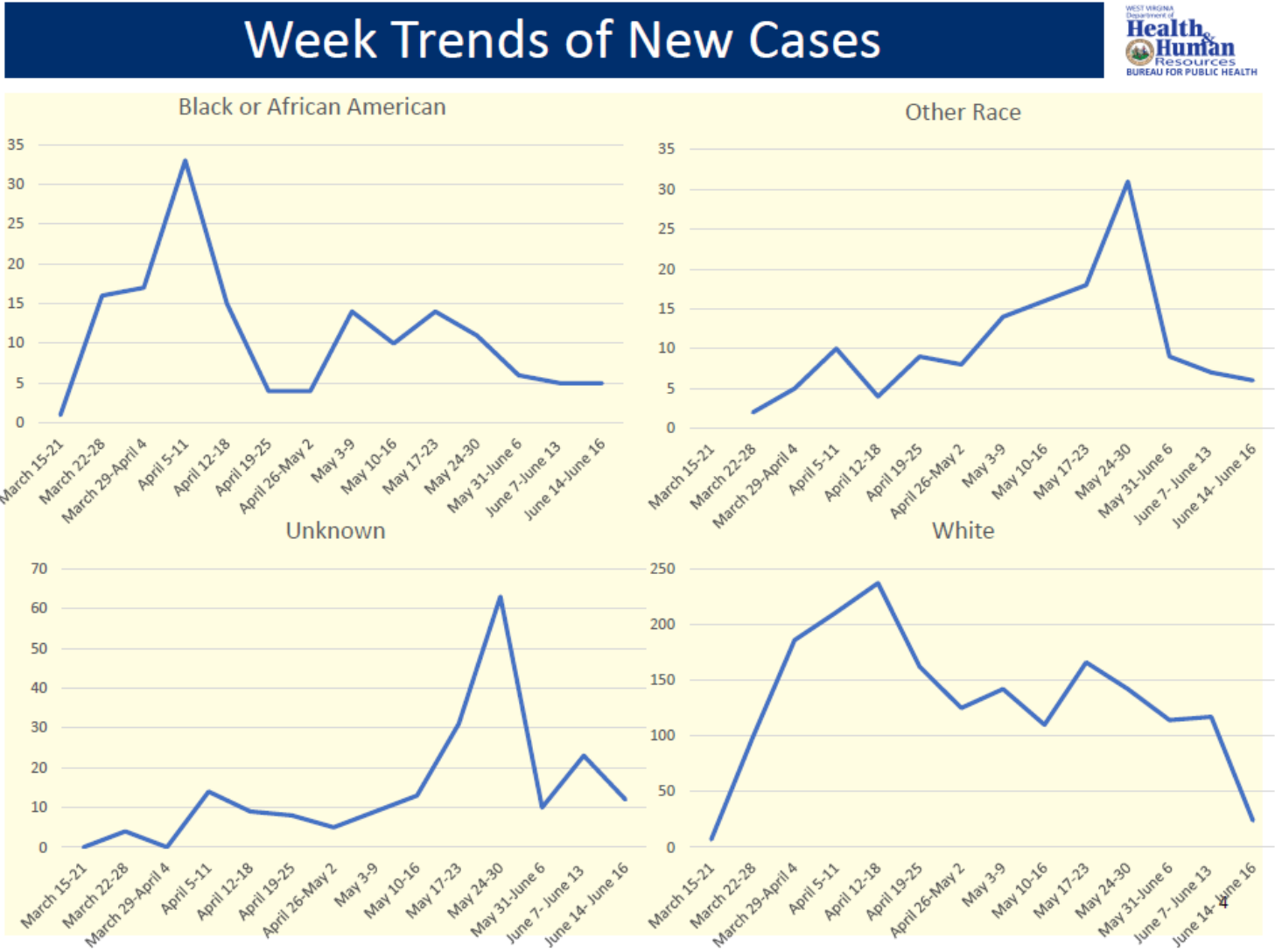
Unknown Race



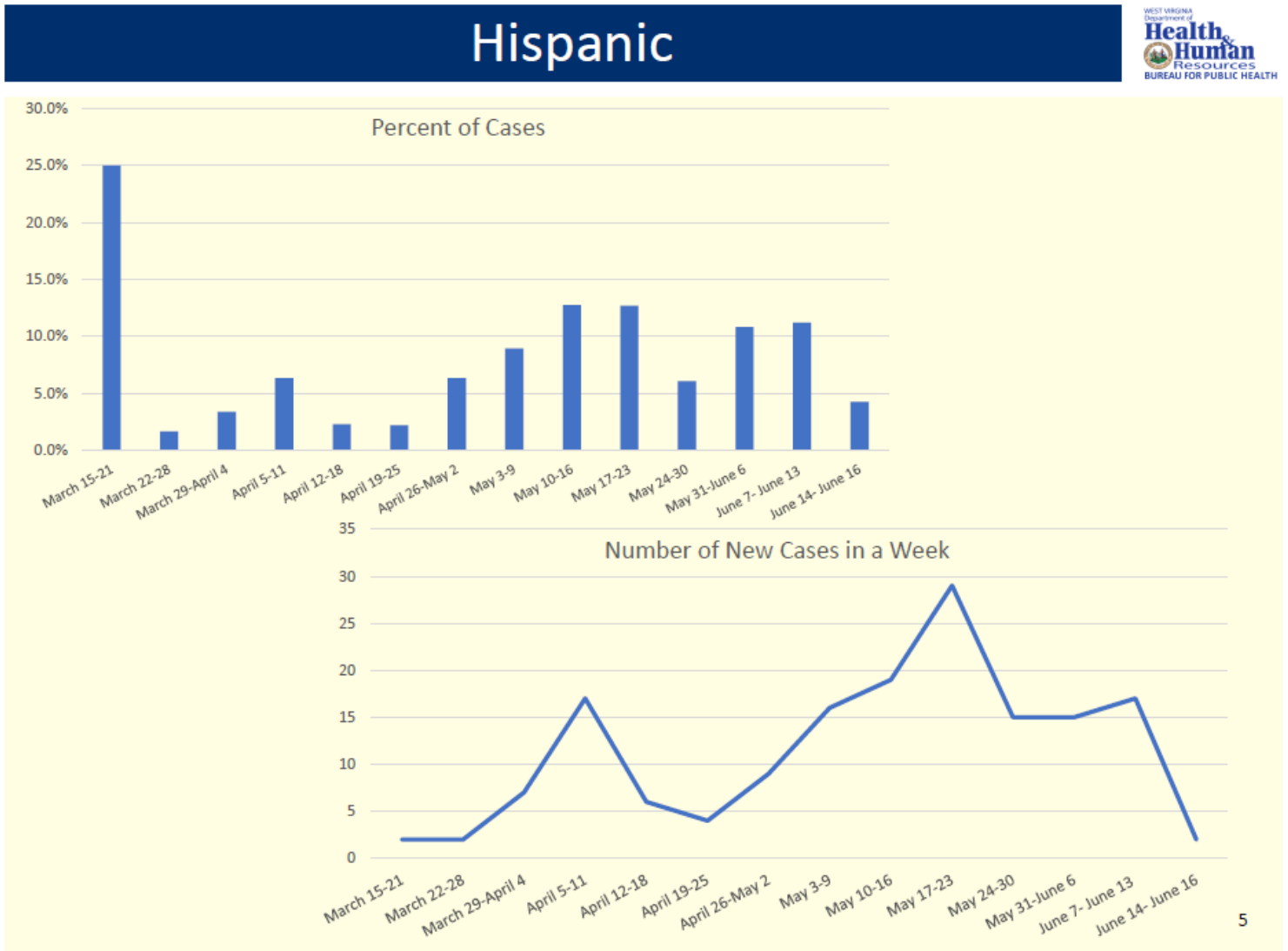
Four counties make up 64% of Unknown Race

- Berkeley**
- Jefferson**
- Kanawha**
- Randolph**

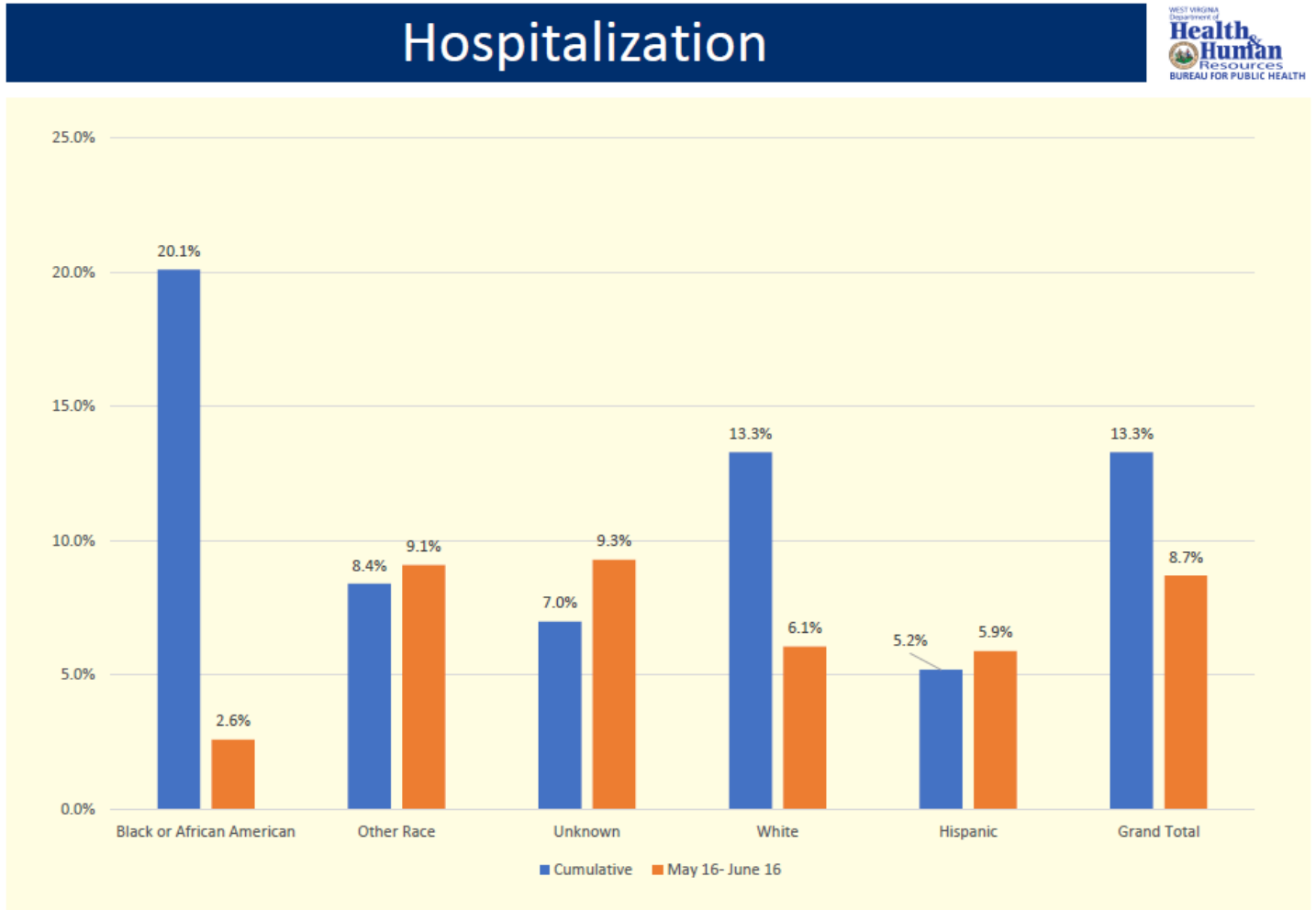
A secondary peak occurred among the Black or African Americans starting the week of May 3rd. Other Races has a similar pattern peaking around May 24-30. Unknown Race cases spiked with 60 new cases in one week during May 24-30. There was a small increase among the White Race during the week of May 17-23.



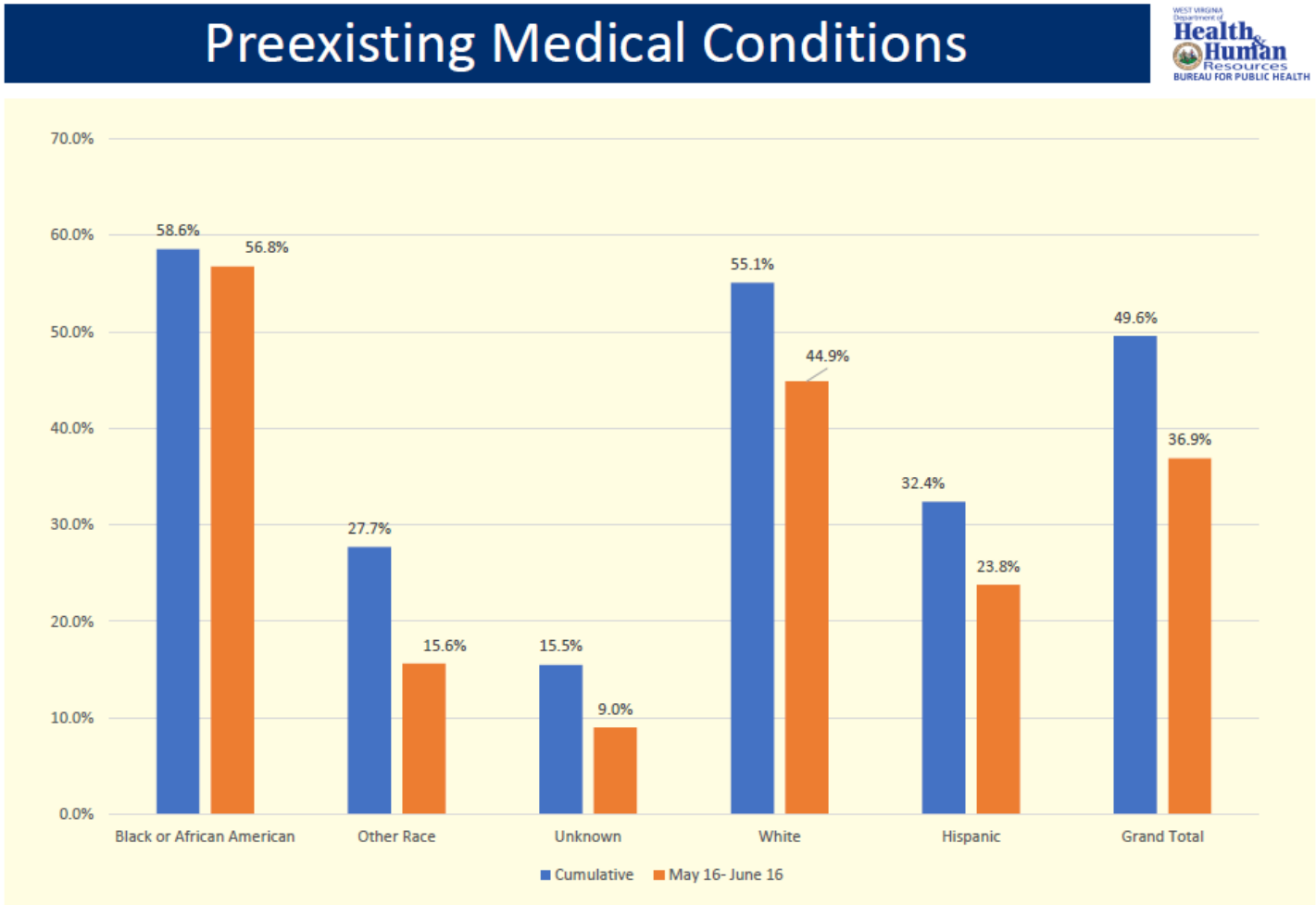
Since May 10, the Hispanic Race averages around 10-12% of cases. There was a notable increase of new cases starting on April 19; later dropping to about 15-17 new cases per week.



Overall, approximately 13% of COVID cases have been hospitalized since the start of the pandemic. One in five cases of hospitalizations have been Black or African American. Approximately 5% of cases were Hispanic. Hispanics had a slight increase of 0.7% during May 16-June 16.



The percentage of preexisting medical conditions is higher among Black or African Americans. Cumulatively, 58.6% of African Americans reported a preexisting condition. Nearly one-third of Hispanic cases report at least one preexisting condition. Overall, one-third of COVID cases report having a preexisting medical condition.



Dr. Arnaez stated that he will examine what races were associated with outbreaks and any regional disparities within the outbreaks.

Chairperson Upson asked why the Unknown Race and Other Race categories are not combined. She then asked the difference between the two categories. Dr. Arnaez that he is still learning his way around the data and is not aware of how the data is taken. He stated that Dr. Sarah Sanders is on the call and may be able to provide input. He then shared that it could be as simple as the question may not have been answered. It is separated out because it is not clear and that combining it with another category could artificially inflate the numbers.

Dr. Sanders added that the Unknown Race is truly unknown. It is a catch-all for smaller groups of races. Often bi-racial or multi-race people will identify with other. The Unknowns may have resulted from the question being left blank.

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

LTC McGonegal stated that there have not many changes recently. There has been focus on going back to certain areas to retest in minority and densely populated areas. There have been 10 different testing sites recently. Some counties have the resources to test outside of the National Guard.

Chairperson Upson shared that the Monongalia County Health Department reached out and requested additional testing, which is scheduled for July 10-11.

McDowell County Testing Update - Keisha Saunders, Tug River Health Clinic:

Ms. Saunders shared that she attended the testing event at the city hall. It was successful given the short notice. She stated that the McDowell County event was not well-publicized compared to Bluefield, which was on the local news. It helped that the event was combined with a fundraising event.

Chairperson Upson added that McDowell had 53% participation by African Americans. Although the overall numbers weren't high, the targeted population was reached. Ms. Saunders expressed that the location was next to a coal mine. If another testing event occurs in McDowell County, Saturday testing would be ideal since the coal mine will be closed on the weekend.

Ms. Saunders added that McDowell County would like to offer additional testing. Chairperson Upson stated that additional testing for McDowell County could be discussed offline with LTC McGonegal and the rest of the planning team.

Mike Jones requested a supply of masks be provided at the Juneteenth Celebration, planned by two young, locals in Charleston, on Friday, June 19 from 4:00 PM to 7:00 PM. Secretary Bill Crouch requested contact information and agreed to provide the masks.

Romelia Hodges then asked for a supply of masks to be provided for the Juneteenth Celebrations in Monongalia and Marion County. Secretary Crouch agreed and asked for the information to be sent to Chairperson Upson, who will then forward to him.

Chairperson Upson announced that the speakers for the 'Faces of COVID' video would be Jonathan Wesley, Romelia Hodges and Michelle Petties. The video project is moving forward. The Chair stated that Emily Hammond is waiting to hear back from Mr. Wesley. She shared that a rough draft of the video was requested for the next meeting.

Chairperson Upson shared that the Cabell County Health Department has asked if the testing on June 26-27 could be shortened to 9:00 AM to 2:00 PM. She asked if the AD Lewis center would have traffic during this time. Delegate Hornbuckle did not respond.

The Chair announced the upcoming testing locations. For week six, the second round of testing for Ohio County will be held at the casino; targeting the Latino population. First-round testing will be held in Putnam, and Summers counties. For week seven, a first-round will be held in Mingo and a second-round of testing will be held in Cabell and Hancock counties. She then asked for any feedback or questions from the task force.

Owens Brown stated that he had his hand raised from the beginning of the meeting and shared that he was annoyed by not being recognized. He stated that he had a suggestion when Dr. Marsh was speaking. The PR campaign would be the strength of combatting the negative information about COVID-19. It is good to speak amongst the group, but the public needs to know what is taking place. He shared that he felt the PR campaign is not strong enough.

Secretary Crouch stated that Mr. Brown's suggestion was a good point and that there has been discussion about taking that approach. He explained that Dr. Marsh and the Governor are terrific at discussing the subject, but recognizes that a

new campaign is needed. The Chair added that sharing the Faces of COVID video on social media platforms is part of the approach.

The Chair explained to Mr. Brown that the raised hand function is electronic. Only the most recent five speakers show up on the screen. She stated that he would need to expand "Participants" and select the blue hand to activate the function. She apologized for not being clear and would be sure to explain again at the beginning of the next meeting.

Delegate Hornbuckle returned to the call. He explained that he had to briefly step away from the meeting. The Chair shared that the Cabell Health Department shortened the hours based on the 16th Street turnout. She asked if this was a wise idea. Delegate Hornbuckle mentioned that it can be difficult for front-line workers to attend a weekday testing. He suggested offering a testing on Saturday at 9:00 AM to 2:00 PM and offering a 2:00 PM to 6:00 PM session on Friday to catch people afterwork.

The Chair asked if there were additional questions or comments. No comments or questions were received. She added that she would be in touch with Michelle Petties and Romelia Hodges when Emily is ready to record the video.

The meeting adjourned at 8:36 AM.

Respectfully Submitted,

Michelle Petties
Executive Assistant
HHOMA