2020, we are situation in which we have no experience and for which we have more or less preparation. With the COVID-19 pandemic, our worldwide medical community faces its biggest challenge in history. Patients and staff in medical institutions alike generally do not think of those of us who practice foot and ankle surgery as component of the health-care system. As 5% of primary-care visits are related to foot and ankle, we definitely play a role in meeting patient needs. With the cancellation or delay of all elective surgical procedures and the limiting of outpatient visits, we have been set aside. The backlog is enormous, and it is likely that concerns regarding dissemination of the virus will persist for a long time. Furthermore, emergency or urgent procedures need to be carried out for the benefit of the patient. Nobody knows what this future brings for all of us. Patient care and maintenance of the health systems have the highest priority. Education and research are of (much) lower priority outside the field of COVID-19, and this is the case for foot and ankle surgery and effectively our journal. However, there will be a time after the COVID-19 crisis, and we will return to our earlier priorities. So, even though this journal might be of low or at least lower topical interest, we proceed with our work and the journal is published as planned. I informed you in the last issue about the actual developments of the journal. In addition, Elsevier has started a number of initiatives. All relevant information are concentrated in one place for speed and ease of access: the Elsevier COVID-19 Information Center with the latest research and links to around 20,000 articles from across the 2500+ journals, available freely and easily, to help the global response. Full analysis of the body of knowledge on the virus and Covid-19 through AI-enabled text and data mining have been enabled. Elsevier is making this important body of literature available from PubMed Central and other public repositories such as the WHO COVID database. Librarians, researchers and students are assisted to connect remotely: in order to ensure access for all readers of platforms like ScienceDirect, Scopus and Reaxys. Healthcare professionals and medical students are supported: Elsevier has launched a COVID-19 Clinical Toolkit, and information page with remote teaching resources and support for nursing and healthcare educators, including webinars, print and video assets as well as product releases that relate to COVID-19. Elsevier is offering medical schools and nursing schools across EMEALAAP complimentary access to ClinicalKey Student and Assessment. Authors and editors are provided with support hubs to assist their activities. The Editor resilience center is a new support hub created to assist editorial activities as far as possible and provide info about continuity of support services. The Author resilience center is a new support hub created to assist authors to continue their publishing activities as far as possible including articles and podcasts. Elsevier is currently also considering a similar hub to support our reviewer community.

This listing shows that we as readers, authors, and reviewers do get support. In times when we have to face an enormous real threat, this journal might give a little normality, relief and hope.

Stay healthy! Get well!

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