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***'How not to run a (COVID-19) Task Force'
A statement from Dr. Jimmy Hoppers***

Not since Hillary Clinton's failed health care task force in the nineties has a task force claimed to do so much yet produce so little.

When the Madison County COVID-19 Task Force was first announced, I was excited. Jackson and Madison County have a long history of meeting difficult problems head-on and devising solutions that work. The Carl Perkins Center is a shining example.

However, after nine months of meeting in secret, unaccountable to anyone, they have yet to produce a single solitary suggestion or strategy that can't be found on the front page of a thousand websites: wear a mask, social distance, close businesses, trace contacts. Yet all we hear from City Hall is how hard they have worked and what a great job they have done.

We can't go back and rewrite history, but there are some things that we can still do that can actually make a difference. The lone medical member of the task force is a registered nurse, but – and no personal offense intended – her training and depth of knowledge are insufficient for the task. There are no physicians on the task force, a fact I find remarkable considering this is first and foremost a medical issue.

So, the question becomes, what would I do differently?

Aside from altering the composition of the committee, I would stop putting my finger to the wind and simply parroting politically-correct suggestions that add nothing to what can be found on any website. Let's first identify the population that is occupying our hospital's critical care beds, both by age and co-morbidities (chronic medical problems that greatly increase one's risk of serious complications or death from COVID-19). We would then have real-time knowledge of who in Madison County and West Tennessee is most vulnerable among us. We could then gather together representatives from every medical facility in Madison County – something

that should have been done on day one – and turn the resources we are wasting on futile ‘contact tracing’ into providing telephone manpower for these clinics.

Each clinic then identifies its roster of high-risk patients – something easily done through the electronic medical records – and calls and gives each patient information and suggestions. Coming from their own medical professional and offered with a carrot and not a stick, I’m confident the information will be carefully considered.

Then the caller asks if the patient would mind if ‘one of my colleagues called them later.’ With that permission in place, the real work begins.

We enlist civic clubs, churches, nonprofits, schools, and anybody who wants to help and assign each person several individuals to contact daily. In a friendly tone, and with the same person calling each day, we would make sure the elderly among us who might not have a solid support system, and those with chronic health problems, aren’t going without.

We make sure there is food in the pantry, that they have an adequate supply of needed medicines, and that their electricity hasn’t been turned off. In short, we do everything we can to keep them, for a while, out of the general population. In addition, we give those who feel marginalized and isolated needed human contact and let them know that somebody in authority actually cares, that COVID-19 is more than a series of numbers rattled off at a press conference.

The dominoes then begin to fall. With the most vulnerable out of the population, the hospital’s critical care census will begin to decrease. Positive cases will continue to climb in the general population, but now those who are most likely to succumb to the virus are, for the most part, shielded from the contagion. When enough people have developed immunity, whether naturally or artificially, this menace will begin to recede like the tide.

You say it can’t be done? That’s what naysayers said in the early eighties when a group of us came together at the Old Country Store and planted the seeds for what has since become the nation’s leader in fighting child abuse.

Government has proven over the past nine months that it believes itself to be the only entity capable of leading us through this. They refuse to listen to any individual who challenges ‘what everybody knows.’ Only if we the people let our voices be heard can we protect those at highest-risk and most vulnerable among us.

Tell government it’s time to lead or get out of the way.

Jimmy Hoppers, MD