April 23, 2021

Dear Dr. Adlington,

Thank you for the opportunity to revise and resubmit our manuscript, “What Does it Mean to Engage the Public in the Response to COVID-19?” (BMJ-2020-062397).

We are grateful for the additional comments and criticisms from the editors and have responded to each below.

Best wishes,
Naomi Scheinerman & Matthew McCoy

<table>
<thead>
<tr>
<th>Comment</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whilst we understand you are limited by word count, we feel that the manuscript would benefit from exploration of &quot;the different ways open to public authorities regionally, locally and by specific sector, to engage with the public&quot; as recommended by reviewer Taylor.</td>
<td>We’ve addressed this point by providing examples of the ways in which local and regional governments can play a critical role in pandemic response by translating and explaining national standards to local communities. Beginning on line 138, we write that “Municipal and regional governments can play a critical role in delivering…locally targeted outreach. Across the United States, for example, city leaders have partnered with local community and faith-based organizations to address concerns about vaccines among communities with ‘historical experiences with discrimination.’ This is a successful example of what Wen and Sadeghi have described as a complementary relationship between national and local leaders. While national health agencies have the resources to synthesize “scientific information into actionable guidelines,” such guidelines must be “tailored and explained by local officials in the local context of their communities.”</td>
</tr>
<tr>
<td>Similarly - one editor comments &quot;The piece is all about governments, but should it not be about ANY level of authority that is laying down rules/policy that are “urgent or</td>
<td>Thank you for this suggestion. We appreciate that there are other powerful institutions that might also have obligations to engage the public.</td>
</tr>
</tbody>
</table>
controversial matters of health and science policymaking”? In the US, we are seeing the beginning of covid-19 vaccine mandates to keep one’s job, or access to schools for children (Rutgers University this past week; Los Angeles schools as well). The talk is of testing and “vaccine passports” to board planes or enter public spaces. These are not all government policies but they seem to be on the verge of reshaping our lives. In other words, are the authors really just providing a message to government agencies and officials, or is this a message for almost all levels of decision making - including also school districts, employers, airline companies, etc.?

We feel this is possible within the desired word count, particularly by editing down certain sections which are long e.g. transparency section. Another option might be to include a box “Responsibilities for employers, school administrators, and other non-governmental decision makers” which reflects on this.

Similarly the editors feel there could be more emphasis and discussion of the structural inequalities in public engagement and how to reach certain communities that have worse outcomes but are often neglected by public health messaging/ initiatives.

We’ve clarified this point and the focus of our paper in the introduction. Beginning on line 85, we write that “We focus on the responsibilities of government actors, whose decisions have a special status because they are backed by the force of the state and carry far-reaching social consequences. However, to the extent the other institutions like private hospital systems, schools, and universities make decisions that profoundly affect the communities they serve, they have reasons to engage affected communities in their decision making.”

In addition to this clarification, we’ve made a number of changes throughout the piece to broaden the focus of our remarks by referring to “authorities” instead of simply “governments.”

We appreciate this suggestion and have added additional text to address this point. Beginning on line 236, we write that “Informal deliberation often amplifies the voices of those with greater resources and access to media platforms while crowding out the voice of marginalized groups who have been hardest hit by the pandemic and whose voices are crucial to designing equitable policy responses (21). Similarly, while events like virtual townhall meetings can provide a forum for community members to share their concerns and experiences, they “underscore access disparities to technology and the internet, widening existing gaps which disproportionately affect people who are poor and people of color” (22).

In addition to passage referenced above regarding the potential for partnerships
between local governments and community-based organizations, we have also added examples of how authorities can better understand the perspective of disadvantaged communities.

Beginning on line 245, we write: “Given these structural inequalities, responsibly engaging with informal deliberation requires affirmative efforts to seek out perspectives of disadvantaged groups that are often underrepresented in media, public meetings, and digital platforms. Doing so requires soliciting input across ‘multiple, accessible channels,’ including community events and faith-based gatherings (23). Authorities should work with non-profit and academic organizations that have compiled testimonies from disadvantaged communities. In the UK, for example, National Voices, a coalition of organizations ‘supporting people with physical and mental health problems and disability and those who are facing inequality or discrimination,’ (24) collects and publishes first-person accounts of people’s challenges and experiences during COVID. In the US, the Black America and COVID-19 project collects and publishes evidence on the impact of the COVID on the Black community with the goal of creating ‘a collective conversation of material for teaching and learning about the contemporary effects of COVID-19 among Black communities as it is tied to the historical legacy of race in America.’ (25)”

Would the authors be bold enough to say something like: “There is questionable legitimacy to rules that are not borne from a process that engaged the very public on which it makes it demands.”? Or some such.

We appreciate this question. We understand why questioning the legitimacy of a government that fails to engage its people is potentially compelling. We understand legitimacy, though, to be a technical term referring to whether a government has adhered to certain procedural requirements that justify its authority. A government that follows all of its legal processes for creating laws is a legitimate government, even if we think that some of those laws are in need of
| Updating or better mechanisms for inclusion. While we hold that government decisions that do not engage the public are unwise, we do not necessarily see them as illegitimate, insofar as their authority to do so is in question. |

We would also ask for an additional column in the new table - “Examples” - which allows the authors to name some names of good and bad behavior related to the various demands/responsibilities that they outline. We feel that this would give a lever to be slightly more provocative or compel the huge change that you are calling for. |

We have added the suggested column in Table 1, focusing on examples of successful public engagement. We would be happy to include additional example if the editors believe that would be helpful. |

Language still overly academic and opaque at times – would benefit from an edit into more plain language, e.g. just from opening paragraphs: |

Standfirst is a little impenetrable – needs rewording. |

“We disaggregate demands embedded in calls for public engagement in covid response and recovery.” |

“We’ve changed the standfirst to read: “Naomi Scheinerman and Matthew McCoy explain how government actors and other authorities should respond to calls for public engagement in COVID-19 response and recovery.”” |

“We’ve changed the next sentence you highlight to read: “In what follows, we distinguish demands found in calls for public engagement in COVID response and recovery.”” |

“We’ve deleted the third sentence you flagged to make room for some of the other amendments you asked for. Throughout the manuscript, we made other wording changes to correct passages that may be obscure. If there are other passages that you believe are too academic for BMJ’s readership, please let us know and we would be happy to consider alternative language. |

- Could the authors give an example of how the ethical frameworks work or what they look like? Or how it might be used for a covid-related decision? |

We’ve expanded the paragraph to add clarity. Beginning on line 193, it now reads: “Meeting the demand for reason-giving requires that government actors and other authorities to articulate the principles guiding policy decisions and tradeoffs—what Zoe
Fritz and colleague have called an ‘ethical road map through the covid-19 pandemic.’ (13) International organizations, national bioethics commissions, and others have published ethical frameworks that can help with this work (16, 17, 18). These frameworks identify ethical considerations raised by various COVID-19 response measures and provide decision-makers with practical guidance for weighing these considerations in concrete cases. Ultimately, however, it is the responsibility of governments and other authorities to work with relevant stakeholders to develop and communicate principles guiding pandemic response measures (13).”

Editors were struck that all the things you describe here around transparency and reason giving were done really poorly by the the UK and US governments. Is this because public engagement is something that becomes important at a particular time (e.g. after the initial response) or should public engagement have been a priority from the outset? Do the authors feel any other countries did a better job?

We have highlighted successful examples of engagement in the paper including partnerships between American cities and community-based organizations. In the new table column suggested by the editors, we have also highlighted examples of successful activities at the national level. We found no countries that standout as complete success stories with respect to public engagement. Indeed, we’ve cited a recent study from BMJ Global Health which reviewed the transparency of COVID decision-making in 24 countries and found nearly all wanting. The new passage, beginning on line 108, reads: Unfortunately, despite calls for transparency, a review of COVID-related decision-making in 24 countries found “little transparency regarding whom decision-making bodies are consulting as their source of advice and information.”

Could the authors say more about accountability - you introduce the idea but don't develop it further.

We’ve deleted the sentence in the introduction that makes reference to “accountability” in order to make space for some of the other changes you requested.

We introduce the concept of accountability in the section on reason giving in a passage on line 162, which we now believe makes the
meaning of the concept clear: “Reason-giving promotes accountability by enabling members of the public to pressure authorities to live up to their stated principles. For example, in criticizing the UK government’s handling of COVID in adult social care settings, Melissa McCullough cited the government’s ‘own ethical principles’ (14) spelled out in its covid-19 guideline for adult social care. While the government espoused a commitment to be ‘transparent about why decisions are made and who is responsible for making and communicating them,’ McCullough notes, they did not provide the public with ‘detail on how a decision was taken to leave the most vulnerable people in society and their carers unprotected’ (14).”

The editors wanted to draw attention to an editorial published in The BMJ last year by two of our patient editors - https://www.bmj.com/content/370/bmj.m257

Thank you for drawing our attention to this piece. We’ve cited it in the manuscript’s introduction along with other recent relevant publications from The BMJ:

https://www.bmj.com/content/369/bmj.m203
https://www.bmj.com/content/369/bmj.m240

We think that these additions to the paper help bring it into fruitful conversation with recent work in the journal.