

In Pandemic Covid-19 Outbreak, we Learned from the Statement of Jfk to the George Floyd Claim; All Inhabit this Small Planet, we are All Mortal and... We can't Breathe

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As human civilizations evolved, so did infectious disease. Large numbers of people living in close proximity to each other and new overseas trading routes spread the novel infections far and wide, creating the first global pandemics. Maybe, right now, the Global Village is having, with the electronic media, such more information; but the response is not quite different from the past. Marshall McLuhan defined the Global Village saying "Today, after more than a century of electric technology, we have extended our central nervous system itself in a global embrace, abolishing both space and time as far as our planet is concerned" (Understanding Media, 1964) [1].

The outbreaks are not new to the human civilization; they have been afforded with the resources available through time. In the human history, one of the most important events was the Plague of Justinian, produced by *Yersinia pestis*. This bacterium was responsible for the plague that arrived in Constantinople, the capital of the Byzantine Empire, in 541 CE. It was carried over the Mediterranean Sea from Egypt, a recently conquered land paying tribute to Emperor Justinian in grain. Plague-ridden fleas hitched a ride on the black rats that snacked on the grain. The plague decimated Constantinople and spread like wildfire across Europe, Asia, North Africa and Arabia killing an estimated 30 to 50 million people, perhaps half of the world's population.

"People had no real understanding of how to fight it other than trying to avoid sick people," says Thomas Mockaitis, a history professor at DePaul University. "As to how the plague ended, the best guess is that the majority of people in a pandemic somehow survive, and those who survive have immunity".

The plague never really went away, and when it returned 800 years later, hitting Europe in 1347, claimed an astonishing 200 million lives in just four years.

"As for how to stop the disease, people still had no scientific understanding of contagion", says Mockaitis, "but they knew that it had something to do with proximity". That's why forward-thinking officials in Venetian-controlled port city of Ragusa decided to keep newly arrived sailors in isolation until they could prove they weren't sick.

At first, sailors were held on their ships for 30 days, which became known in Venetian law as a "trentino". As time went on, the Venetians increased the forced isolation to 40 days or a "quarantine", the origin of the word quarantine and the start of its practice in the Western world. "That definitely had an effect", says Mockaitis [2].

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In the Great Plague of London by the early 1500s, England imposed the first laws to separate and isolate the sick. Homes stricken by plague were marked with a bale of hay strung to a pole outside. If you had infected family members, you had to carry a white pole when you went out in public. Cats and dogs were believed to carry the disease, so there was a wholesale massacre of hundreds of thousands of animals.

The Great Plague of 1665 was the last and one of the worst of the centuries-long outbreaks, killing 100,000 Londoners in just seven months. All public entertainment was banned and victims were forcibly shut into their homes to prevent the spread of the disease. Red crosses were painted on their doors along with a plea for forgiveness: "Lord have mercy upon us." As cruel as it was to shut up the sick in their homes and bury the dead in mass graves, it may have been the only way to bring the last great plague outbreak to an end. This situation, unfortunately is not very different from the issues we are facing today against the COVID-19 pandemics; again people is "forcibly" shut into their homes; sometimes due to civic consciousness; but also, and not in a minor number, due to discrimination, due to the new tag "COVID-Case", "COVID-Contact"; now a days people is still stigmatized due to fear; again the dead are being buried in mass graves, indistinctly, in some cases, with no faces, without a last kiss, a last goodbye, facing the grieve with no face [2].

The smallpox, related as an "European disease that ravaged the New World", was endemic in Europe, Asia and Arabia for centuries, but the death rate in the Old World paled in comparison to the devastation brought on native populations in the New World when the smallpox virus arrived in the 15th century with the first European explorers. The indigenous peoples of modern-day Mexico and the United States had zero natural immunity to smallpox and the virus cut them down by the tens of millions.

"There hasn't been a kill off in human history to match what happened in the Americas-90 to 95 percent of the indigenous population wiped out over a century," says Mockaitis. "Mexico goes from 11 million people pre-conquest to one million".

We can understand the impact on the mortality based on chronicles; the most recognized is from Bernal Díaz del Castillo, a Spanish soldier, who wrote on 1632 his True History of the Conquest of the New Spain (sp. "Historia verdadera de la conquista de la Nueva España", 1632). In this document, Bernal Díaz del Castillo, as actor and eyewitness, highlighted the "the size and complexity of the pre- Columbian cities in Mesoamerica. In his Second Letter, included in this document, he described: "... And among us there were soldiers who were in many parts of the world, and in Constantinople, and in all of Rome and in all of Italy, and they have been said that such a compact square, and with so much concert and size, and filled with so many people, they had not viewed before- Year 1552 B.C". This inscription from Bernal Díaz del Castillo, can be read at the Museo del Templo Mayor, Mexico City [3,4].

Centuries later, smallpox became the first epidemic virus ended by a vaccine. In the late 18th-century, a British doctor named Edward Jenner discovered that milkmaids infected with a milder virus called cowpox seemed immune to smallpox. Jenner inoculated his gardener's 9-year-old son with cowpox and then exposed him to the smallpox virus with no ill effect. "The annihilation of the smallpox, the most dreadful scourge of the human species, must be the final result of this practice", wrote Jenner in 1801; and he was right, it took nearly two more centuries, but in 1980 the World Health Organization announced that smallpox had been completely eradicated from the face of the Earth.

Another victory for Public Health Research is recognized in Cholera fighting. In the early- to mid-19th century, cholera tore through England, killing tens of thousands. The prevailing scientific theory of those days said that the disease was spread by foul air known as "miasma"; nevertheless, a British doctor named John Snow suspected that the mysterious disease, which killed its victims within days of the first symptoms, lurked in London's drinking water. Snow acted like a scientific Sherlock Holmes, investigating hospital records and morgue reports to track the precise locations of deadly outbreaks. He created a geographic chart of cholera deaths over a 10-day period and found a cluster of 500 fatal infections surrounding the Broad Street pump, a popular city well for drinking water. "As soon as I became

acquainted with the situation and extent of this irruption (sic) of cholera, I suspected some contamination of the water of the much-frequented street-pump in Broad Street", wrote Snow. With dogged effort, Snow convinced local officials to remove the pump handle on the Broad Street drinking well, rendering it unusable, and like magic the infections dried up. Snow's work didn't cure cholera overnight, but it eventually led to a global effort to improve urban sanitation and protect drinking water from contamination. While cholera has largely been eradicated in developed countries, it's still a persistent killer in developing countries, still lacking adequate sewage treatment and access to clean drinking water [2-4].

In the meanwhile, another lifesaving action, was surprisingly recognized, almost at the same time; this is the Hand Washing. Its power was not acknowledged until 1847, when Ignaz Semmelweis proposed it. Dr. Semmelweis began exhorting his fellow physicians at the famed Vienna General Hospital (Allgemeines Krankenhaus) to wash up before examining women about to deliver babies. In the pre-antibiotic era, another lifesaving action occurred during the Crimeá's war, in which a dedicated Florence Nightingale took care of the wounded using safe and clean environments, based on hand washing and appropriate ventilation of the rooms [5].

We could have thought that in our highly developed technological era, these situations about lacking of treatments, beds, equipment or knowledge are in the past, in the 1800's; the most incredible is that, similar deficiencies are still present. Today, in the middle of the pandemics, any person can arrive into a hospital in which there is not enough oxygen, finding under trained health personnel, or insufficient or too much tired for delivering a good medical attention. In many places there is not video laryngoscopy available; even if you were lucky on receiving an endotracheal tube, sometimes a mechanical ventilator is not available, and the respiratory support must be delivered manually. Sadly, today this is the reality around the world, indistinctly of the continent, region or country.

The Human Safety that more recently derived in Patient Safety was raised after World War II interest about the prevention and protection against the Nazi medical experiments; since World War I, the toxic gas weapons were developed, culminating with the "final solution" and the experiments from medical followers of Joseph Mengele; demanding to the humanity taking action to ensure the rights and access to health facilities. We can find pictures from citizens and entire families in the London subway, protecting themselves from bombardiers and gas bombs.

During the Cold War we still can find pictures of children at school following instructions about the use of gas mask and procedures of protection. Even after the Missile Crisis fear in October 1962, all the world followed in television and newspapers beat by beat the scenario of the confrontation, that is often considered the closest escalation of the Cold War into a full-scale nuclear war with possibilities of human extinction [5].

The perception of peace and welfare is common to all the humanity at any time. On those days of the Cold War, the urgency for keeping the homes safe, promoted the construction of shelters with the idea of family protection. The Family Fallout Shelters were promoted from the Office of Civil and Defense Mobilization in US. The conclusion of the speech "Peace" of President John F. Kennedy (JFK), given at American University in June 10th, 1963 had the quote: "In the final analysis, our most basic common link is that we all inhabit this small planet. We all breathe the same air. We all cherish our children's future. And we are all mortal" [6-10].

In November 17th, 2019, the first case of someone suffering from COVID-19 can be traced back, according to media reports on unpublished Chinese government data.

The report in the South China Morning Post, said Chinese authorities had identified at least 266 people who contracted the virus last year and who came under medical surveillance, and the earliest case was November 17th - weeks before authorities announced the emergence of the new virus [11].

In March 11th, 2020; the Director of the World Health Organization (WHO), Dr. Tedros Adhanom Ghebreyesus informed that in the previous two weeks, the number of cases of COVID-19 outside China were increased 13-fold, and the number of affected countries has tripled. At this moment, there are more than 118,000 cases in 114 countries, and 4,291 people have lost their lives. Thousands more are fighting for their lives in hospitals [11-13].

He also said that in the days and weeks ahead, it is expected to see the number of cases, the number of deaths, and the number of affected countries climbing even higher. The WHO assessed this outbreak around the clock, with a deep concern about the alarming levels of spread and severity, and, the alarming levels of inaction. COVID-19 was then, characterized as a pandemic.

In the middle of the Pandemic Era, on May 25th in Minneapolis, United States of America, George Floyd, a 46-year-old black man, was arrested by several police officers. Seventeen minutes after the first squad car arrived at the scene, Mr. Floyd was unconscious and pinned beneath three police officers, showing no signs of life. "I can't breathe!, I can't breathe!"; was the sentence recognized in several news and videos; and the people claimed "the Black Live Matters" in several cities around the world, with disturbs and protests moving a great number of persons for a right cause, but also in great danger of being infected. [15].

In June 25th, 2020, in interview with The Washington Post, the Director of the Center of Disease Control (CDC), Robert Redfield, estimated that at least 24 million Americans have been infected so far. The number of people in the United States who have been infected with the coronavirus is likely to be 10 times the 2.4 million confirmed cases based on antibody tests [13].

By the June 30th, 2020, (Last updated: 2020-06-30 00:40:05 UTC+7), the reported number of COVID-19 cases affecting 213 countries and territories is 10,330,363; from these, 57,433 are in severe condition. 506,073 deaths have been reported and 5,401,963 patients were recovered [16].

Among the several factors involved in the Crisis Management of the COVID Outbreak, we can observe the fragmentation and pitfalls in health access. Some factors can be highlighted: science, healthcare, medical services, community and leadership.

The first factor for analysis is Science. Humankind and civilizations had enormous and surprising advances in science but most of the knowledge have intellectual property and even when the knowledge exists, it is not available to all people. Many times, it is necessary a machine, a license, an equipment, a health insurance or enough money for having health access. The healthcare has been developed from the concept of disease treatment and health restoration. There is a lot of debate about health care financing in several countries, in which the vaccines are not provided to all the population. This is particularly challenging for the developing countries, in which the healthcare could be almost inexistent; or even in developed countries in which thousands are immigrants or unemployed, outside of the welfare, without an old age pension and medical insurance. In this line, it is recognized the importance of the Intensive Care Unit for the COVID-19 treatment, including the high ratios of mechanical ventilation in case of an Acute Respiratory Distress Syndrome, plus the costs of the use of the Personal Protection Equipment and the shortage of stock. Until now, there is not a recognized specific drug or treatment for COVID19; and the current interest of a vaccine development is focused in the countries with major investments in the Pharmaceutical Industry, taking in account the market interest.

There is an ethical consideration about the cost and dispose of Tests for detecting SARS-CoV2 from the production and the retail cost; the cost variation of US\$ 7 to US\$ 100 describes the marketing. Hands Up! Your life or your money! is the final conclusion when the intermediates, pharmaceuticals or medical services ask first for your money instead of your health condition and your health care needs. The politicians role should be based in science and make the human safety a priority, putting aside the economic interest; they claim the negative effect in the economy but we need to promote and build fair societies in which the income makes affordable to any person, to cover the basic needs with dignity. [17,18].

The healthcare services are the second factor of analysis. Normally services are organized from the First Level of Attention or Primary Care; prevention measures are more cost-effective. As an example, many Intensive Care Units are developed for Cardiac ICU; nevertheless, the recognition and management of lifestyles, smoking control, diabetes, sedentarism, obesity and hypertension are done in the First Level of attention. The Tertiary Level of care has the highest technology dependency, requires well trained staff and it is available to the people can afford it. The medical staff promotes the recognition, remuneration and compensation in Third Level, making an unbalanced distribution of staff and budget. Today we need a First Level of First Level (Primary Care of First Class).

The knowledge and the decision making for treatment must be done since the First Level of Care. Today the most effective measures to reduce the impact of the outbreak with a predictable benefit are simple things: use of a mask, hand washing, and stay at home. All the people who makes possible the Stay at Home confinement reduces the number of cases and possible patients in life threatening situation.

The Medical Services are the third factor. The finest dedication from nurses, doctors and respiratory therapist in the world is amazing; but behind this is the horror of the high risk of infection, the long shifts, the fatigue conditions, the burnout, the stress and the rejection and aggression from the population. These are worrisome conditions. Most of the health workers conditions and needs are postponed, arguing the service career and vocation. The health worker is not only an employee working for remuneration, they are the finest instrument that gives to the patients all their knowledge and empathic attention. There is no place to say that the mechanical ventilator is the key in the treatment; it is all the people who make it works. The machines need humans, and linked to this, it is very important to recognize the human fatigue and the vulnerability. In these moments, everybody saves lives, the driver, the paramedic, the janitor, the food deliver, the pharmacist, the nutritionist, the police, the administrative personnel and all the people that is packed in the great health team.

The fourth factor is the Community, right now we are discovering the importance of supporting each shoulder in the Global Village. It is true that in the confinement we can enjoy some advances from the original quarantines in the 1800's, with the opportunity of Wi-Fi connection and wired services; right now the society is understanding the different ways for convivence, sharing with the neighborhood located at the next door, taking care of elders, the patients in home attention and special cases. Currently the community is connected to the massive social media, making it aware of the human condition in other places in the world and being part of the groupal interest. Telemedicine is now a resource that million of persons are using. In the wired world a lot of processes have been questioned, like the time spent in the waiting room of a crowded Emergency Room or in the Outpatient Clinic. The technology then, and the necessity are defining new ways to make a fast track attention in non-emergency compliance. In the pandemic area, the health services are also working as the last goodbye area even by videoconference.

The eager of information and the customer access to tons of information allow us to understand the risk and the benefits of the diseases and potential treatments.

Finally, the fifth element is leadership. Leadership is always claimed by the community and the medical community; there is not enough having experts and erudite trying to wonder the future. The capabilities to respond, the mitigation and the resilience of the societies, medical services, health systems and staff are necessary. It is very important to recognize and acknowledge to any health worker worldwide, with all the possible gratitude. Health care workers are giving their lives in this mission.

Then, it is important to think on making viral and contagious the team building, the community action and the strong health services. A trained medical staff and the promotion of science as a tool, must be explicit, starting at First Level of Care, being also the First Level of empowerment, being part of a chained decision making from the Primary Care to the Intensive Care Unit. There is no room for segregation based in organizational pitfalls or economic interests; this will accomplish the condition said by the President JFK: "Our most basic

common link is that we all inhabit this small planet. We all breathe the same air. We all cherish our children's future" and then any person with restored dignity will be able to say different than Mr. George Floyd: Yes! I can Breathe!!

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