



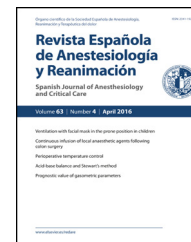
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LETTER TO THE DIRECTOR

The mask (which we need so much is the one we would have needed) ☆☆☆



La mascarilla (que tanto necesitamos es la que hubiéramos necesitado)

To the Editor:

Spain, 16 March 2020. The countries that have best dealt with the COVID-19 epidemic are not China but South Korea and Germany. So, what have they done differently? In Korea, instead of ordering total confinement, the authorities have made masks mandatory for the entire population all the times, they have conducted comprehensive temperature screening and free virus testing for all suspected cases, and have confined confirmed cases and their contacts to hotels. These measures have enabled them to contain the rate of infection. Germany, on the other hand, took full advantage of the lull before the first cases appeared to prepare the country for the pandemic. Koreans have known this type of virus since 2015, and the events in China proved them right. It is imperative to drastically increase the number of diagnostic tests, identify the healthy, and isolate them from the infected in order to contain the spread. In the words of the director general of the WHO: “we cannot stop this pandemic if we don’t know who is infected”.

In addition to testing, Germany also has excellent, numerous and extraordinarily well equipped critical care units, a capacity for producing diagnostic tests and medical equipment (respirators), and organizational discipline. In Spain, however, following criteria that lag behind the rate of infection “like the Coyote after the Roadrunner”, hardly any testing has been performed. As recommended by the WHO, the entire population should be screened as soon as possible, starting with affected areas and targeting in particular all essential workers, including health personnel, who can unintentionally spread infection even if they have no symptoms. This lets us gain ground and take the lead. In Spain, healthcare personnel account for 14% of those infected, compared with 8% in Milan 3% in Wuhan!

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To protect ourselves and protect others, we need resources – resources such as face masks would have protected the population, not by preventing us from becoming infected, but by preventing us from spreading infection. Although we do not have enough face masks or protective equipment, on television we see how supermarket cashiers, pharmacy staff, and many other workers have masks – perfect! Even members of the Military Emergencies Unit wear hazmat suits as they perform the commendable job of disinfecting the AVE train station with water and bleach. Healthcare workers around the country, however, are told not to routinely use face masks at work because stockpiles are low, and they will be needed when more patients are admitted. This is not the real situation. The harsh reality is that unlike workers in other sectors, when our wages are cut we are told that we have to carry on working because it is our vocation; when we are expected to work under monthly contracts – it’s our vocation; when our working hours are reduced – it’s our vocation; when we are expected to work endless shifts for low pay – it’s our vocation; and when we risk our health – we do it because it’s our vocation. True enough, we do have a vocation. We gladly go to help out in third world countries in our spare time, empty-handed, and even if we had no resources we would make sure that no patients die because we would not hesitate to treat them, even if it meant covering our mouths with a simple handkerchief.

So we ask ourselves, how can a country that is home to clothing companies that dress half the world (and would have produced millions of face masks in a matter of days had they become fashionable), to international engineering companies and a first class pharmaceutical sector, be incapable of producing the face masks, personal protective equipment (PPE), respirators (even simple ones), and tests that were so sorely needed as soon as stock began to dwindle? We appreciate the 8 o’clock applause and the politicians’ praise “for healthcare personnel”, “our healthcare system” “the best in the world” – this is all well and good, but what we really need now are: diagnostic tests, PPEs and respirators, not only to protect ourselves, but to enable us to do our job: cure patients.

Appendix A. Supplementary data

Supplementary material related to this article can be found, in the online version, at [doi:10.1016/j.redare.2020.05.003](https://doi.org/10.1016/j.redare.2020.05.003).

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