

To Whom it May Concern,

My name is Betsy P. Sanchez Marrugo and I am a student of Forensic Psychology with the Open University, currently residing in Plymouth, Devon. I am writing to you as an official response to your coronavirus action plan. In order to save you time, I have only added the excerpts that I have found to be problematic, which need your urgent attention, or where I have suggestions to enhance this plan.

Yours, faithfully

Betsy P. Sanchez Marrugo

YOU SAY (GOV.UK, 2020a)	I RESPOND (GOV.UK, 2020b)	ASSESSMENT
1.1 “The UK Government and the Devolved Administrations, including the health and social care systems, have planned extensively over the years for an event like this, and the UK is therefore well prepared to respond in a way that offers substantial protection to the public”.	According to GOV.UK (2020b) there have been no recoveries or discharges of infected patients since 22 March 2020, as shown in your historic data document from the dashboard. This fact shows incongruence between the intentions of this section of the action plan and its implementation.	FALSE INFORMATION. LACKING CONGRUENCE. ⚠ Alert
2.6 “It is, however, also clear that a minority of people who get COVID-19 will develop complications severe enough to require hospital care, most often pneumonia. In a small proportion of these, the illness may be severe enough to lead to death”.	This is a misinformed and misleading claim, as the opposite has proven to be true in the UK. As of the date of this writing, only a small proportion (approximately 7%) of outcomes have resulted in recovery as mentioned above. The great majority (93%) have died.	FALSE INFORMATION. LACKING CONGRUENCE. ⚠ Alert
2.9 “The majority of people with COVID-19 have recovered without the need for any specific treatment, as is the case for the common cold or seasonal flu”.	Not only does this statement play down the threat at hand, but it is again misleading information, with the majority of outcomes in the UK resulting in death as stated above. Moreover, a clearer distinction between the consequences of catching a common cold and the seasonal flu and COVID-19 needs to be made.	FALSE INFORMATION FOR UK SPECIFIC SAMPLES ⚠ Alert
3.3 “An effective response also requires the active participation of a well informed public	Great plans and intentions. Yet, a new action plan is overdue considering	ACCEPTABLE

<p>and all service providers”.</p>	<p>the shocking and problematic inconsistency between the threat appraisal and the coping strategy. It is necessary that both the public and service providers have clarity about the risk involved. A bimonthly action plan is recommended.</p>	
<p>3.5</p> <ul style="list-style-type: none"> ● “Using the best available scientific advice and evidence to inform decision making”. ● “Minimise the potential health impact by slowing spread in the UK and overseas, and reducing infection, illness and death”. ● “Minimise the potential impact on society and the UK and global economy, including key public services”. ● “Ensure that the agencies responsible for tackling the outbreak are properly resourced to do so, that they have the people, equipment and medicines they need, and that any necessary changes to legislation are taken forward as quickly as possible” ● “Be guided by the evidence, and regularly review research and development needs, in collaboration with research partners, to enhance our pandemic preparedness and response”. 	<ul style="list-style-type: none"> ● “Using the best available scientific advice and evidence to inform decision making”.  This is good. But it would be better if you could share such scientific information and sources with the public so it can be peer-reviewed and meta-analysed. ● “Minimise the potential health impact by slowing spread in the UK and overseas, and reducing infection, illness and death”.  Alert: This shows good intentions, however, police forces are not being provided with protective equipment. Therefore, it is an incongruent statement. ● “Minimise the potential impact on society and the UK and global economy, including public services”.  Alert: Public services are being taken for granted. The police force is at risk of catching the virus, and are often exposed to antisocial behaviour which in this case manifests as deliberate coughs at police workers’ faces, spits, etc. Should the police force collapse, everything else will collapse too. ● “Ensure that the agencies responsible for tackling the outbreak are properly resourced to do so, that they have the people, equipment”.  Alert: Frontline staff are lacking equipment. They are not even wearing face masks or gloves (except for the NHS), which puts them at higher risk of catching the coronavirus disease. ● “Be guided by the evidence, and regularly review research and development needs, in collaboration with research partners, to enhance our pandemic preparedness and response”.  Alert: This action plan is lacking evidence. Most of the claims made in regards to the threat appraisal are biased and disproportionate in regards to facts and figures. 	<p>RECKLESS AND CARELESS ACTION. LACKING PREPAREDNESS. LACKING CONGRUENCE.</p> <p> Alert</p>

<p>3.7 “The fundamental objectives are to deploy phased actions to Contain, Delay, and Mitigate any outbreak, using Research to inform policy development.”</p>	<p>It would be nice if such research was also shared with the public, as academics would probably find it therapeutic to review the research. Providing specific links to the conducted research reports might also help people feel more confident in coping with the threat, and more confident about the GOV’s legitimacy and preparedness in dealing with this particular outbreak.</p>	<p>GOOD</p> 
<p>4.4 “The nature and scale of the response depends on the course of the disease, which cannot be predicted accurately at this point. As our understanding of the disease increases and its impact becomes clearer, we will issue further detailed advice about what to expect if/when further measures become necessary”</p>	<p>Good, but it would be better if you could make such reviews bimonthly, else we might be waiting forever for recoveries which might or might not happen. The correct time to respond is always NOW. And by response, I mean at least to analyse the data about the outcomes, and to duly make decisions based on such data accordingly.</p>	<p>GOOD</p> 
<p>4.8 “New regulations introduced in England under public health legislation provide new powers for medical professionals, public health professionals and the police to allow them to detain and direct individuals in quarantined areas at risk or suspected of having the virus”</p>	<p>These key frontline workers are NOT expendable. It seems that the GOV is very confident in giving orders, but reluctant in providing basic protection, such as face masks/helmets, hand sanitiser, etc... to police workers.</p>	<p>AUTHORITARIANISM. RECKLESS AND CARELESS ACTION. LACKING PREPAREDNESS. LACKING CONGRUENCE.</p> <p> Alert</p>
<p>4.12 “If the current outbreak takes a greater hold, we will use those lessons about effective treatment methods and apply them throughout our health services, across all hospital sites and into community settings”.</p>	<p>Your incongruent and outdated action plan is a sign that you are not taking any lessons seriously yet. Again, key frontline staff are NOT expendable or disposable. Prevention should be the plan, not the last resort. There are already lessons, such as the fact that no positive outcomes have occurred since last month.</p>	<p>LACKING PREPAREDNESS. LACKING APPROPRIATE RESPONSE. LACKING EMPATHY.</p> <p> Alert</p>
<p>4.14 “The UK maintains strategic stockpiles of the most important medicines and protective equipment for healthcare staff who may come into contact with patients with the virus. These stocks are being monitored daily, with additional stock being ordered</p>	<p>This should be the case FOR ALL key frontline staff stations, not just for the NHS. You cannot just protect some key workers, and leave other key workers to catch the virus. It just does not make sense</p>	<p>RECKLESS AND CARELESS ACTION. LACKING PREPAREDNESS. LACKING CONGRUENCE.</p>

<p>where necessary”.</p>		<p>LACKING APPROPRIATE RESPONSE. LACKING EQUALITY.</p> <p>⚠ Alert</p>
<p>4.17 “Advice has been provided to first responders, employers, the justice system (including prison and probation services), educational settings, and the adult social care sector”.</p>	<p>Good, but advice should be accompanied by protective supplies. Furthermore, this is a good opportunity to remind you that prisoners have a human right to life. I worry, because if you are not even protecting the police forces properly, I don’t even want to begin to imagine how you might be failing human offenders.</p>	<p>ACCEPTABLE</p> <p></p>
<p>4.34</p> <ul style="list-style-type: none"> • “reducing the impact and spread of misinformation by relying on information from trusted sources, such as that on www.nhs.uk/, www.nhsinform.scot, www.publichealth.hscni.net, https://gov.wales/coronavirus-covid-19 and www.gov.uk/” • “checking for new advice as the situation changes”. 	<ul style="list-style-type: none"> • “reducing the impact and spread of misinformation by relying on information from trusted sources”. ⚠ Alert: These sources need to make sure that the information available, such as action plans, are in accordance with the available data AND outcomes. Else, the public might lose all trust in such sources, potentially resulting in confusion and disorder. • “checking for new advice as the situation changes”.  This is good. But you should practice what you preach. 	<p>ACCEPTABLE</p> <p></p>
<p>4.38 “Government and Devolved Administrations are currently working with our critical national infrastructure partners to ensure that these plans are appropriate for COVID-19, and that we minimise any impacts that could disrupt the daily services on which the UK depends”.</p>	<p>Good intentions, but this does not seem to be in line with the evidence and protection protocols for many frontline workers.</p>	<p>ACCEPTABLE</p> <p></p>
<p>4.48</p> <ul style="list-style-type: none"> • “Health and social care services will work together to support early discharge from hospital, and to look after people in their own homes”. 	<ul style="list-style-type: none"> • “health and social care services will work together to support early discharge from hospital, and to look after people in their own homes”. ⚠ Alert: Social care staff must also be provided with the same privileges being provided to medical staff. 	<p>AUTHORITARIANISM. LACKING EMPATHY.</p>

<ul style="list-style-type: none"> “Emergency services, including the police and fire and rescue services will enact business continuity plans to ensure they are able to maintain a level of service that fulfils their critical functions. For example, with a significant loss of officers and staff, the police would concentrate on responding to serious crimes and maintaining public order”. 	<ul style="list-style-type: none"> “emergency services, including the police and fire and rescue services will enact business continuity plans to ensure they are able to maintain a level of service that fulfils their critical functions. For example, with a significant loss of officers and staff, the police would concentrate on responding to serious crimes and maintaining public order”. Alert: I feel deeply troubled by how easy it is for GOV to give orders to humans. The way you cluster your words, the verbage you use, all suggests that emergency staff are expendable, expected to save the country and maintain social order. You should also provide stockpiles of protective equipment to these human beings. It is so easy for you to say to humans to do something, and to risk their lives for something. Please protect those who protect you and the public. 	<p>Alert</p>
<p>4.49 “Everyone will face increased pressures at work, as well as potentially their own personal illness or caring responsibilities. Supporting staff welfare will be critical to supporting an extended response”.</p>	<p>Well, I am only a Level 2 student of Forensic Psychology. And here I am completely scared by your action plan, or rather “LACK OF ACTION plan”, which is FAILING to protect some frontline staff.</p>	<p>LACKING PREPAREDNESS.</p> <p>Alert</p>
<p>4.50 “We will implement a distribution strategy for the UK’s stockpiles of key medicines and equipment (e.g. protective clothing). This will cover the NHS/HSCNI, and extend to social care and other sectors as appropriate”</p>	<p>This is clearly politics, not policy. No protective equipment has been provided to many frontline key workers or their stations.</p>	<p>FAILURE TO IMPLEMENT ACTION PLAN APPROPRIATELY.</p> <p>Alert</p>
<p>4.52</p> <ul style="list-style-type: none"> “arrangements for the continuation of essential services, to maintain normal business for as many people as possible for as long as possible”. “systems to lessen the impact of disruption to society and the supply chain”. 	<p>Both of these points show how easy it is for the GOV to go: “Oh yeah, let’s make this happen. They will do their job”. But without the protective equipment, I am concerned about key workers. I am beginning to think you don’t really care for frontline staff, or the prevention of this pandemic. Do you have a duty of care?</p>	<p>AUTHORITARIANISM. LACKING EMPATHY.</p> <p>Alert</p>

4.53 “The UK remains in a high state of readiness to respond robustly to any disease outbreak, and our track record of success means that we can offer a high degree of assurance that we will be able to maximise the effectiveness of our health and care systems, and in doing so also respond effectively to the outbreak”.	The track record clearly shows things are already out of control. There are more deadly outcomes than lively outcomes.	FALSE BELIEFS. ⚠ Alert
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References

GOV.UK (2020a) ‘Coronavirus: action plan: a guide to what you can expect across the UK’, 3 March [Online]. Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/869827/Coronavirus_action_plan_-_a_guide_to_what_you_can_expect_across_the_UK.pdf (Accessed 1 April 2020).

GOV.UK (2020b) ‘Total UK COVID-19 Cases’, 31 March [Online]. Available at <https://www.arcgis.com/apps/opsdashboard/index.html#/ae5dda8f86814ae99dde905d2a9070ae> (Accessed 1 April 2020).