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to being on the frontlines of care delivery, nurses are also researchers. In the year honouring nurses, it deserves mention that this profession has been responsible for some of the most important contributions to public health and the science of patient care.<sup>1</sup> The wealth of ideas flowing from nurses should come as no surprise, given that nurses spend the most time with patients and families as they navigate health, sickness, crisis, and bureaucracy in our health-care systems.<sup>2</sup> However, much of the public and some members of the academic community are surprised to learn that many nurses also earn the rigorous methodological training required to lead exacting programmes of research through PhD degrees in nursing, epidemiology, physiology, microbiology, data science, economics, and health policy—just to name a few.

Honouring individual historical nurse researchers as unusual inadvertently perpetuates a misleading narrative that nursing research has been dormant for centuries. To the contrary, countless nurse researchers live among us, working tirelessly to improve patients' lives and transform health care across the globe. There is perhaps no better evidence of this insidious narrative than the failure to include a nurse on the US White House Coronavirus Task Force, despite the fact that nurses make up the largest segment of the health-care workforce, are the most trusted profession, and are the members of the health-care team largely responsible for communicating with and educating patients and families.<sup>3-5</sup> With unparalleled perspectives gleaned from the frontlines, nurse researchers are uniquely prepared to advance any research agenda that addresses our collective health during COVID-19 and beyond.

In every aspect of public life, we are learning that policies made without all voices at the table are destined to fail, particularly when issues of equity and access are involved. To ensure a future in which health care is efficient, equitable,

cost-effective, and patient-centred, let us remember to always fill nursing's seat at the research roundtable.

We declare no competing interests.

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## Ending support for medical organisations puts the world at risk

We read with interest and deep concern the Correspondence from Arlene King and colleagues<sup>1</sup> regarding the decision of some countries to stop (or delay) financing of WHO and, by default, the health organisations that depend on it, such as the Pan American Health Organization (PAHO). Although we do acknowledge the repercussions of the COVID-19 pandemic and how this unprecedented situation has affected not only the health of people living in the Americas but also

the fragile economies, reducing the ability of health organisations to help to manage endemic, pandemic, and neglected tropical diseases by stopping financing of these organisations is a reason for global concern.

The Inter-American Society of Cardiology (IASC), representing each cardiovascular society from Canada to Argentina, the Caribbean, and Spain, stands up for PAHO and makes a call for an urgent review of this decision, with the ultimate goal to avoid PAHO going insolvent soon. Over more than 100 years, PAHO has been key in the articulation of solutions for multiple endemic and pandemic diseases. The continent needs PAHO's articulated strategies to continue fighting not only COVID-19 but also other devastating diseases affecting the Americas, particularly Latin America.

IASC makes a call to action to our member countries. We all share the responsibility of joining PAHO in their claim for the outstanding contributions needed to survive after September, 2020. In IASC, we believe that working together is the best way to reduce cardiovascular morbidity and mortality in our beloved continent. These are times to stand up for each other: PAHO is the organisation that ensures our wellbeing by protecting our global health. Let them know how much we value their essential work.

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