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Tribute to healthcare operators threatened by the COVID-19 pandemic

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The current COVID-19 pandemic represents an unprecedented challenge for healthcare systems of all countries, as vulnerable population groups and specific occupational categories, such as healthcare and social workers, are especially involved [1].

In Italy and many other countries, the novel coronavirus SARS-CoV-2 has affected healthcare operators within hospital and non-hospital settings. As of 01 May 2020 there were 12,526 COVID-19 related deaths among residents in care homes and hospitals of England and Wales [2] and, as of 20 April 2020, 106 deaths among their healthcare workers (HCWs) [3]. In Italy, as of 01 June 2020, 27,952 HCWs were officially recognized as infected by the Italian National Health Institute and 167 physicians and 40 nurses had died [4]. As of 9 April 2020, a total of 9,282 US HCWs with confirmed COVID-19 had been reported to the US Center for Disease Prevention and Control (CDC), totalling 11% of all cases reported in the USA [5]. In China, as of 24 February 2020, more than 3,000 HCWs nationwide had been infected and 8 had died [6].

These figures, however, underestimate the current COVID-19 infection rate in healthcare, because HCWs with mild or asymptomatic infections might be less likely to be tested [7]. In addition, the significant impact of COVID-19 on healthcare operators has led to a considerable proportion of HCWs experiencing anxiety, depression and sleep disturbances [8]. The need to perform demanding tasks in difficult circumstances requires prioritising the protection of HCWs for several reasons. First, hospitalised inpatients and residents in care homes are often elderly and immune-depressed patients with co-morbidities; thus, they may be infected by healthcare operators, leading to higher infection and mortali-

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ty rates. Second, changing medical protocols, shortages of medical supplies – such as personal protective equipment, especially during the critical phases of the first wave – and the high stress/strain level due to working long hours near critical patients with a high emotional load could make their immune systems more vulnerable than normal, promoting infection. This could aggravate the shortage of healthcare professionals and the risk that nosocomial outbreaks of COVID-19 may spread to the community [9, 10].

The huge daily risks taken by HCWs, who have been labelled heroes in news reports and public debates as an expression of gratitude for their actions, prompts us to speak up about it. What the word *hero* means is well explained by Pennetta and Ragonesi in this issue of the *Journal of Health and Social Sciences* [11]. As 'heroes' during this time, our colleagues and we have been working every day on our personal and collective battlefield, each of us with our own coping strategies [12].

Today, we are proud to pay tribute to all HCWs –our colleagues and friends– who have lost their lives or been hit in the body and soul during this fight against COVID-19. However, we believe that deeply understanding the reasons for this pandemic is necessary. In 2018 Afelt et al. [13] claimed there was a risk for humans of novel infectious diseases caused by coronaviruses. This hypothesis was based on the 'One Health' concept, in which human health is connected to that of animals and the environment. Globalisation has a complex relationship with global health and may spread health risks internationally. A person in the early stages of an infectious disease could be halfway around the world in 12–15 hours, thus functioning as a vector for that disease and spreading it to vulnerable and non-immune populations [14]. In the last few decades, we have witnessed several infectious diseases with the potential to generate public health *emergencies*, such as the AIDS pandemic of the 1980s, the global emergencies over SARS (2002–2003) and Zika (2015), and the devastating West Africa Ebola outbreak (2014–2016). All of them could be traced to the "disturbance of ecological equilibriums or alterations to the environments in which pathogens habitually reside" [15]. Deforestation, global warming, climate change and air pollution are interrelated and can be strong drivers of infectious disease transmission. Therefore, policymakers and governments should safely prepare healthcare systems for future emergencies. Only in this way will the sacrifice of HCWs not be in vain. To improve the preparedness of healthcare systems, which is a key factor in moderating the impact of a large epidemic on public health systems, economic investments for more equitable public healthcare systems are needed. As suggested by Bill Gates, data sharing, government funding, partnerships between the public and private sectors and agreements between governments and industries for production and distribution of vaccines and therapies should improve [16].

In the evening of Friday, 27 March, Pope Francis, during a historic prayer for the world, said, "*We are victims of our own hubris*" and "*We thought we'd stay healthy in a world that was sick*" [17].

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In spite of a world where medicine and religion are considered polar opposites, we believe that spirituality and prayer could be a vital part of the response to COVID-19, to reach a new equilibrium in the world and our lives.
We invite our readers to share their personal and working experiences during the ongoing COVID-19 pandemic to understand how better and more sustainable socio-economic systems can be put in place to address this global emergency.

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