

OPINION

Tony Williams: With COVID-19 death toll over 200,000, politicians should listen to data

Tony Williams | Special to The Times

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The United States has surpassed the tragic milestone of 200,000 deaths due to the COVID-19 pandemic.

Those are the numbers verified by Johns Hopkins University. There are, without doubt, many more deaths associated with the virus due to the drastic life style alterations many have made.

Many still struggle with understanding how can America, the world's premier country, still struggle to minimize the COVID-19 related deaths. Some would attempt to correlate our large death numbers with the fact that our population is large. I believe that there is more to consider before taking this as fact.

First of all, we, as a nation, were very slow to adequately respond to the pandemic.





Tony T. Williams
Submitted Photo



Our leaders initially painted COVID-19 as a “China” virus, something that was “over there.” Somehow our political leaders fully understood how the world is connected financially but did not apply this same concept to public health.

Once the virus made it to our homeland, it was viewed as something that was under control and would remain as such. Again, no real steps were being implemented to build hospital capacity.

Once our country began to face the fact that this was a real situation developing, the politicizing began. This virus, a global health and public health issue, was made a political issue in the same way that America politicizes so many other issues.

When wearing a mask or not allows one to draw conclusions as to your political party, our doctors, clinicians, and nurses are at a big disadvantage. We are contributing to an outbreak with the underlying issue of poor community health infrastructure.

Lastly, we were not properly distributing relevant and timely data. Many talking points pointed to the elderly only. This went on for months until the number of younger people falling to the virus began to rise.

As one who has studied gerontology, I do agree that older Americans are susceptible to falling ill. This is due to the pathology of aging and the cellular dysfunction that accompanies that process.

However, to paint this as more of an “elderly problem” was very irresponsible and many young lives have been and continue to be lost. Messaging is very important and we failed at it during the early stages of the pandemic.

As we have passed the 200,000th death of the virus, what do we do?

Empower community health workers! This is not the world’s first coronavirus, nor first infectious pandemic. In the past decades we have seen SARS hit Asia and Ebola hit Africa, and now COVID-19 hits the global stage.

There are many lessons learned that should be applied today. For starters, we must empower local community health workers, who have relationships within



the local areas. They are the ones most likely to see city-level trends and in the best position to get timely information from patients.

Local health professionals can leverage cultural connections and understanding to improve immediate care leading to curbing an outbreak.

We must continue to look for ways to strengthen our community health systems and empower our medical professionals. This includes not only acknowledging their work, but providing the equipment and training that they need.

We must not send our doctors, clinicians, and nurses into hospitals without the proper personal protective gear. We have to offer them training as new data is made available in this ongoing pandemic. Now is the time, we must answer this call.

We must pressure our leaders to stop the political hijacking of a public health matter. Our medical professionals can beat this but they need our support. Do the research, take a stand, and join me in telling politicians to LISTEN TO THE DATA!!!

Tony T. Williams is an ED.D. student with Liberty University. His former education includes a Master of Arts in health care administrations and Bachelor of Arts in gerontology from Ashford University. His continuing education includes pandemic prevention and COVID-19 ventilation courses with Harvard Medical School, COVID-19 contact tracing with Johns Hopkins University, and the science of well-being with Yale University.

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