



**Our lives during 2020 - reflections on the (first) year of the
Covid pandemic**

Collated by Rajan Madhok

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NOTE:

Rajan Madhok collated the stories and put the volume together, all authors are responsible for their own contribution.

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Introduction

I usually do an informal year-end review over the holidays and wondered if others did too and what would they make of 2020- a year that we could not have imagined. So, as I was looking at the looming very subdued Christmas period and thinking about how to use the time I decided to write to friends and some networks I am part of inviting them to share their experiences (the letter I sent is in Appendix 1). The main reason was connecting with them, knowing how isolated people have been feeling anyway and it was mainly for my benefit- those who know me it is always self-interest with me, and so I am really grateful to all who responded.

The other reason was that during the first lockdown we had done a poetry anthology which concluded: *“For the record, the period covered is 23 March 2020 when the lockdown was announced till 11 May 2020 when ‘cracks’ started appearing with confused messages from different nations of the UK; how and when ‘Normality’ will return is anyone’s guess. To quote my hero – Forrest Gump – That’s all I have to say about that - and so it is time to put this anthology to bed, for now anyway! To Be Continued – who knows?”* and felt that it was time to continue, the bugger had not gone away and there was still no clear plan. Not having any more poems in me the idea of this anthology with personal stories came to mind.

Of course, like most of us I have also been following developments closely and with an interest in history of medicine began to read about past pandemics and felt that there was a need to create some first-hand accounts of lived experiences to complement the official accounts – basically the zeitgeist.

Apart from sharing amongst ourselves the plan is to submit it to the NHS at 70 History project for their archive and given that this is predominantly a Welsh group, with some interlopers, hopefully the National Library of Wales may be interested too, and whoever else! Feel free to pass on, if you think it may help anyone.

I cannot say enjoy reading the stories, because it was not a year any of us wanted, but hopefully these will be informative and to some comforting- we are in this together.

Stay safe, stay strong and stay sane (Laugh daily and often).

Rajan Madhok

Llanbedr DC, Denbighshire

March 2021

Our stories

I have not edited, only collated what people sent in, so these are individual 'voices'- the contributions are of varying lengths and use different structures. I think that is the beauty of this anthology, but it may tax those readers who would have liked more uniformity.

These stories are listed in the order they came in. Although not quite in line with the original aim, I decided to include Tom and Lisa Heller's account of their personal experiences of contracting Covid to give some context.

As promised in the invitation letter I have not chased people and so I am sorry if I missed anyone who would have wanted to contribute, if only! Apart from two people, who got the letter through my networks (and nice to 'meet' them), I know the rest personally – so that is the connection for any researchers trying to understand what is the common element; these are my mates, and ain't I lucky! It will become apparent when one reads the stories, but it is predominantly an 'older' (*sic*) group and often retired.

Gwyneth Carey
The Lockdownly outings

Paradoxically, the lockdown has been a comfortable experience for me. Because I am 95 years old, I have been self-isolating; and my only outings have been for a few hospital appointments. I am denied outdoor activities more by my restricted mobility than by the lockdown. I enjoy being at home and have plenty to do.

My great anxiety is that my family should keep well; and I am very sad for those who have died, for their loved ones, and for the anxiety and deprivation that many are suffering. I try to imagine the scene in an intensive care ward, in order to keep aware of what is happening in the world.

I feel it is necessary and important to enjoy life as it is. I enjoy Zoom, including some chapel services, podcasts, and U3A broadcasts. An occasional game of Scrabble by phone is a joy. There is plenty of reading material in the house. I have very good neighbours and have received many gifts of food. I have support from 'Age Connects' which is invaluable. Also, of course, I have a Careline which will answer any emergency call. The most difficult area is that of household repairs, and the need to invite a professional into the house to do them. I find that people respect my self-isolation carefully, but it is sad to receive visits, by talking at the gate. without offering a cup of tea.

News bulletins and government guidelines have become an important part of listening time. I am grateful for the straight-forward advice of the Welsh Government and the constant flow of reported statistics.

A fortnightly delivery by my butcher has been a great help to me, and the book shop takes orders by telephone and delivers. My neighbours are very kind in shopping for small items to supplement my Tesco online deliveries.

One lesson I have learned is that it is possible to plan the shopping and housekeeping on a basis which is more monthly than weekly. Also, that it is liberating to do things differently, whilst keeping up some of the old familiar habits.

On a societal level, I have doubts that appropriate lessons will be learned from our experience of the pandemic, unless more attention is paid to the history of the previous disasters which have overtaken humanity through the ages.

Lesley Bordoli
Covid and me

Like everyone else, when Covid first struck the world I thought - this will go away.

It didn't, and as I write this it is still very much with us!

During the first Lockdown we were so lucky to have friends and family who brought us the occasional shopping, prescriptions and even bird food.

The weather was kind to us and we went out every day, around our housing triangle, my husband in his electric wheelchair, me on my scooter with our 14 year old dog plodding alongside.

We met people who we had never seen before, and having a dog, this often opened up conversations, always at a safe distance.

I already did on-line shopping from a supermarket so this carried on.

As I am retired it was with grateful thanks I did not have to go out to work but felt sorry for those who did. Especially my family. Was that selfish of me?

I started to paint with watercolours, something I hadn't done before, but only did one painting of our apple tree in flower.

From there I turned my thoughts to writing (I'm in the Creative Writing Group of the U3A). I had this idea buzzing around in my head and produced a book called *The 'Bears and Bees'* for our great grandson. I then decided to illustrate it. I'm not the world's best artist so the pictures are rather that of an amateur! This kept me busy for many hours. It has now been laminated and spiral bound ready for next Christmas when Matthew will be just over two.

I feel as though in some cases the media went over the top with their reporting. It was as though they were, and still are, wringing every last drop of news out of the situation. Sometimes confusing those who read or listened to what was being reported.

Management by the Government? How can you really comment on something that was so new and never had to be dealt with before. There were no past policies on how to do this, how to do that. It was a massive learning curve for all 'in power'.

Lessons to be learnt? I think people are still learning how to deal with this pandemic. Some will grasp the situation immediately, will follow the guidelines and keep safe. Others, I think, feel that it won't happen to them and flaunt the rules. These annoy me intensely and I feel as though I could knock their heads together!

I'm feeling OK, even though we are now Locked Down again.

I shall patiently await the time when I'm called for the vaccine and hope that it works, for me, and of course everyone worldwide.

Hopefully society will change when we eventually conquer this nasty virus. We will think of others and how we can be there for our neighbours and friends. Hopefully.

Already we have seen many businesses close, never to reopen. More and more companies will go online to sell their products. Will this see the end of our large retail parks? Who knows.

I will always be there for my family and friends, as I was before the virus, so I will be there for them when things return to 'normal'.

I am female and aged 76 going on 77. I live with my husband who is a paraplegic, since 2018. I have a Neuropathy condition which affects my legs and arms causing me balance problems. But what the heck. You just get on with life!!!

We are fortunate to live in a bungalow - moving four years ago when my legs started to really cause problems.

We have a specially adapted car so my husband can still drive. I too can drive it.

We have a wonderful daughter living a few miles away and one of our granddaughters lives a bit further away but works locally. Both there when we need them

Life's good, well as good as it can be. It's what you make of life that counts it!!!

Gill Jones
Lockdown thoughts

I am one of the lucky ones, if any of us, can be considered lucky, as we endure more months of lockdown. I am not convinced that I deserve first dibs at the Covid19 vaccine. After all, I have lived a full and interesting life and am now just the recipient of scarce services, not able to contribute in any way to making life better for others. If I were to die tomorrow, I know that my family and other people would be really sorry, but they won't be any less or more sorry if I hang on a few more years to 90 or 95. By then I will have become more of a worry and trouble to them.

Better to quietly slip away now and let the useful people have the vaccine first. These include my children. My eldest son, a civil engineer, is keeping roads open for all the services we need. One daughter, head of an inner-city primary school, is very stressed. Surely her need is greater than mine? My other daughter, a retired nurse, now cares for me and her partner who has allergies. Meantime, I mostly stay home and lap up all the attention and help that I get. I am of course, extremely grateful for all those people, including the unsung heroes, who have kept on doing the jobs that keep us ticking over.

Staying home is not a great difficulty for me. I had already come to terms with the restrictions of aging. Before lockdown came, I had bit by bit, given up adventurous holidays in interesting places, hikes in the mountains, cycling, energetic gardening, and even, because of increasing deafness, activities, such as theatre visits or belonging to a poetry group. So I had a good start on many people, and have managed to find other things to occupy me. I live in a pleasant little house with views over the countryside. I have plenty to eat, and the skill to keep edible meals on my table. I keep in touch with family and friends and my days are very largely filled with replying to kind messages from them all. I am still able to indulge one of the most indispensable parts of my life which is reading. I have hundreds of books on my shelves, some yet to be read, and it is simple to order more. How could I possibly complain?

I do have one great sadness in my life, which has been made worse by the Coronavirus. My youngest son, now aged 51, lives in a nursing home and I have not had any face-to-face contact with him since March 2020. I will try to tell the story briefly. He was a clever child, who caused few worries as he grew up, quiet but apparently well-adjusted. He easily jumped through all the academic hoops, collecting several degrees along the way. At the age of 25 he was working on a doctorate in Mechanical Engineering in Newcastle. During a hike with the University rambling club on the Isle of Skye, he fell several hundred feet and had to be rescued by helicopter. Many months of agonising treatment followed with the constant fear of amputation of his leg. He did eventually recover enough to return to Newcastle and finish his degree. However, his personality had changed. He became reclusive and uncommunicative with only intermittent flashes of his old, funny and curious personality. After some years, he was diagnosed with severe Obsessive Compulsive Disorder or OCD, which is completely disabling for him and involves

anxiety about contamination. For a time he was able to live independently, with support. As a result of his accident he has a permanent ulcer on his lower leg which needs daily dressings. This is very painful and adds to his constant anxiety. He now lives in a support home where he can receive nursing care. When he lived locally, before lockdown, I was able to visit at least once a week to keep him in touch with family and to bring him books or maybe have a game of Scrabble. That has all gone of course. The only way we keep in touch is by email. Skype does not work very well for us.

I know my experience is quite insignificant among so many other tragic events for families, so I do not feel I deserve special consideration. I have written, maybe too much, about personal things. As far as the wider picture goes, I am not sure that anything is gained by castigating our politicians (democratically voted for). Who knows if others would have done better in such changing and unclear circumstances? We do seem to have had more clarity in Wales at least. My teacher's daughter is feeling very exasperated and frustrated by the hapless Gavin Williamson I know!

At least Spring is coming and we are assured The Vaccine will be here soon. I do know others who have already received it, so who knows what next month may bring? A chink of hope. Happier days for everybody. Woo Hoo!

Robert Boyd

2020 – one couple's experience

(Robert is a retired clinical academic aged 82)

Despite some uncertainty we departed on February 15th for a long planned holiday in West Bengal. The epidemic had just begun to bite. The virus was not in India when we arrived; a few cases reported in Kerala said the papers. Anxiety levels slowly began to rise. In Kolkata we noticed how empty an excellent Chinese restaurant was and chose not to eat there again. We bought some masks in Darjeeling. Halfway home, and traversing Dubai airport on March 5th we tried not to inhale too deeply! We used masks and wipes in the 'plane'.

Back in Cheshire the UK first wave was growing rapidly. We didn't immediately lock down. Shopping and church attendance continued and a daughter came to stay. However, by March 10th we decided it would be imprudent to use tickets for the Opera and by the 15th cancelled a trip to Brighton for our other daughter's birthday. A friend began collecting our groceries and then we had an invitation to a supermarket delivery slot as Meriel (my wife) had been categorised as especially vulnerable. Encouraged by a colleague I bought sodium hypochlorite to rinse groceries – I minute at 0.1% according to the literature.

Having come off the Medical Register less than three years earlier, I was one of those individuals mass reinstated. I promptly offered my clinical services and completed electronic forms on my experience and also my authenticity – passport, declarations of non-criminality, etc. I had a prompt email from the NHS declining my offer (probably sensibly). Despite this, I had several subsequent calls pressing me to complete the authentications already completed! The private sector company involved appeared prone to bureaucratic muddle.

Domestically, the year fell into three periods.

From March until July we settled down to a comfortable routine at home in semi-rural Cheshire. No visitors inside the house (except an emergency plumber with distance and open windows) and doing our own house cleaning. Daily walks: me in the hills, Meriel a measured mile mainly in the garden. Social contact was restricted to outside distanced chat with gardeners who continued to come. No visits to shops or surgery. Only one outing, masked and gloved, for a car service. We had phone calls and zooms with the family; initially on a regular basis organised by our son, later irregular and more individual. Friends in US and UK were similarly contacted. We were conscious of Covid deaths in the local community but not of those close to us

July until September was a period of somewhat relaxed controls but only to a minimal extent. A 48-hour excursion to Brighton daughter's family included taking our own food and staying in a specially cleaned flat; no indoor meetings. Another daughter came to stay in our guest extension, but we avoided physical contact or shared space and ate at 5 meters distance in adjoining spaces with airflow carefully organised. A friend came on the same basis after a gap of more than a week to cleanse the room. The Brighton family (a total of six including a child's school-friend) visited in a similarly distanced fashion. They were on their way to Tiree for a late July holiday and on their way back they came again. Fortunately both times in lovely

weather and we socialised outdoors. We also had a couple of dinners with guests in the garden. A neighbour's daughter – a Director of Public Health in the Midlands came round socially distanced. She allowed me to quiz her on managing a locality. I was stimulated by this brush with the front line as I was by a marginal involvement over funding the Imperial College Vaccine group. But any real involvement felt very distant

The third phase during which we have been living in an isolated family house on Tiree, a Hebridean island, lasted from mid-September to the end of 2020 and still continues. We arrived via a detour for our first shared-space meeting with family since March – 36 hours with our son's family in north east Scotland. Case incidence had been very low there which eased Meriel's concern at our breaking our embargo on contact though we and they were still careful. It was a very happy visit. We left them at 2am to catch the early morning departure of the ferry to Tiree. This was the most virally challenging moment of our year. Incidence had been rising in Glasgow and around Oban and we found masking and social distancing on the boat to be not well enforced. We became worried but not infected.

Tiree life comprises many elements as in the first phase in Cheshire. We work on our individual projects of writing, reading and music. We have no TV but watch an occasional movie on a laptop and at bedtime 'This Is Us' - a rather good soap. We listen avidly to BBC news bulletins and read the press online. To these activities are added driftwood collection and sawing (Meriel) morning swim and baking (me). A dear friend does our shopping for us and supplies of luxuries are added via an excellent postal service. We quarantine delivered groceries and mail for a week or so. We have commenced vaccination (A-Z, 1st dose received on Jan 26 from a practice nurse). I had offered to assist but was declined. We occasionally see people a few hundred yards away on the beach, where social distance is easy to maintain.

So that completes a sketchy account of 2020.

As the epidemic has progressed several aspects, not much discussed in the media, have struck me. They may seem callous or bizarre to a contemporaneous reader:

First, the relatively low and selective mortality compared to smallpox (still an issue in my student days – we had a case and as a potential contact I had to check my temperature daily; mortality was 30-50%) or to Ebola (a really scary virus). Aren't we fortunate this virus is relatively mild and is one which selectively kills the old rather, unlike 1918, the young?

Second, the almost uniform reaction was that the death of residents in care homes was a tragedy. Flu used to be considered the old man's friend; why not Covid? Death is not only inevitable but, as care home resident relatives and friends have said to me in the past, is not always an unwelcome thought. The longer we live, the more likely loneliness, dementia and institutionalisation will be our end. Care home admission implies these factors have, for most living there, become prominent. It thus seems absurd to conceive early deaths there as an unmitigated tragedy. Is there an element of displaced guilt in the strong societal reaction?

Third, I have spent some lockdown time reading letters written by my grandfather, a globally travelling salesman of the 1890s. I knew him well in his old age. His writings home of yellow fever in Bahia and of cholera in Hamburg seem rather more measured. Excess deaths in our epidemic were, in 2020, a small number as a proportion of the year's total mortality.

I wonder if these reflections, somewhat tempered by my wife, Meriel, having a rather different perspective, impacted on our living of the Plague Year.

Lock down life has been interesting for us as a couple – we have probably grown closer in joint solitary confinement; a change from 55 years pressurised by duty commitments and busy socialising. We have both been anxious in different ways. Meriel avidly follows the Covid news and her morale rises and falls on the day's reports. I try to ignore the epidemic but get upset when she is anxious and also worry disproportionately at uncompleted daily do lists.

Finally, I am very conscious how immensely privileged we are compared to most fellow citizens and fellow human beings. In housing, in finance and in having through 2020, together with our extended family been lucky enough neither to have contracted Covid nor to have succumbed to any other major health challenge. We were very fortunate in the (first) Plague Year.

Helena Thomas

Reflections on Lockdown

Background

My husband and I are both retired and live in a 3 bedroomed bungalow with a conservatory in a small village. We are fortunate enough to have a large garden so have plenty of indoor and outdoor space. My mum and extended family live a few hours' drive away. We have two sons both with partners and two granddaughters (7 years and 4 years). One son is in Liverpool and the other outside Preston. We normally saw both sons and their partners regularly and assisted with childcare one day each fortnight in Liverpool.

Activities

I do some work for both the local authority and health board and am involved as a trustee with a local charity. All of these commitments continued to some extent throughout lockdown. During the initial lockdown we spent as much time as possible outside in the garden and it is probably fair to say that it benefited from the attention!! More recently we have turned our attention to the house and enjoyed catching up with decorating there. We have limited our trips away from the house to exercise and shopping but enjoyed the easing of restrictions allowing us to travel further and see family and friends. My husband and I have spent more time together than we would do normally and have both said that we have enjoyed this.

What I missed

Without doubt the most significant area related to spending time with family and friends. It is just over a year since I spent time with my 85-year-old mum and while we have maintained contact by telephone, zoom etc this is not the same. I have missed seeing my granddaughters and while we are on zoom with them regularly I miss their hugs and kisses. Against this backdrop the easing of the restrictions was very welcome. I missed meeting up with friends and being able to drive out and take advantage of the beautiful scenery that surrounds us in North Wales.

Response to the pandemic

There seems to be little doubt that mistakes have been made in terms of the speed with which certain elements of the response have been implemented. In my view the lockdown should have been in place sooner and steps taken to restrict people coming into the country without any form of testing. By the same token contact tracing and support to isolate has not been well managed. While financial support for many has been extensive there is no doubt that some have fallen through the net. I worry about the long-term implications of the cost of responding to and dealing with the pandemic on our children and grandchildren.

Media

During the initial phase of the pandemic, I tended to watch the Welsh Government and Number 10 daily press conferences and briefings. While at times the information being shared was repetitive, I felt that this at least allowed me to hear what was being said at a ministerial level. I feel that at times the subsequent reporting of these events, edited and commented on what was said rather than reflecting what was actually said.

Locally

A village Facebook page existed before the pandemic and this has been used to share information and support those villagers who needed assistance. The local post office/shop has also played a key part in this.

Summary

Apart from missing family and friends and being able to do what we want when we want to do it, our experience during the last year has been better than that of many people. I think this is because my husband and I have been together and despite the restrictions have managed albeit virtually to maintain frequent contact with those who are dear to us. We have very comfortable indoor and outdoor space and have been able to utilise this. I feel very much for those who are alone, who are less fortunate and/or have no ready access to outdoor space. The experience over the last year has, I think, served to highlight the divisions that exist in our society, and despite this being recognised and commented on in the media, along with statements needed to address this, I am not convinced that any real changes will be made going forward.

Dick Heller

1. What you were doing during the year- retired or working and in either case how did you spend your time – apart from chores and duties, how did you use the time

In retirement, life did not change all that much. I usually spend much of my time working on an online educational charity, so that did not change. Reducing travel and contact with outside events such as concerts allowed these to be replaced by online events. I re-learned to make bread, and we had coffee at home instead of our favourite coffee shop. We took advantage of many online concerts, operas, talks and literary festivals. I previously swam three times a week, but replaced this with twice daily walks – at dawn and dusk to avoid meeting anyone else. Occasional Tai Chi became daily. I completed the draft of a book I had previously started.

2. How did you feel the pandemic was
 - a. managed by the government- globally/national/regional

The Australian national government was dragged into following the advice of scientists, and having accepted the need to do this did a good job. State governments were actually better at dealing with the pandemic and pressured the national government to take more drastic action than they wanted. This has reset the state/national leadership balance.

- b. reported by the media – radio/tv/newspapers/social media, how did you keep up to date and which ones you ‘trusted’

I used the national broadcaster through its online feed, and the Guardian online. Of special mention in Australia was a regular programme ‘Coronacast’ by the Radio National health reporter, Norman Swan (a medical graduate himself). He gave an excellent science-based view and was not cowed by political interference – his strong messaging was actually important in the uptake of evidence based policy. A couple of vocal and articulate epidemiologists also had a strong media presence. There were media outlets offering alternative views, but I did not follow them!

- c. dealt with locally by your community- the businesses (shops/cafe etc), voluntary groups

The community has been excellent and have followed advice, locked down when required etc. Some opposition from some groups, but nothing serious. There was kickback against a state leader who instigated a second round of lockdowns, mainly by the right wing media and politicians.

- d. and any other organisation you want to mention in all of these the highs and lows. Including if you/near ones got Covid and what happened?

3. What main lessons have/should have been learnt from this year (noting that it is not over yet) – what/who impressed, or depressed, you

The understanding of the need to accept science, and that there is a need for evidence-based policy. It has become clear that the health of the economy follows the health of the population – neglecting health advice to keep the economy going is

not a successful policy. The year has shown that online learning is an excellent alternative to face-to-face and can be preferable under many circumstances.

4. How do you feel in yourself – do you feel nervous/prepared; what were some of the things you did to avoid anxiety/anger (negative emotions) and create positivity – did you take up yoga/meditation/activities; this bit is particularly to get a sense of feelings and mental state (not being medical, just reflecting the zeitgeist)

I personally feel pretty good about the situation. Despite my concerns about a brother in the UK who has long Covid, and for the populations globally who have suffered illness and loss, as well as financial loss, there are a number of positives. For an epidemiologist who is involved in online education – this has been a rather positive year! Further understanding by the population of the need to follow science and to support Public Health is likely to have many positive long-term effects. Similarly, the role of government to support the vulnerable has been shown to be effective and to help the economy, and I expect this to have long-lasting effects.

5. Finally, do you think the society will change as a result, and most importantly will you change and in what ways (not confessions, and won't hold you to it!)

I expect that society will change. There will be less travel and more emphasis on local – friends, retail, employment, leisure. There will be more pressure to follow science – and this will extend to the need for change to climate policy. There will be a general appreciation of the need for evidence-based policy and an increasing pivot to online learning.

I will travel less, and nationally rather than internationally when I do travel. I will wash my hands more often and continue to communicate with my brother more than before!

Anne Eccersley

Aged 67

Retired GP/Assistant Medical Director PCT

Live with 2 elderly dogs in a house with a large garden in a rural setting

Married to retired (19 years) anaesthetist diagnosed with dementia 6 years ago and in residential care 3 years.

Closest family my sisters who live in west Yorkshire and Scotland

Numerous friends in different groups/areas of life

As owner of a large garden and with the company of 2 dogs at the start I decided to move the vegetable garden 100 yards initially on my own, later as help arrived with others. Getting any work or changes in the garden or house has been difficult, peoples' fears and perceptions of Covid and worries for their safety vary so much. Lots of ordering online. Occasional scurrying to the supermarket and back. Events and holidays cancelled or moved including our 45-year university reunion and an Alaskan cruise. Part of my life visiting Peter removed; big hole in weekly timetable filled by projects.

Developing an addiction to the daily news conferences, knowing the management of this pandemic locally, nationally or globally could have been better but who knows how, in an emergency you just do what you can. Peter in hospital during the pandemic and a massive deterioration in his health in 12 days, his carers helped him recover and feeling helpless even not knowing if this was goodbye at one point. The kindness of people in crisis. The bitterness of the politicians' opposition and the mudslinging from part of the press. The pain of death yet the incomprehensible fake news lack of belief and negativity of some.

Until February 2020 I was determined to get Peter back home if possible, believing in something that was impossible. I needed to stay healthy and fit and managed this in first lockdown losing weight and being fitter. Now although I have tried to push the exercise and control the snacking weight back to how it was and so tired. Set up amazon to do yoga, fixed bike to ride, got DVDs of exercise but managed to do none of this for any length of time. Spent time on the computer corresponding by email with a friend who I had planned to spend a holiday with. The need to move a relationship on and the impossibility of being able to do this leading to emotional cessation of relationship at New Year. Anger, frustration, sadness and fear led to the gunny bag bursting and an email to see who were my real friends.

Although I am happy with some of the things I did (volunteering for vaccine trial, volunteering to look at dementia care in the local hospital and almost applying for a job as NED at local hospital trust) there are other things I wish I had done differently, things I wish I had said and not said. Looking at a year which has been so long yet gone in a flash makes you look at life. Need to mantra to keep healthy and take on as many projects and challenges as makes my life feel fulfilled. Shocked that it took a comparative stranger to make me feel as though I was a woman again and life was not over yet.

Calum Byers
Reflections on the COVID Pandemic



My first reaction to the pandemic and the extent of the lockdowns was surprise. Surprise that it had happened so quickly and taken us unawares. I thought I had a reasonable understanding of how the world worked, and this wasn't something I'd ever expected.

Lockdown itself was actually OK. I was living in Richmond, not far from the park and so was able to get out for long walks on most days. My wife and I set ourselves a target of 5 miles walk a day – and we managed to keep it up for several months. The park was so quiet – no traffic, or queues of cyclists, and the absence of planes coming into Heathrow added to the sense of stillness. We became much more aware of birdsong and the natural sounds of the park. The air became clearer.

I was also fortunate in that my work – as an executive coach – transferred to the virtual environment quite quickly. I ended up being busier than I had been before the pandemic – with the topics often relating to the pandemic itself, and how it was impacting people in a business context.

When the restrictions eased, and the traffic started to grow again, I almost felt sorry – the ability to meet people and go to the pub was a large compensation but I did miss the peace and quiet. I also recognised though that the wider impact on the country and individuals was huge and that my experience had been an outlier. I coached many people who were finding it very difficult to balance work and home in difficult circumstances, although many were also able to find positive elements in their new life - often related to more awareness of their colleagues' personal circumstances and being able to spend more time with their families.

I feel that one impact of the pandemic has been trust in the government. The lack of consistency in the government messages and the apparent failures to implement tracking systems or recognise the effect on care homes created a growing sense of frustration. The effect on the union of different approaches between Scotland, England, Wales and NI also highlighted the differences between them. I have now moved up to Scotland – which had been planned long before the pandemic – and the perceived effectiveness of Nicola Sturgeon and her communications has been a stark contrast to Boris Johnson's many U-turns. I am concerned that this has added serious strains to an association already badly damaged by Brexit.

I hope that overall we will come out of this in a better place. The ability to access many of our services remotely offers the opportunity for a more tailored and effective solution in many instances. More importantly perhaps will be the appreciation of the many areas of our lives we took for granted – the ability to physically meet with friends and family, to be able to have a coffee or a meal at any time and to travel without restrictions across our country.

Calum Byers has recently moved back up to Scotland. He and his wife live in Edinburgh and have two adult children living in London. After a career in business, he now works as an executive coach and business advisor.

Jane Yorke

Ten months of Turmoil – and it isn't over yet...

I think back to March 2020 which feels like a lifetime ago. For many it has been a lifetime – the end of a lifetime ... over 100,000 lives lost in the UK to this modern-day plague.

The news first from China then other countries of Europe was fascinating, horrifying and as it turned out, prophetic of what was to come for us. Initially the news belonged to somewhere else, other nations, to people with less robust health service provision and less healthy populations. But gradually, insidiously, then suddenly rampantly Covid-19 began to lay waste in our country, our neighbourhoods, our hospitals, our families. The unimaginable became reality, and the world was held in thrall to this pandemic.

I was advised, on medical grounds, that I would need to 'shield'. This felt uncomfortable with my colleagues at work on the frontline of the NHS. I've always been a team player and would never ask any member of staff to do something I would not be prepared to do myself. I was filled with a mixture of fear and guilt. The media images of huge temporary mortuaries in Italy and Spain, health services collapsing under the extreme pressure of vast numbers of critically ill patients, insufficient intensive care facilities, interviews with devastated health care staff drowning in this vast ocean of crisis fuelled my feelings of anxiety. I oscillated between feeling that I should 'take my chances' and get out there with my team on the front line, then being almost crippled by the fear of 'what if'... would my compromised immune system cope? The deaths of healthcare workers locally brought the terrible reality very close to home.

We had some golden months of sunshine – I was paid to 'keep safe' – it felt wrong and uncomfortable. I felt sick. In December 2019 our eldest daughter, three-year-old child and partner had come to stay with us 'for a few months' during a transition from another part of the country to relocating in Wales. It is now February 2021 and they are still here. It is not what any of us planned or expected but Covid has dictated so much of how we have lived over the last year. We hadn't really planned life with a toddler in the house again, but it has had its benefits – time spent with a precious grandchild when so many of our dear friends have been barred from seeing theirs. It has also created other stresses but on balance I think the benefit of company has outweighed any negatives. Also, our village community rallied round, volunteers shopping and sharing, there was a cohesive spirit which was truly heart-warming.

In August I returned to work, albeit in an admin role, still keeping away from patient contact. I am a nurse, it is what I love to do, holding the hands of my patients, both literally and metaphorically, to give comfort and support whilst also performing high tech interventions working as part of a highly trained and professional team. The isolation of my new role was hard to adapt to but I threw myself into re-inventing myself and took on the challenge of supporting the whole team in achieving 100% compliance with mandatory training whilst supporting and encouraging other

avenues of training and development. I was grateful to be back, thankful for the support of my colleagues, desperate to try to make up for my absence. It was sort of working, but then I received a message after leaving the office on December 22nd – stay home, shielding is back. This time it is winter, no long walks round the lovely Welsh countryside in the sunshine, confined to barracks, time to brood again. The black dog once more scratching at the door...

January 6th I received my first dose of the Pfizer vaccine – hurrah! After the second dose (when??) I should be able to return to work. January 27th, with symptoms of a bad cold, I test positive for Covid-19. How? We have stayed home, not mixed with anyone, had shopping delivered, just trips to town to collect prescriptions and animal feed... I feel embarrassed! I have been paid to shield and now have Covid. Has it all been a waste of time? Or has the vaccine at least made my symptoms less harmful than they might otherwise have been? So now I feel confused, ashamed, bewildered, anxious (lying awake at night analysing my own breathing pattern, worrying about a possible sudden deterioration perhaps...) I worry about my son who lives alone in Sydney Australia and wonder when we will be able to see him again... We visited him in October 2019. It was a massively extravagant (for us) trip of a lifetime. Travelling back through Hong Kong, should the sight of everyone at the airport in masks and all the security checks pointing thermometers at us have been a clue about what was already happening in China?? We were blissfully oblivious.

I miss my Mum who is 90 and resident in a nursing home with advanced dementia. She has also tested positive for Covid-19. We can't visit. I have seen her twice since last March although the home is only six miles away. My stepmother died of cancer last summer aged 73 – I hadn't been able to see her. Since my father took his own life nearly four years ago there had been things I would have liked to talk with her about but that chance has now gone. Her adult children scattered her ashes with my father's – we were not invited. For some people Covid-19 provided the perfect excuse for exclusion. It must have saved a lot of families from falling out at funerals!

And today, February 2nd 2021, Captain Sir Tom Moore died, in his 101st year, pneumonia and Covid-19. He personified all that was great about the old-fashioned values of community spirit and perseverance. Truly the end of a special era. So what does this future hold? More mutated strains of Covid seem to appear all the time making us all uncertain about the efficacy of the existing vaccines. Is this now the new 'normal'? I feel weary with it all. Living in fear is exhausting, as is keeping the black dog at bay....

2020 began innocuously for most, much like any other kind of new year

The usual flippant resolutions, on average kept for a week at most

False promises, casually discarded with the smug indifference of the luxury of freedom of choice

Facetious complaints about our work, family, friends, the outrageous cost of dining out...

Well what a difference a year makes!

What we wouldn't give now to be able to keep that resolution to go to the gym, visit our mothers,

To have our (yes even boring) work, our routine, our chance to realise our ambitions

To hug our family, our friends, to dine out at any cost, to pay for our whole family to go to the theatre together. Our personal freedoms.

Can we now finally see what really matters – what is actually important?

A painful lesson, paid for with many lives, but if we have learnt the lesson

Perhaps then some good may come out of this terrible human tragedy.

Anne Currie



2020 was a dread year due to the worldwide pandemic caused by the SARS-CoV-2 virus, the worst world threat since WW2 and the first major pandemic for 100 years.

From the start my family and I rapidly worked out ways to survive and to thrive during this awful time.

I am a retired doctor, a graduate of St. Andrews and Manchester Universities. I was a Specialist Paediatrician at the Wrexham Maelor Hospital and I am also trained in Psychiatry. I will be 65 in November.

My family consists of myself, my husband Kenneth, a chemistry graduate whom I met at St. Andrews, our only child, Alexander, who has a Ph.D. in Psychology, his fiancé Chris, also a Bangor graduate and my best friend Jayne, who lives alone a mile from us and for whom I'm carer.

Alex, Ken and Jayne are all at high risk from Covid.

Ken and I are lucky to live in a 450-year-old farmhouse in the North Wales hills. Also since we have our pensions a sudden lack of income hasn't been an issue.

Alex and Chris live on the Wirral and we visited them only twice in 2020, sitting in their garden 10' apart and wearing masks.

Since I wasn't fit for work on the wards, from the start I did my best to keep up folks spirits and do whatever I could to help others including friends and colleagues on the front line.

I sent out daily funny cartoons to about 50 people during the first lockdown and weekly thereafter so that they would have something to smile at for five minutes on a Monday morning.

I was always available for them to talk or to message me.

I also take part in a virtual multi faith meeting every night, the Glastonbury Unity Candle Silent Minute for Peace and Unity. People would say if they wanted us to send love and healing to folks that they knew were suffering and we could all support each other. I've also donated to charities, especially the smaller ones.

I've acted as a test subject for two research projects into the virus.

I compare Covid to the Spanish Flu Pandemic from 100 years ago. It lasted 2 years and came in four waves. So I kept repeating to others that this pandemic would also pass, all we had to do was survive it.

Our family members have all been in lockdown since March 2020.

We have had all our supermarket shopping delivered weekly and a dairy man delivers milk, bread, cheese and eggs twice a week. For everything else there is Amazon or eBay. Our front porch has masks, gloves, alcohol sprays, sunglasses and UV wands.

This has been hardest I think on the young. My son has been unable to start his first job.

From the start I've kept my standards up wearing makeup and doing my hair and nails daily.

Every night I make a list of things to do the next day and then tick them off to give myself a sense of achievement.

I'm relearning Latin after a 50 year gap, also studying Archaeology (All our digs were cancelled this year), taken up Yoga and I meditate daily.

Yes, of course there are big gaps in my year and there are so many things that I can't do but so what? My family and I are still alive and none of us have caught Covid or spread it to others.

I have seen the best and the worst of people during the pandemic.

Doctors, nurses and other frontline workers toiling for long hours in very difficult conditions and with risk to themselves whilst dealing daily with their patients' terror and deaths.

Meanwhile selfish idiots have ignored the rules, spreading the virus and even standing outside hospitals A&E departments, in which people are dying of Covid, shouting that the virus doesn't exist.

Main Lessons

1. We can survive if we work together for the good of all and not just ourselves. Humans are a cooperative and social species. Local systems put in place by towns and villages to get shopping and medications for the most vulnerable plus acting as 'phone buddies' to the isolated.
2. Take pleasure in the simplest of things and feel grateful for them. I've started having dreams about supermarket shopping or walking around Glastonbury (A place that I love) without masks and without fear again. I shall never take these things for granted again.
3. Remember how lucky we are to live at a time when the internet, Skype, Zoom, Amazon Prime, Netflix etc exist.
4. We need to be disciplined. Being in denial about the pandemic and the limitations that it places on us is both stupid and potentially fatal to ourselves and to others. I have been stunned by the number of people my age who are well educated but act as if they are naughty school kids disobeying 'Sir' and not socially distancing or wearing masks. I've lost a stone this year.
5. Covid will never go away anymore then the common cold has-Another coronavirus and a deadly one when it first emerged. We need to learn to live with it and to be prepared for the next pandemic because it will come!

Janet Hinton
Lockdown 2020/21 and my story



I am a 64 year old single lady with four grown up children and two grandchildren all of whom I have hardly seen for almost a year. I work part time, having taken early retirement from a busy and demanding full time job three years ago due to a health scare which made me re-evaluate my life. My hobbies are group rambling in the glorious Welsh hills, theatre, cinema, reading, crochet, eating cake and generally just being a social butterfly!

Lockdown 2020/21 and my story

Two things that the lockdown last year and the ongoing one in 2021 have highlighted are, firstly, that I do not enjoy my own company and, secondly, never take the simple things in life, like a hug, a coffee or a walk with friends or good health for granted. All of these have been seriously missing in my life over the past 10 months and, if you asked me whether I am struggling, my answer would, quite frankly, be yes. I am a sociable person who loves to be out enjoying the company of family and friends but, apart from a brief respite when the restrictions were eased, this essential part of my life is missing.

As for my health, I was already unwell with suspected Covid-19 when the first lockdown started but this was never confirmed as testing wasn't done routinely at that stage. In addition to that, I have had some other physical health problems which became more urgent during the lockdown resulting in a much-awaited and needed operation where I was able to witness first-hand the hard work the NHS has put into keeping us all safe during this difficult time. However, my mental health has, quite

frankly, taken a battering. I was lonely as a child and, instead of making me a loner as an adult, has made me need and seek the company of others. I am fortunate that I have a part time job as, without that, I know my mental health would seriously be at risk. I thrive on routine so have tried to fill my days with distractions and am so happy to have reignited my love of books, something which has been absent from my life for quite some time due to my busy life pre-lockdown and past concentration issues, and have also thrown myself into one of my other lone hobbies, crochet, having tested my skills by leaving my comfort zone and tackling more complicated patterns, for which I never previously seemed to have the time. Without these two hobbies which do not require the company of others, I know I would have struggled more.

Turning now to the politicians, rather than against them which many people have, particularly during the pandemic, and the powers that be, what an unenviable task they have had and I have lost my patience with the armchair politicians/medical oracles who suddenly become experts in everything and the constant criticism cannot be helping their sense of wellbeing and is certainly detrimental to mine.

I now feel, however, that the light at the end of the tunnel is in sight with the vaccination programme well under way but I am hoping that it doesn't come too late for my, and other people's, deteriorating mental health. It has certainly come too late for the many lives that have been lost.

Julie

I could go on about whether I agree this pandemic is well handled by the government or not. I decided not to, as it would just be another uninformed rant to add to all the others we are subjected to. Instead, I decided to reflect on how it changed me, what I learnt about my family and friends and the challenging “work in progress”, myself.

I believe change in society starts with our individual choices and the behaviours we adopt. This influences how we react, adapt and behave. I just completed a painful, messy divorce which set me free from a very bad place.

Pre-COVID, my way of coping with divorce and bereavements (loss of my mother, moving to a new house and area all at the same time as the divorce) was to keep very busy and galivant about so avoiding staying at home with myself. This was to escape the pain and anaesthetise myself.

This is a reasonable strategy short term, but potentially damaging in the longer term. Covid rules changed all that. Initially I was ok in March to June 2020 as the weather was nice, I could go out walking and keep busy doing my garden. However, this time around since October 2020 has proved challenging for my mental well-being, made me face the loss of the marriage, my mother, loss of the life I had, loss of the place I lived.

Facing up to these fundamentally changed how I view everything. It made me stop, reflect and be very thankful for what I have, rather than concentrating on what I lost. For example, thinking about my mother, my upbringing was very good. It made me into the resilient and contented person I sometimes am! Although I am a very anxious person; I still know I am ok. Each loss has left me with something to build on, develop and given me wonderful gifts.

Covid made me ask for help in a way I was loathed to do as I viewed it as being needy. I was strong and should be able to deal with everything life threw at me. To some extent that is a good trait but, as in all things, too much of a good thing.....!

I appreciate my family and friends in a new, more blessed way. I realise I nearly lost my family and some of my friends because of the marriage. I can see I gained from the painful period I have come through. I am amazed my family and friends stuck by me as well as they have. I must admit, I was very anxious and lacked insight. They have helped me see what a damaging relationship I was in, to face up to being lied to and the things, emotionally and physically stolen from me. I could not have done it without their loving honesty, challenge and support.

Where has COVID-19 left me today, more content in myself, doing mediation through my faith. Still anxious, but more aware of it and able to control it better. But most importantly, looking forward to my future which is more positive, knowing myself better and able to respond to what life offers. I am in control and can say what I want and need.

I am kind to myself now too, as well kind to others.

I miss being hugged by family and friends though, more than anything; and I do not know what I would have done without my dog!

Aged 63 and $\frac{3}{4}$!

Andy Worthington



PERSONAL ISSUES

First of all Pam and I are fine and having recently received the first dose of the Pfizer vaccine believe we can see some light at the end of the tunnel. Essentially, we have coped really well with the lockdowns and other restrictions. We are lucky like you to live in an area which enables us to remain reasonably well isolated and have kept ourselves fit and healthy with daily walks and runs in my case in and around the AONB. To be honest and somewhat ironically in one sense we have quite enjoyed the lack of pressure in our daily lives from the commitments we both have, ie not having to travel to meetings and indeed a lower level of professional activity generally as the organisations with which we are involved have reduced activity significantly. Similarly, commitments in terms of driving up and down motorways to see and support our family and grandchildren have released stress on us but at the same time lack of contact with all of them has been the one great sadness of the restrictions. The same sadness applies also to lack of social contact with good friends.

Another sadness I guess has been the closure of the golf courses and missing our occasional game but that's the least of our worries! I'm sure that won't be long.

An associated peripheral benefit of all this also is that as we are fortunate in being pensioners with a secure and stable income all this reduced commitment has resulted for us in increased savings financially as we are not spending on

restaurants, holidays, cafes, massive car travel etc. I know sadly this won't be the case for everybody and I feel for them.

You have asked how we have spent our time and in my case in addition to the health and fitness regimes we have both followed as a serious musician over fifty plus years I have been able to spend much more time playing the piano (second instrument and guitar, first instrument and also mandolin and ukulele). I have played in folk and rock bands for years but decided to return to the Classical guitar which was my passion for 20 years in the 70s and 80s relearning a whole load of pieces I played back then and also managed to have time for song writing.

Pam is heavily involved with a community garden project in Cilcain and has been able to continue her work there within the restrictions observing all the protocols. My impression from talking to others that many elements of community life have been able to continue albeit with some restrictions.

More time to read has also been a bonus.

HOW THE PANDEMIC WAS MANAGED

In a word, abysmally, and all the figures prove that. I believe the government's incompetence and abject judgement and decision making has bordered on criminality. The level of deaths relative to population size is one of the worst in the world and I don't believe it is too fanciful in any subsequent inquiry for a charge of corporate manslaughter to be levelled at those responsible. Not too impressed eh?

The first and main point for me is that instead of dallying with possible ideas of herd immunity in the early stages and basically believing that our British exceptionalism would protect us, they should have immediately closed our borders to incoming travellers and instituted a serious and state sponsored isolation and quarantine system like Taiwan, New Zealand, Australia, Singapore etc. I left Canada on March 17, 2020 to return to the UK. A day or so later Canada closed its borders to all but returning Canadian residents or permanent residents and a number of exceptional cases. You still cannot gain entry to Canada if you do not satisfy those criteria. Canada is not COVID free but far lower statistics per head than the UK. All the countries with virtually little viral impact undertook this level of inward travel restriction. Millions have entered the UK unchecked since then or with very lax approaches to isolation. We are still dithering over making a decision to properly control our borders after nearly 12 months.

At the same time the government seemed to treat the illness as a bad flu and at the same time halted community testing on March 12 and relied on this idea of herd immunity with 'travel corridors' from many countries that had free access into our country. These were devastating decisions and no doubt have caused many deaths as a result.

The inadequacy of our PPE stock has been well documented for the protection of our medical staff and carers for the elderly. Despite a major government emergency planning exercise having been undertaken, I think in 2016, to prepare for the

possible implications of a future pandemic of this sort, few of the recommendations were taken heed of and stocks of PPE were allowed to run down and the consequent shambles to obtain adequate stocks has been a major embarrassment to the government, NHS and the whole country. Many families of medical and care staff have suffered tragically as a result, well over 800 I believe.

When they did introduce testing eventually it proved to be completely inadequate with IT failures and virtually no means of guaranteeing adequate tracing and isolation. This was a problem exacerbated by the fact that the government decided to allocate the contract to undertake this role to private companies, chiefly Serco, an outsourcing company with no experience of this kind of work, instead of making use of the extensive network of Public Health directorates in every local authority one of whose primary duties and therefore expertise was tracking and tracing infections in their communities.

Next was the ambivalence across the UK in all quarters regarding use of face masks during the first and middle stages of the Pandemic. Whilst the practice of wearing face masks as a means of providing protection from infection was a readily accepted part of life in many Asian countries, in the West and particularly the UK at best the attitude was ambivalent or culturally embarrassing. Scientific advice at the same time in the UK seemed to be divided too. The view seemed to be from the scientific doubters that as this subject was a difficult one to assess scientifically one could not state categorically that masks would protect the wearer though it may help to prevent transmission.

And yet in May 2020 a report undertaken by the Royal Society through a group of eminent scientists, many from SAGE itself, called DELVE and chaired by the President of the Royal Society, concluded positively that there were significant benefits in terms of reducing transmission and possible individual protection to make the wearing of masks a powerful weapon in the fight against the virus. DELVE was not shy of drawing on anecdotal evidence (and not solely empirical scientifically significant data) drawn from all those countries, notably in the Far East, who had the lowest levels of infection and deaths and where face masks were mandatory or strongly advised and culturally acceptable. Common sense suggested that the virulence of infection of this virus meant that aerosol transmission had to be greater than was being acknowledged, as it later transpired, it therefore required an approach in the UK on the wearing of face masks that was much more universal. Only in recent weeks does that penny have appeared to drop and face masks seem to be more culturally accepted and prevalent in our society. What a pity that DELVE's advice was largely ignored at the time.

POSITIVES

These will be brief as again these will be well documented.

NHS and Care workers - brilliant in terms of their response. I am reminded of the statement about the soldiers who fought in the First World War, 'Lions led by donkeys'

Vaccines - again unbelievable scientists managing to produce within a year vaccines which seem to have high levels of efficacy. Truly amazing. Also the speed and efficiency with which these are being rolled out across the country is a plus for the government in procuring the stocks and to the NHS in planning and implementing the roll out. I for one found the whole process at our centre in Deeside profoundly impressive and indeed emotional.

The Government furlough scheme - has been an impressive and vital commitment to a massive sector of the working community. There have been some glitches and gaps, but this would be inevitable with such a massive and complicated process. I chair an organisation that has benefited from this, which has secured the future of a public service and saved over 300 jobs.

Lockdowns - this does appear to be a process that does bring down infections and in the absence of earlier and more stringent measures which would eradicate the virus at the first stage it is an important measure and if the virus is spreading beyond control, vital. Also, I think working from home is something which may well become a societal change that will be more a feature of working life in the future. People have adapted well to this and with Zoom meetings etc could ultimately have benefits on people's incomes eg travel costs, business overhead costs and even to carbon emissions and climate change.

Media - the media generally has kept up to speed and provided good information through the BBC/Channel 4, Guardian/Independent and Times for me. Occasionally they have been looking for sensational content or can be impatient eg, vaccination nationalism. They have often helped to keep spirits up with the fitness items on TV or Captain Tom type stories. They have been vital in promoting the key messages eg Hands, Face and Space. They are really pushing right now the arguments in favour of taking the vaccine which is again vital.

SUMMARY

Simple - Had we from day one:

- Closed borders initially like New Zealand/Taiwan etc

- Implemented effective test trace and state supported isolation

- Held and purchased adequate PPE for medical and care staff

- Insisted on wearing of face masks in all public indoor and outdoor spaces

our statistics would compare favourably with the best performers. There would be no need for lockdowns and the internal economy would be operating largely as normal and any business support costs eg furlough costs could be redirected to airline, tourism and associated industries affected by the closed border policy.

A few words about me for context. 40 years or more in Local Government Recreation and Leisure management. Then as a management consultant. Currently retired but

still involved in the sector as Chair of the AONB Partnership and Chair of Trafford Leisure (Company managing all the Council's leisure facilities).

Graham Kyle

Lockdown: makes you think.

Firstly, the declaration of interests. I retired with a reasonable pension, no mortgage, living in a beautiful house with my beautiful wife, no other distractions apart from the beauty of the countryside around, we can walk where we like, whether we own the land and not.

So in many ways, lockdown is a doddle for me. Certainly, compared to what I imagine it must be like living in a high-rise flat with a screaming toddler who doesn't understand why life suddenly changed, and wants to go and meet her friends. Doesn't understand why she is hungry and Daddy is grumpy, (because he has lost his job) and the bills keep mounting.

These are the two main effects of their coronavirus pandemic. One is the restriction to everybody's life, which may well be saving some others, but at tremendous cost both in terms of human happiness and well-being, and economic security.

Fortunately, Science seems to be ahead of the curve in developing a vaccine, but development is one thing, distribution is another, and there are considerable divisions becoming apparent in the world response to the viral attack. The cracks are showing, with vaccine nationalism developing, even within the European Community. Vaccine uptake, as well as disease severity, is split along lines of ethnicity and religion. Human history unfortunately has many examples of things which were "Acts of God", as coronavirus probably is, can form the focus of disharmony between various human groups, and even lead to pogroms.

So politicians need to consider not only the effects on the economy and the mental health of the nation, but the potential for serious civil unrest when reviewing the need for continued restriction on individual freedoms.

Their assumption, of course, is that the restrictions that have been introduced have greatly curtailed the misery which the virus would otherwise have caused. It may well be that the number of deaths would be less, how many impossible to say, but at significant cost in terms of restriction of normal life. I doubt I'm alone in feeling that many "Leaders" have seized this opportunity to impose their will on the populace, waving shrouds to keep the questioning at bay. They shield behind "the Science" although Science seems to be different over very small geographical areas, and there is more than a whiff of Puritanism in some of the measures imposed.

One thing out of this pandemic might be a forthright discussion about allocation of health care resources; everyone has shied away from it before. It may well be that if further mutations prove resistant to vaccination, and people will not tolerate more restrictions, that the pandemic will once again gain the upper hand. Then decisions as to who should get sophisticated healthcare, and who should simply be comforted while they end their fulfilled lives, will need to be made. Perhaps we should start that discussion now, as the questions, and hopefully answers, will apply to many more situations in the future, even if the current pandemic is 'defeated'.

Roger Worthington



2020 was a busy year. I was already working remotely so I was in the fortunate position of being able to carry on. Indeed, my workload increased because of the demand for online global health education. That said, life was far from normal. Travel ground to a halt, and of course, all non-work plans were totally disrupted, and the hardest thing was not being able to see children and grandchildren. Video calls are a substitute but not the same thing.

Although work was busy, I took time for regular, long walks and kept up my yoga and sitar playing every day, creating some sort of routine. My last memory of 2020 was standing outside in the cold at midnight on New Year's Eve toasting the neighbours' health (at a respectable distance) with a glass of champagne while watching nearby fireworks –somehow reflecting the strangeness of life in recent times!

On a serious note, the pandemic was devastating in so many ways. While governments often failed in their attempts to control the situation, perhaps the biggest lesson we can learn from all this is to turn a public health disaster into an opportunity to recalibrate the way we live. That means building climate change into the way we think and act at every level. Links between climate change and health are becoming more evident all the time, and governments everywhere should take note and invest accordingly, building climate change considerations into all policy programming (especially as regards health) for both the near and long-term future. Hopefully, there can then be a bright future for us and our grandchildren.

Age 69. Independent researcher and specialist in ethics and medical education, living at the time in Blackheath (SE London).

Ps just had my first jab, and a Covid test, after being reactive for a few days.

Rajan Madhok
My year end review



As in the recent past I came back from India in late January, after spending the holidays with family in Mumbai, with three things on my mind: corona, work and life. Although the alarm bells were ringing Covid 19 was still not registering as a personal problem and what happened within weeks of return and the first lockdown was a complete surprise and an unprecedented experience. For some time I had been wondering about work – although having retired some time ago, the pull was still there though and I was doing assignments but it was becoming apparent that I no longer actually enjoyed them. I feel that the workplaces are the modern day equivalent of jungles from our hunter-gatherer days and you go there at your own risk. The systems are broken and the standards are going down as most (although there is some incompetence and rudeness) people are just not able to function properly. And of course I wanted to start having a fulfilling life- having sacrificed it to work and paid the price; I had to stop the wandering, start accepting things and live in the ‘moment’.

So how did I fare. Well, Covid -19 took up most of it directly and indirectly, and it became a matter of taking one day at a time, not grand plans. I tried to help out with the pandemic in various ways as a volunteer, given my professional background, and got in touch with old mates and organisations, and found very little enthusiasm to take up my offer (free). Perhaps I should have joined one of the management companies and charged £1000 day rates! I focussed on what I could do- helping with NHS at 70 research project, started writing more- secret ambition and in fact with help of friends we produced a poetry anthology (<https://www.nhs70.org.uk/story/reflections-during-covid-19-lockdown-poetry-diary>)

and of course this, and I started a daily journal. I ranted at the shambles – the handling has been appalling centrally, though Welsh government seems to have done better, and wrote two papers. Appendix II is a paper about how I would have managed the pandemic- yes, lockdown gives delusions of grandeur; it is meant as a teaching aid, and Appendix III is a paper with Roger Worthington and Dick Heller discussing lessons from Covid 19 management and the need for an ethical framework – the paper was sent for publication to a journal and then time moved on! Here you have it in the original journal style, I thought these may provide further background should anyone in the future stumble across this anthology- we tried!

The only project where I was asked to help, and which I was delighted to support, was the work being done by Clinical Leaders Network to provide mental health support to health care workers; spurred by them I offered the RICE (<https://ruthinindiaculturalexchange.com/tourism/>) annex (free of charge) to people who needed a respite break- better than clapping I thought but even there the uptake was low, of course not helped by travel restrictions. Cefyn and I continued to develop plans for RICE and form stronger links with NE India.

On the personal side, it was a time to reconnect, albeit remotely, with friends and extended family, and the technology certainly helped – I do not do SoMe, only very limited WhatsApp, some You-tube and Zoom/Teams but that was enough for me. Mair, a dear friend, had started to struggle health wise and it got worse increasingly and led to prolonged hospitalisation, where the medical care was wanting I am afraid, and sadly she passed away earlier in 2021. I spent more time with Helen, getting to know each other, walking in the hills with the dogs, and did manage a short break in Harlech to celebrate the Ruby anniversary of my arrival in the UK- I came here on 3 Sep 1980. And somehow although on the one hand the longest year, it also went quickly! Strange how little one needs actually. I have survived, so far, though had to get tested at one stage after I had a very bad throat infection - not a pleasant experience to take the swab, and have stayed focussed on keeping healthy generally to avoid adding to the stretched NHS.

Not sure if the pandemic taught me anything new- it did reinforce what I knew and was trying to practise: basically it is what it is, Trumps exist, and so suck it up; anger and frustration is useless; people matter; do your best; and the only two things that will save you are love and laughter. Of course, easier for me as my material needs are fulfilled with a pension and home, have decent health, good friends and extended family, but I did and do wonder about those less well-off and disadvantaged people- the mental health toll and issues like domestic violence are frightening, not to talk about children's education and their life chances due to all the effects of the pandemic.

Having read many of the historical accounts of past pandemic over centuries I do not think anything substantially will change, for long anyway- human beings are incapable of learning, it is an increasingly polarised and unequal world, though an occasional success, New Zealand being an example, governments are a joke, and like it or not, you are on your own. So there.

I plan to see more of UK even though I have been around from Shetlands to Isle of Wight, and of course there is so much in Wales itself, I must get to India soon, it has been the longest gap – not been since Jan 2020, go to a decent restaurant and theatre, have friends to tea, and generally enjoy life. Thank you all.

Aged 66, got my state pension! public health doctor, living in Llanbedr DC. Further details of my work can be seen here <https://www.nhs70.org.uk/story/rajan-madhok>

Tom and Lisa Heller ***Covid Comes Calling***

Lisa Heller is a retired nurse and Tom Heller used to be a GP. They live in Sheffield and are recovering from Covid-19

NOTE: Their story is from early 2020.

Tom:

Ok, it's been four weeks and three days since I woke with a couple of coughs. Perhaps I didn't feel quite right to go about my usual tasks. Was this something or nothing? Lisa wasn't up to full strength either.

I can't remember what I had planned to do that day, but I was quite sure I could manage it – whatever it was. Over the next couple of days it became obvious that both Lisa and I had the Covid-19 virus intrusion into our lives. Time was passing. Time passed in a strange way. Sweaty nights and long long sleeps. Time passed OK. I wasn't anxious. I could pull myself together to do a few tasks, perhaps answer phone calls, texts and emails but my full-on thought processes just were not present. Missing in action.

More nights with two changes of soaking clothing per night. Time passed. I had a bit of a cough and an altered sense of smell and taste. No appetite. Meal times passed – time passed. I navigated a plateau of poorliness - plodding on – making do. My own plateau and ability to function seemed a bit higher than the one that Lisa was stuck on. I rang NHS 111 and was directed to their website – '*Stay at home until you get better*' was their consistent, looped message. Don't bother the Health Service. I rang the GP. '*Stay at home and consult NHS 111*' was their recorded message. I interpreted all this as, '*Stay away. Don't approach us ESPECIALLY if you have the virus thingy!*' Lisa was becoming a less and less normal colour. Never one to complain of symptoms – she started to complain of symptoms – extreme tiredness, immobility, sweating and headaches. We compliantly stayed at home and didn't approach the services for help. We could sleep – we couldn't sleep. We didn't know if we had slept or not.

By this time we had attracted a concerned circle of family and friends. Ripples in a pond. The word spread. Of course no-one, family, friends or professionals could come and have a look at us, chat it through, make an assessment. I think it was mostly electronic forms of communication. It soon became impossible to respond to all/ any of the concerned voices. Lisa's colour looked very unusual and she was getting breathless with simple domestic tasks – like getting from the bedroom to the kitchen – and that's not really a domestic task is it?

Lisa:

I was beginning to feel a bit unwell. I didn't take much notice, mainly because my husband Tom was coughing and didn't look well and I was concerned about him more than myself.

We both realised that we might have the virus about 3 days later, and acted accordingly. I kept indoors. I stopped coughing stuff up, mostly, and the cough became drier and more like Tom's.

For the next almost two weeks we both carried on, not feeling well, but thinking we were managing – and we were.

On the following Friday, Tom said he was going to ring the GP. I asked what he thought the GP might do, but was a bit relieved as I didn't know how to get myself out of the feeling that I was ill but couldn't work out what to do.

For myself, I noticed that when I decided I needed to pick up a cup for a drink, I would lie still and contemplate the action for so long that it never happened. The same with taking my usual tablets: I remember one occasion when I held the box in my hand for so long that I fell asleep.

Tom:

Lisa was admitted to Northern General Hospital, Sheffield. Time passed. I had no knowledge of where Lisa would be in the hospital or how she was doing. Our daughter Naomi, who lives in Edinburgh, took over coordination duties with the hospital. I didn't have the mental capacity or energy to find out how to contact anyone in the hospital or what questions to ask or how to receive or comprehend any answers. Naomi told me what I needed to know. Lisa was on oxygen but not in Intensive Care etc. etc. Time passed. My electronic contacts with everything and everybody were firing off all the time but I knew that I couldn't turn off any of those portals even through the night because they might be the way that I could find out more about how Lisa was doing. Rosie, our other daughter, thankfully helped me respond to some of the electronic concerns.

Hey I put on a good show. *'Yes, Lisa's OK. She will be home soon'. 'I'm OK I have got everything I need'*. I was emotionally all over the place. Say something nice to me... and I would cry. People were so nice to me all the time and so I cried.

Lisa:

I was told that they were going to keep me in the hospital overnight for observation, and I was transferred to a ward and given a bed in a single room. I was told to get out of the chair and sit on the bed. I remember doing that and half sleeping half waking for quite a long time, not really able to move and wondering if I could lie down. Eventually a nurse came in and seemed surprised to find me fully clothed and sitting on the bed - she helped me take off my thick jumper and then I was able to lie down.

I did want to go home but I was very frightened that I would be sent home and not be able to cope, and possibly be re-admitted, and that because Tom was ill, we wouldn't manage.

My memory of the next two days is quite limited. I know that I felt cold a lot of the time, I used my coat as an extra cover, and that I also woke up soaking with sweat on several occasions. I can remember lying a bit skew-whiff on the bed rather than

fall to the floor. They put up an IV drip at some point. I felt totally uninterested in any food or drink, and it was a real struggle to eat anything.

On the third night I was transferred to another ward. That was the first time that I thought, perhaps they will let me go home. It really would be easier to sleep. By morning they had sorted out how to manage the demarcation from the rest of the ward to our Covid bit. The nurses and domestic staff were consistently kind and patient. I did quite a lot of reflecting I think. I couldn't read, or really sleep and I couldn't interact with the electronic communications that were coming through on my phone other than very cursorily. I realised that I wasn't taking time to contact Tom or anyone really, and had a vague worry about this, but was unable to do anything about it.

I overheard a hand-over: *"In bed 2 we have Anne (Lisa), who is 71, she has co-morbidity of liver blah, blah, gastric blah blah colitis – we should consider DNR" {Do Not Resuscitate}.*

When the Dr came to see me, I tried a weak quip about getting me out but he either didn't hear or wasn't in the mood for following it up. I remember feeling that it would have been good to share that with Tom and that maybe we should try to see each other again. How was Tom? I didn't have any mechanism working for me to really find out. I certainly wasn't going to share that overheard bit with anyone else.

On the second day or so, I was put on oxygen. This was a relief because I had been feeling breathless after walking down the ward to the toilet, but hadn't really noticed it – not enough to report it anyway.

I remember sitting on the toilet to stop myself from fainting, and coughing and feeling tight across my chest and feeling very scared – I wasn't getting better. My washing regime was not great for those few days. The doctors asked how I was, but I felt uncertain how to respond. I wasn't as ill as those other poor souls in the beds around me – what was the answer?

Tom:

I was at home and obviously really keen to be reunited with Lisa. I was sure that I could cope with looking after her as well as doing routine household chores. Lisa was in hospital for 9 days and for the last perhaps 4/5 of those days I understood that as soon as she could be weaned off the oxygen she would be able to get back home. Simplistically it occurred to me that the only thing stopping her return was the gradual reduction of her additional oxygen. I was given figures each day for how much oxygen she was getting. Each day the oxygen flow rate became the measure by which I could remotely assess her progress. Surely if she were to come home between us we could manage to turn the knob on the oxygen cylinder down a bit from time to time. If having access to additional oxygen at home would have meant Lisa being able to come back home that would have been my ideal solution.

Lisa:

No-one mentioned going home until a consultant visited and assured me that I was in the right place. I didn't really notice any difference in myself except that I think I slept better after being put on the oxygen.

The days all merge, but one day I was advised that the SATS were looking better and that I would be weaned off the oxygen.

This happened slowly and I was pleased to see that when I went down to the toilet I was managing to stop on my feet for more of the time and that the cough was less. The tightness over my chest was also less.

The oxygen was stopped. I didn't feel any different, sometimes a little anxious maybe, when I felt less well – which was mainly when I sweated or when I felt my BP to be low.

I definitely felt better and by this time, was thanking my lucky stars and any other overseeing being and beginning to engage a bit with what other people might be doing at home and how the family was. I hadn't been able to ask how Tom was, but Naomi was assuring me on her phone calls that he was OK.

Then, suddenly- I was OK to go home. How would I get home? Tom would pick me up. This was met with incredulity by one nurse, How come, if he's probably got the virus he shouldn't be out? I would have been very worried if they had discharged me earlier than they did. My biggest worry before this was that if I was home, I wouldn't be able to manage to do the things I needed to do to make me better- like drink. Oxygen was another thing, which of course I didn't contemplate having at home. I think had I been offered the chance to go home with oxygen, I would have been very scared. I think this is mainly because the people who have been looking after me for many years are the liver team, and they hadn't been to see me and I hadn't any idea what might be the effect of the virus given my underlying liver disease. I felt a need for someone who understood about my having secondary Addisons to keep a bit of an eye to make sure I was going in the right direction in terms of my other health issues. On the other hand – I am 71, I do have some underlying health issues, - there has to be a prioritisation of resources...

APPENDIX 1

INVITATION LETTER

Dear friends

I wonder if I may impose on you please. Bit of a long email so forgive! Basically it is about getting you to do some (enjoyable) work, and hence read it at your own peril! Also pass it on via your networks.

The Covid 19 pandemic has been the most significant issue for all of us in 2020 and I am trying to assess how people have managed the year. So, I have been thinking of creating a collection of stories from friends; and these stories are basically a mix of year end review – how was it for you, and a response to the question: Grandma/Grandpa (I know many of you are young so bear with me please), you were there in 2020 so tell me what happened!

Of course it is a year we would all like (not likely) to forget and it is not over yet; and hopefully this will give you (us) something to do and also help create a record. I have been reading Pepys diaries re the Plague in 17th century and also about the Black Death in 14th century and felt that our stories may be of some use in time (you know me, always have ideas of grandeur!).

From personal experience and talking to friends it is clear that it has not been an easy time, finding energy to keep going has been challenging at times, worries about near and dear ones have been preoccupations, and certainly using the time well to do new things has not always been possible for all sorts of reasons – with focus on just getting through the day. So this is not about judgements or any presuppositions on my part- it is about how it has been genuinely; one's feelings/views are as important as another's and that is where I am coming from.

I do not want to create too much work and wondered about a piece of upto 400 words or so and which could cover things (not a checklist but a menu) like:

1. What you were doing during the year- retired or working and in either case how did you spend your time – apart from chores and duties, how did you use the time
2. How did you feel the pandemic was
 - a. managed by the government- globally/national/regional
 - b. reported by the media – radio/tv/newspapers/social media, how did you keep up to date and which ones you 'trusted'
 - c. dealt with locally by your community- the businesses (shops/cafe etc), voluntary groups
 - d. and any other organisation you want to mention

in all of these the highs and lows. Including if you/near ones got Covid and what happened?

3. What main lessons have/should have been learnt from this year (noting that it is not over yet) – what/who impressed, or depressed, you
4. How do you feel in yourself – do you feel nervous/prepared; what were some of the things you did to avoid anxiety/anger (negative emotions) and create

positivity – did you take up yoga/meditation/activities; this bit is particularly to get a sense of feelings and mental state (not being medical, just reflecting the zeitgeist)

5. Finally, do you think the society will change as a result, and most importantly will you change and in what ways (not confessions, and won't hold you to it!)

I am not trying to be prescriptive or to standardise – the value will be in variety in terms of both content and how you tell it – after all it will be your story. And it can be prose or mix with verse, whatever works for you!

Are you up for it, can you oblige me please? If yes, then can you send me your piece by 15 Feb 2021 along with a paragraph about yourself – some personal information like age/gender/your living arrangements would help contextualise it and also a photo if you can. Of course if you wish to be anonymous then we can do that too. Please send it in Word/Text so that I can put all of the pieces together.

I am not sure what will happen with the collection, though some of you know of my interest in and support for the NHS at 70 History Project (with help from some friends I had produced a poetry anthology - <https://www.nhs70.org.uk/story/reflections-during-covid-19-lockdown-poetry-diary>) and we may give the anthology to them? or just enjoy it ourselves!

I will however run the final product past you before it will be submitted anywhere

I am very grateful for your indulgence. Happy to 'talk' and explain further if necessary.

Please let me know if you intend to participate soon and of course you will have until 15 Feb to submit (early submissions will go into a lucky draw with a prize)!

If I do not hear back I will not chase you, and we will still be friends, rest assured –

THANKS ++++++

Merry Christmas and a healthy and safe new year.

Rajan Madhok

Nadolig Llawn a Blwyddyn Newydd Dda*



The longest year on one hand
and where did it go on the other
rumblings from the east in January
soon arrived on these shores
with no sign of abating yet
Isolation made bearable
with thoughts and prayers
walking in our beautiful hills
not to mention the corny jokes
poetry, photos, gardening tips
cooking recipes and you name it
all things that make life fun
from friends like you
So here is to your good health
and better times in 2021

Thanks and best wishes

Rajan

*Merry Christmas and a Happy New Year (Welsh)

<https://www.nhs70.org.uk/story/reflections-during-covid-19-lockdown-poetry-diary>

APPENDIX II

IF

(... I was in charge of the pandemic.....)

Introduction

This paper has been prepared after the challenge from my partner who has been putting up with my rants for some time, thankfully the TV is still intact though came close to being wrecked by the hurled remote many times, and whose philosophy is to do something and not just complain. She asked me what would I have done and which is how you have this paper. It has been informed by recent readings of historical accounts of plagues esp the 14th and 17th century ones in the UK (though largely London and England centric accounts) and in particular Defoe's Journal, and in the light of personal experiences as a Director of Public Health and then Medical Director in the NHS having been the lead for various major incidents including Y2K (spent the millennium night at the Police Station in Hull as part of Gold Command) and Swine Flu in own districts, and from observations of the management of the current pandemic through various media and discussions.

My approach

If it was me this is how I would have gone about it, and basically approached the problem in three parts.

Part one

The first thing to do is to understand what we have to deal with; and I would use the basic infectious diseases framework as follows; with its three elements:

1. the agent – the one that causes the damage -in this case Coronavirus
2. the host- the one who is affected, in this humans
3. the vector – the medium by which infection is introduced, usually another organism like mosquito for malaria, but in case of Covid 19, we will interpret vector to mean route of transmission

and put together two mechanisms: one, to answer the questions in the Table below, and two, to keep the whole situation under constant review – a surveillance system, given the unknown unknowns and especially to ensure we learn from other countries and have a truly global understanding of the problem.

No	Issue	Agent	Host	Transmission
1	What do we already know			
2.	What do not we know			
3.	do we have evidence based interventions for No.1			
4.	Can we research what we do not know			

etc			
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This Table can then be populated and regularly updated as new knowledge and experience grows.

Part two

Alongside this, important not to see these as sequential steps, rather simultaneous and iterative, decide if and what urgent action needs to be taken and then work out a plan for how to manage it over the long haul. I personally believe in certain rules for dealing with a complex problem like this pandemic, as follows:

1. Take charge – the buck stops with you.
2. Stop blaming others and never say could not have anticipated- the job of leadership is to know and be aware of the 'Black Swans'. In my last job as Medical Director I had two fundamental principles for patient safety: Not knowing is not an excuse (you may not know but what efforts did you make) and Not doing something (including explicit nothing) is not an option.
3. Never outsource your thinking- if you ask someone to design what you want, you will get their thinking; not to be confused with the need to engage knowledgeable people and co-design which in fact must be a prerequisite. Surround yourself with the best, not a time to pander to egos.
4. Learn from the past- hardly anything is new, in some form or other whatever we are facing in our age has been there in the past.
5. Always be radical with thinking – imagine the unthinkable esp with the fast moving situation – be open minded and listen without preconceptions. Embrace the uncertainty – it frees you up, lets you imagine and think differently.
6. Be cautious with implementation - radical thinking but measured implementation and that too with safeguards; avoid tendency to rush into action.
7. Avoid the Silver Bullet trap- for every difficult problem there is a simple solution, usually wrong – never act on an isolated piece without understanding how it may impact on the whole picture. The problem can only be understood and solved as a whole.
8. Do not plan for the 5% which is not soluble (for now) but for the 95% where you can make some difference – not being heartless, and recognising that there will be collateral damage. Perfect is the enemy of good- good enough is good enough.
9. Adopt an asset based approach – start with what you already have, rather than what you do not have.
10. Review and revise, repeat – have a clear action plan with reviews for course corrections.
11. Simplify, simplify, simplify – check your plan. There is a saying about taking a fool to lunch; when you think you are ready share your plan especially with

those who are not subject matter experts who can tell you frankly what it means from their, as recipients, points of views. In other words, out of the mouths of babes....

12. Communicate, communicate, communicate- clearly and with humility, acknowledging what you do not know
13. Delegate, delegate, delegate- adopt the subsidiarity principle, less you try and control, more you are in control; also secures buy-in and builds on inherent human values of wanting to do a good job. Local good, central bad.
14. Look after yourself- both physically and mentally. Most important rule.

Part three

Armed with the above analysis and following the rules, create robust action plan with clarity on roles and responsibilities and on governance and management systems. It was sobering and instructive to read Defoe's Journal – esp pages 51-64 of the attached -which shows the detail that had been gone into, to create a comprehensive action plan, with clarity on what needed to be done by whom, when and how. .

Discussion

What I have outlined above is one approach – and it is neither comprehensive nor specific enough, basically it is a framework. The details are a second order issue for me, the first requirement being for a framework like the one above and then using it to ask questions to get to the basics of the problem- a reductionist approach, break the problem down– and to then populate the framework to find answers and to implement solutions.

I invite you to think about to what extent what I have described has been followed by the policy makers, and leave you with a few observations, as you ponder:

1. Clearly there was little knowledge about the agent, host and transmission, and details only emerged over time – the original thinking of comparing it with Ebola and that ventilators were the treatment of choice, for example, shows how in our rush we made mistakes which led to many deaths of both, healthcare workers and patients, and wasted funds- how the price of PPE and ventilators went up and also the rush to create Nightingale Hospitals.
2. Do you think there was an overarching strategy, what was the role of the SAGE and the Cabinet respectively? Who made the decisions, and on what basis – did the Government follow science, and was science clear?
3. Did the people responsible look at the past- to what extent were the Cygnus 2016 Pandemic Plan recommendations followed – the report remains secret, why?
4. Why did they not look at what resources already existed- the DsPH, the clinical and research labs, the volunteers, and basically build on what existed rather than create a parallel system with central command and control, with appalling results and further waste of money- frankly there has been looting of state assets.
5. and so on

To use that cliché, failing to plan is planning to fail – and it seems that the whole approach has been, and continues to be reactive, pandering to noises with the Underdeliver and Overpromise label becoming the epitaph of the Government. Too many unanswered/unanswerable questions?

So what next

I started this as an explanation to a layperson- Helen is an artist, nothing to do with healthcare or management, and after seeing this she turned to me saying but surely there is nothing new here and are not you arrogant to think that senior people would not have thought or acted like this.

And of course she is right, as always!, and I want to believe it too. But sadly I am struggling. So, do you agree with her, and on what basis do you believe that there is an evidence based plan which is being properly implemented. And imagine this, if people like me can not give the confidence, in the absence of systematic and updated clear information, how much more difficult it is for the Joe Public?

I am not happy with how we have managed the pandemic in the UK and I am not prepared to make major allowances – I feel there has been much incompetence, and the only way to redeem is to show that lessons have been learnt and we, as public, can accept better from now on.

We have the right to be told and given explanations; we do not seek these to apportion blame, we recognise the inherent uncertainty in the pandemic. Rather we want to be supportive since the pandemic is not over yet. As members of the public who are paying the price here we have the right to be told in plain, simple, accessible terms about what is being done in our names. Why do not we get a full digest every month, or so, along the above lines, the public is not foolish but is tired of sound bites, false and broken promises or misuse of funds, for example.

I keep offering my services and so far have had no uptake, not only there are additional tasks, there is the day job too, so some task shifting can release NHS staff to focus on the pandemic. I had suggested that all senior leaders should have an intern/shadow to assist them – as part of a contingency plan and especially as staff sicknesses are rising, and in any case there are increasing stress levels. In addition, why not take people like me on as community advisors; there is a clear example with the Sheffield Community Track and Trace Team - <https://www.communitycontacttracers.com/> who are doing marvellous work which will sustain beyond the pandemic. Such mechanisms in each Local Authority area across all UK nations with the help of retired but still active senior healthcare leaders could be a powerful resource in maintaining trust and confidence and hence compliance with what are after all very restrictive conditions.

Let us not wait for inquiries and post-mortems afterwards, and I am firmly in the Michael Rosen camp, but let us start now. We deserve better and we should not be shy in demanding it.

Looking for someone to head the enquiry...

*They'll be scouring the country for another peer
who they can pretend is uncontaminated
hoping that people betrayed and humiliated
will be cowed and passive before power,
will accept the assurances of grandees
schooled since birth in the art of domination.*

*Panic is spreading. For one brief moment
the suits and robes look tattered,
the velvet curtain has parted, we have sight
of the cogs and wheels which hold our rulers
aloft, seemingly forever triumphant.*

*Before it closes and they reappear glossed
and strident, let's hold that picture in our heads
for when they order us to have less
while they take more, when they take what's ours
and give to those who already have.*

*They are only what they are: people pumped up
by pumped-up people; people paraded before us
as wiser or cleverer or worthier than us.*

*They are none of these things. They are just people
who hope that we are too tired or too afraid to
get rid of them.*

Michael Rosen

NOTE: I feel that Daniel Defoe's *A Journal of the plague year* should be mandatory reading for all involved in the pandemic planning and delivery.

APPENDIX III**Creating an Ethical Framework for Public Health Policy:
*Lessons from Covid-19***

R P Worthington
R Madhok
R F Heller

Background

Since the advent of COVID-19, the need for a more evidence-based approach towards public health policymaking has become clear, with so much information of questionable validity in general circulation. Because of the scale of disruption caused by the 2020 pandemic and the relatively small number of people tasked with making decisions affecting the lives of millions of people, it is reasonable to seek information about the rationale behind these decisions. In a fast-moving situation, such as that associated with COVID-19, complexities surrounding the subject make decision-making particularly hard. However, the public needs assurance that decisions are ethically sound, transparent, and based on the best available scientific evidence. We argue that it is right that policymakers should consider the ethical basis of their decisions, even (especially) in times of crisis. While there is plenty of information available on ethical decision-making, the pandemic is a timely reminder of the importance of not just being aware of these principles but being prepared to put them into practice. To assist policymakers and the public, who may need encouragement when asked to follow advice and change their behaviour, we are developing an ethical framework to assist the task of assembling, quantifying and analysing information and data. This is a pragmatic endeavour, and we avoid discussion of hypotheses and ethical theory, interesting as this might be.

The framework below provides a potential checklist for policy advisors and leaders to use before making a recommendation or implementing new policy. The goal is to make a reasoned, informed choice, whilst having regard for the moral basis of decisions, including who is going to be impacted along the way. However, we accept that limited availability of evidence and time pressures during an emergency mean that in any geographical setting, decisions must sometimes be made quickly using whatever information is to hand.

Proposed model

The following points constitute a simple framework to help formulate ethical policies for public health, even during a pandemic. The list is not exhaustive and health care leaders may wish to add to it or adapt it to suit particular needs:

1. *What are the risks associated with doing nothing, acting quickly, or taking time to reflect and act later?*
2. *Who is taking what kind of risk on whose behalf, and what are the likely consequences?*

3. *Are risks being fairly distributed (for example, are ethnic minorities or people with disabilities taking greater risks and reaping fewer benefits)?*
4. *Who stands to benefit from taking a particular course of action, what is the relationship between those taking the risk and those reaping the rewards, and will society benefit as a whole?*
5. *What is the impact of following one course of action as opposed to another, and can society afford the human and financial costs involved?*
6. *If there are no obvious answers (such as might be the case with emergence of a new pathogen), which course of action is likely to result in the least amount of harm overall?*
7. *Is evidence used in support of a given course of action available for public, scientific and ethical scrutiny?*

Discussion

It ought to be possible to make equitable, effective health policy decisions without losing sight of goals to achieve the ‘best’ possible health outcomes overall. Assessing risks and benefits involves weighing up the probability, frequency and severity of outcomes associated with any given intervention. The assessment may not be straight forward, especially when subjective elements are factored in, such as the willingness of the public to comply with rules, recommendations and advice. However, effort needs to be made to reconcile the different elements involved in risk-based *ethical* calculations. Legal frameworks and social and cultural norms also play a part in risk calculation, which we acknowledge but do not address here.

A framework that is widely used, especially in relation to economic costs, is the formula for measuring Quality Adjusted Life Years [QALYs], assessing different lives differently, depending on age and comorbidities, balancing risk against the cost of intervening. However, this is prone to moral hazard because of inherent bias that works against someone with a disability or someone who is biologically old but otherwise fit and well. The formula lacks sensitivity and specificity, and when applied to acutely-ill Covid patients it could potentially mean, for example, that someone is automatically denied life-saving treatment (such as ventilation) on grounds of age or disability in favour of someone younger and fitter. There are alternative methods for economic analyses which derive population impact numbers without ‘quality’ adjustment. However, clinical assessment on a patient-by-patient basis, supported by clinical guidelines that take account of wider population perspectives, should provide an ethically defensible way of reaching a decision.

To illustrate how the proposed framework would work in practice, we take various points in turn, relating them to the 2020 pandemic.

1. *What are the risks associated with doing nothing, acting quickly, or taking time to reflect and act later?*

There was considerable variation when countries around the world formulated their initial response to the spread of Covid-19. Every available option carried risk, and reliable information was hard to come by. In each case, decision-makers had to

assess risk in relation to measures likely to be in the public interest against a background of limited information and unwillingness (in some quarters) to adopt radical measures. However, regardless of these difficulties, it is important to defend the human rights of everyone involved irrespective of their ethnicity or socio-economic status.

2. Who is taking what kind of risk on whose behalf, and what are the likely consequences?

Risks are encountered everyday by individuals, communities and societies, and during a pandemic some risks pose an existential threat to human life. The ethically relevant point to consider before introducing a policy (for instance, to restrict social gatherings) is whether anyone will be unfairly disadvantaged by that policy. I.e., how do likely consequences balance against intended benefits and at what cost (human and financial)? A policy designed to protect older people, for instance, could disadvantage the young; social distancing measures have economic consequences that affect some lives more than others, and a new treatment, such as a vaccine, could be tested on one population to benefit another, whereby risks are not necessarily proportionate to the intended benefit. An unintended consequence of adopting tight restrictions on freedom of movement is the emotional harm caused to families from not being able to see loved ones or attend family gatherings, such as weddings and funerals. Details depend on particular local circumstances, and it is difficult to quantify such harms; while such pain may be unavoidable, it is important to factor in harms caused to families and the sick and dying from not having the comfort of loved ones nearby.

3. Are risks being fairly distributed (for example, are ethnic minorities or people with disabilities taking greater risks and reaping fewer benefits)?

Policies designed to work in the 'public interest' only do so if they take account of the needs and interests of minorities. If a public health decision leaves vulnerable groups at a disadvantage, such as the very elderly, the ethics of that decision need to be challenged. There is a growing body of evidence, for example, which shows that black, Asian minority ethnic groups have heightened risk-exposure to Covid-19; indigenous populations and people with disabilities and long-term conditions also face additional risks and hurdles. A human rights impact assessment should be an integral part of policy development and analysis to safeguard ethical obligations towards all sectors of society. For example, it is not enough to safeguard health systems and prevent hospitals from being overwhelmed if in so doing, care home staff and residents go without Covid testing, protective equipment or access to critical care.

4. Who stands to benefit from taking a particular course of action, what is the relationship between those taking the risk and those reaping the rewards, and will society benefit as a whole?

The intention here is to guard against corruption and make sure that the outcome of a policy benefits the target group. Government and non-governmental organisations have a role to play here in making sure that money is spent wisely, without being siphoned off before it reaches the people in need. In addition, difficult decisions have

to be made by treasury departments, for instance, when choosing between spending to support one part of a health system versus another, diverting money away from health care into something else, or neither of the above, avoiding excessive levels of public debt. That said, without adequate funding for public hospitals, there is a real risk that health infrastructures collapse under the strain of a pandemic, and while asking questions does not change the facts on the ground, this could help to find just, equitable policy solutions for some of these problems.

5. What is the impact of following one course of action as opposed to another, and can society afford the human and financial costs involved?

This question probes further into what it means to act in the public interest. For instance, if borrowed money is being spent to support test and trace initiatives or fund adequate supplies of personal protective equipment for healthcare professionals, who will ultimately meet the cost and is it justified? Such decisions potentially pit short term measures against long-term; however, the cost of intervening in a time of crisis may be less than the cost of *not* intervening because of consequences affecting human health, well-being and life itself (to say nothing of damage to the economy). Weighing the balance of harms is an appropriate and necessary part of assessing the scope and impact of possible policy outcomes.

6. If there are no obvious answers (such as might be the case with emergence of a new pathogen), which course of action is likely to result in the least amount of harm overall?

This emphasises the fundamental principle of ‘do no harm’, and when Bhopal says that steps that can be taken to ensure public health safety on the road to achieving herd immunity, he notes how “The balance between the damage caused by COVID-19 and that caused by lockdowns needs quantifying”¹⁸, linking means with ends. This is important, acting as a safeguard against policies that favour means regardless of ends or ends that ignore the means used to achieve a given end. We support the premise, for example, that “public debate, including on population immunity, informed by epidemiological data, is now urgent”.

7. Is evidence used in support of a given course of action available for public, scientific and ethical scrutiny?

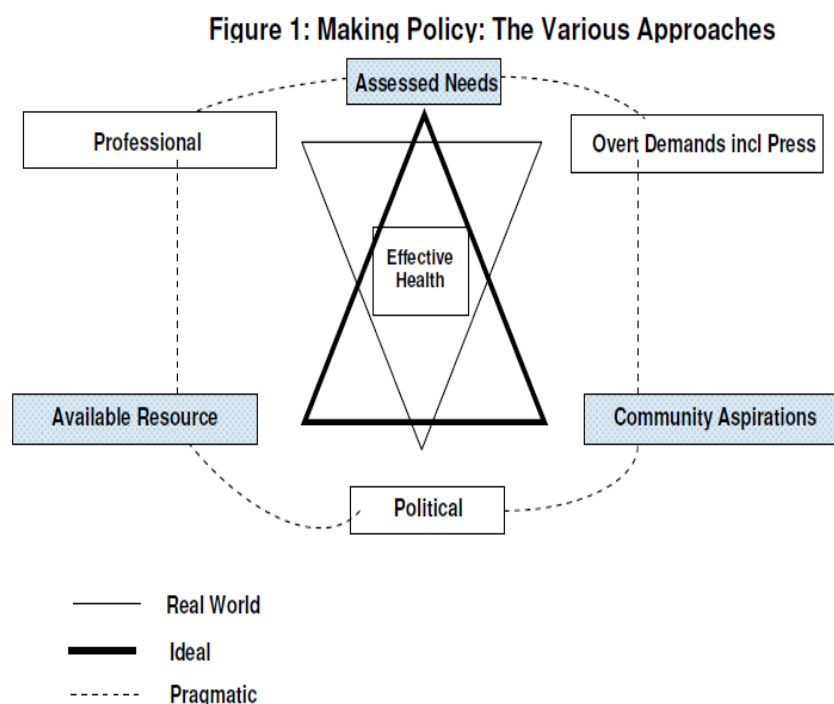
This question is about transparency and the ethics of sharing non-classified information. Ethically speaking, public health decisions are not the same as one-on-one clinical decisions, and while it is reasonable for public health officials to communicate with each other and with political leaders in confidence, the basis and substance of policy decisions affecting populations should be open to public scrutiny. Furthermore, unlike with most areas of science and medicine, there may be no system of peer review in place for making public health decisions. Scientists and members of the public need opportunities to evaluate what is being done in their name ‘for the public good’, and in the context of the pandemic, with all the disruption that that entails, this is doubly important. However, if politicians try to defend their position by stating that ‘policy is in accord with the science’, what does this mean? It is fantasy to believe that matters of epidemiological science can be reduced in this way by ignoring differences of opinion and interpretation of so-called

'facts'. The *Lancet COVID-19 Commission Statement on the occasion of the 75th session of the UN General Assembly* speaks well when it says that "Science-based policy making [should] base policy making on objective scientific evidence and stop politicians and others in positions of power from subverting clinical trials and other scientific protocols" (No. 3 of 10 Priority Actions).

Next steps

An ethical process of decision-making should allow for the expression of contrary opinions and for evaluating the evidence on which decisions are being made. Without checks and balances, the process of public health decision-making can otherwise hide behind a smokescreen. Our ethical framework is an attempt to focus attention on practical necessities of policymaking, including safeguarding the interests of vulnerable groups and ensuring that decisions are made on an equitable basis *in the public interest*, preferably after a process of review.

One of us (RM), a former NHS director of public health, characterised the policy-making challenge as a clash between the *ideal* approach, which is evidence-based and rational, and the *real world* approach in which *vested interests* might be allowed to influence policy. A schema for reconciling these two perspectives is formulated here:



Conclusion

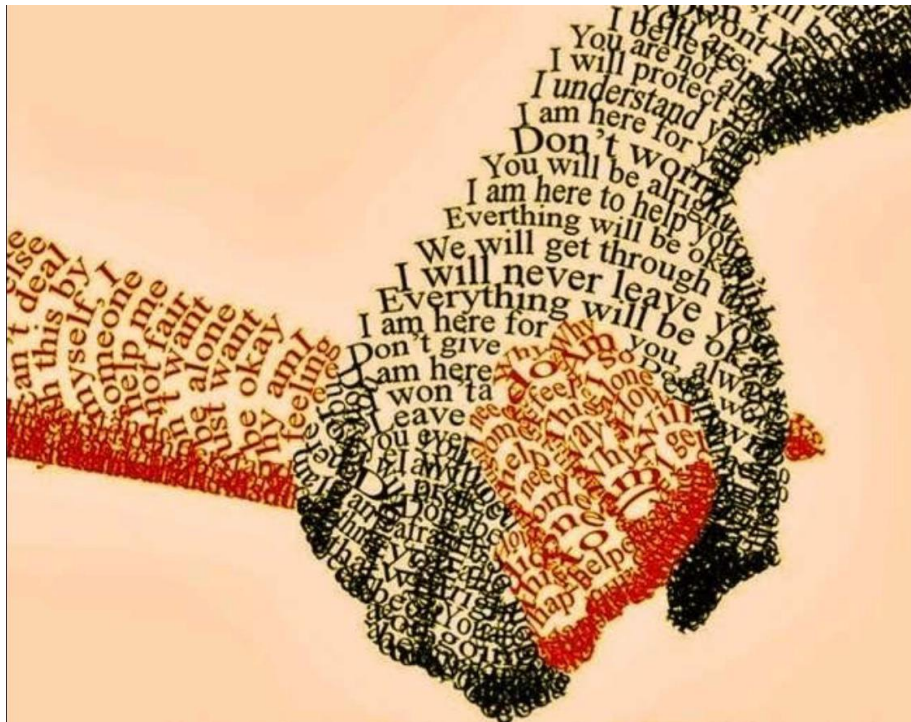
Compromise is an inevitable ingredient in policy decision-making, and if the framework we propose helps lead to more ethically defensible policy decisions in the future, then it will have served a useful purpose. If nothing else, it could act as a trigger for further debate. It is hoped that in later phases of the current pandemic and in future public health policy decision-making, room will be made for an expedited

form of ethical review, having due regard for pressures of time. One way of achieving this would be to build an 'ethical gateway' to determine which information should be open to public scrutiny, when, and according to what criteria. For instance, if a policy were to favour hospitals over care homes, health professionals over the general public or Covid patients over routine care for patients with other medical conditions, this ought to be made clear, including the likely consequences of such a decision for all parties involved. While we recognise that decision-makers may need some additional training to help them perform these tasks, that might be a price worth paying. We think it is time to take steps to systematically start putting some of these ideas into practice.

Fully referenced version (with abstract) available from rpworthington@gmail.com

And the people stayed home.
 And read books, and listened, and rested,
 and exercised, and made art, and played games,
 and learned new ways of being, and were still.
 And listened more deeply.
 Some meditated, some prayed, some danced.
 Some met their shadows.
 And the people began to think differently.
 And the people healed.
 And, in the absence of people living in ignorant,
 dangerous, mindless, and heartless ways,
 the earth began to heal.
 And when the danger passed, and the people joined together again,
 they grieved their losses, and made new choices, and dreamed new images,
 and created new ways to live and heal the earth fully,
 as they had been healed.

Kitty O'Meara



(source unknown, but thanks)