STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Bureau for Public Health
Center for Threat Preparedness

Bill J. Crouch
Cabinet Secretary

Catherine C. Slemp, MD, MPH
Commissioner & State Health Officer

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Kimberley Ricketts, MPH
Medical Countermeasure Advisor
Commander, U.S. Public Health Service

Dear Kim,

I write to express my concern that as a nation, we are prioritizing response efforts, supply chains, and support in ways that will result in unnecessary disease and deaths. At present all resources and support are flowing based on size and case numbers. Absent is consideration of population risk and opportunity to make a difference early. I strongly request a heavy focus on population risk. For some areas, this will be too late. For others, shifting the focus would make a significant difference and lower the impact of COVID-19 on the nation.

West Virginia is a high risk state. Our state has the oldest population in the country, with 19.4% being 65 and older and the median age being 40.1. Poverty within the state of WV is 19.1% and the median income is $44,061. Factors such as age and income have been shown to affect a person's health outcomes. West Virginia ranks 1st in the nation for obesity, 1st in the nation for heart attack, 1st in the nation for CAD and 1st in the nation for respiratory illnesses such as COPD among persons greater than 65 years of age. West Virginia is also known to be 2nd in the nation for diabetes for those 65 and older as well and approximately 11% of WV has pre-diabetes thus adding to the ongoing health issues. The high prevalence of these underlying health conditions will likely lead to a higher percentage of our population requiring hospitalization should they become infected.

We know from other countries that early widespread testing, strong community mitigation measures, healthcare system support, and other early interventions make a difference. At present, West Virginia has inadequate testing capacity, with less than 1,500 tests for a population of 1.8 million. Very few commercial tests are being run in the state at this time. Our hospitals are having trouble acquiring supplies and systems to run tests in their own facilities, despite their best efforts to do so. We are told millions of tests and supplies are now available, but they're targeted solely to large areas with disease transmission. While this is important, jurisdictions like West Virginia with higher risk populations must be prioritized as well.

This week, we received a shipment of PPE from the Strategic National Stockpile. The quantity we received was ***significantly*** less than we anticipated based on the information we were given. For example, we initially requested 160,000 N-95 masks. We were notified that we would be receiving almost 18,000 N-95 masks. In reality, we only received 2,220. This is 88% less than

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what was promised and 98% less than what we initially requested. Similarly, we anticipated over 42,000 face/surgical masks and received *zero.* Needless to say, this allotment is wholly insufficient to address the basic and immediate needs of our front line health care and public health workers.

Based on the current state of COVID-19 and after evaluating the state supply of PPE for healthcare agencies, local health departments, public health partners it is critical that this request be expedited so that we can protect our healthcare workers, local health departments, and first responders.

Sincerely,

Donnie Haynes
Preparedness Director
WVDHHR/Center for Threat Preparedness