

IN THE COVID-19 INQUIRY

MODULE 4

PRELIMINARY HEARING

13 SEPTEMBER 2023

WRITTEN NOTE OF THE TRAVELLER MOVEMENT

1. The Traveller Movement ('**TM**') is grateful to the Chair for having been granted core participant status in this important module of the Inquiry.
2. TM is a registered charity and the largest representative body engaging with national and local government for and on behalf of Gypsy, Roma and Traveller ('**GRT**') communities in the UK.
3. The term Gypsy, Roma and Traveller is frequently used by policy-makers and researchers to describe a range of ethnic groups, including English Romany Gypsies, Scottish Gypsy/Travellers, Welsh Gypsies and other Romany people), Irish Travellers, who have specific Irish roots, and Roma, understood to be more recent migrants from Central and Eastern Europe, all of whom are protected against discrimination by the Equality Act 2010. The term Traveller can also encompass other groups that travel, including, but not limited to, New Travellers, Bargee Travellers (that is, itinerant live aboard boat dwellers) and Travelling Showpeople.
4. Population estimates would place the total population across the three main constituent communities at between 300,000 and 500,000 – which would account for over half a percent of the UK population.

5. These significant and protected minority groups experienced particular difficulties in relation to vaccination, which arose from their status as marginalised communities. TM says that GRT communities experienced an unequal vaccine uptake.
6. On behalf of our client, we ask that the Inquiry specifically investigates two matters in Module 4:
 7. First, it is important that the Inquiry investigates whether members of these communities were properly informed about the vaccine roll out and whether adequate attempts were made to dispel the concerns that they held about the safety of the programme.
 8. It is important to bear in mind that the government ought reasonably to have known that the GRT communities were likely to be more vulnerable to Covid-19 than the majority population. For example, around 10,000 Gypsy and Traveller people live on unauthorised caravan sites whilst many others live on authorised but overcrowded caravan sites, as a result of failure by local authorities to meet their spatial planning duties to identify land on which Gypsies and Travellers can live in their caravans. These living conditions often rendered social distancing all but impossible, increasing the risks for those living on such sites and in particular those with underlying health conditions. Moreover, GRT communities experience particular health difficulties which led to increased vulnerability to Covid. For example, a study from 2007 found that Gypsies and Travellers have a higher overall prevalence of respiratory problems than the majority population.¹
9. These communities should have been specifically targeted within the vaccination programme. Yet there does not appear to be evidence of any such targeting.

¹ [Health status of Gypsies and Travellers in England | Journal of Epidemiology & Community Health \(bmj.com\)](https://www.bmj.com/content/355/bmj.m2241)

10. The second matter that should be investigated are the barriers to vaccine uptake that GRT communities faced.

11. These barriers stem from cultural matters and the difficulties and disadvantages that GRT communities generally face in terms of access to healthcare and access to information. They include the following examples:

- The GRT communities have a historic cultural distrust of institutional and government authority arising from systemic and long-term societal discrimination and governmental marginalisation;
- GRT people experience poorer health outcomes than the majority population and are often wary of the potential negative consequences of vaccination. There is evidence that their genuine cultural concerns about the effects of vaccines on matters such as fertility and infant mortality were not taken seriously by medical professionals.
- The communities suffer from poor rates of literacy which negatively affected the ability of GRT people to access guidance in respect of vaccination. In particular, there is widespread digital exclusion amongst GRT people (fewer than 1 in 5 members of GRT communities have access to or can use the internet), which compounded the difficulties many faced in gaining access to health guidance, information and services surrounding vaccination, especially in periods of national lockdown and limited movement outside of sites and homes.

Living conditions are also relevant. Those Gypsy and Traveller people living on unauthorised caravan sites were less able to register with GPs, or access virtual appointments or otherwise liaise with medical services for purposes of informing themselves about the vaccine programme.

12. One of the problems is that there is a dearth of up to date information on the ability of GRT communities to access health services and on their healthcare needs –

currently the NHS does not record GRT ethnicity in its data directory. Therefore, we submit that in order to investigate these matters properly, the Inquiry should call evidence from witnesses who can speak as to the barriers that GRT people faced in relation to the vaccine programme and the data desert in respect of GRT communities

13. On 31 August 2023 TM received a request for evidence under Rule 9 of the Inquiry Rules. Our client will provide witness statement evidence in relation to barriers to vaccine uptake, steps taken to address vaccine hesitancy, public messaging about vaccines and recommendations that the Inquiry should consider on the Module 4 provisional scope.

14. We submit that these matters should be the subject of oral evidence. We ask that the Inquiry calls the Director of TM, Yvonne MacNamara, and the TM Chair of the Trustees, Pauline Anderson OBE, to give evidence along with other witnesses from the GRT communities who will inform the Inquiry on these important issues. We would suggest that Rule 9 requests are sent to Mary Foy MP and Baroness Janet Whitaker the co-Chairs of the All-Party Parliamentary Group on Gypsies, Travellers and Roma. There are a number of leading academics who should also be contacted under the provisions of Rule 9. We submit the Inquiry requests that Rule 9 requests are sent to Professor Colin Clark from the University of West Scotland (Professor Clark's research has mainly been within the fields of Romani Studies and Ethnic and Racial Studies) and to Professor Margaret Greenfields of Anglia Ruskin University (Professor of Social Policy specialising in equity outcomes for minority communities). In particular, we would suggest Dr Pauline Lane, from the Faculty of Health, Education Medicine and Social Care at Anglia Ruskin University, who is the author of a number of reports on GRT health inequalities. We also suggest requests are made to Kate Green MP, previous Shadow Minister for Equalities and to Baroness Virginia Brinton, known as Sal Brinton. Finally we suggest a request is made to Mihai Calin Bica, Roma Campaigning and Advocacy worker at the Roma Support Group.

15. It is important that the Inquiry receives evidence from a variety of sources because there is a very real possibility that the concerns of members of the GRT communities

relating to vaccination and/or the uptake of other necessary public health measures will not be met in any future pandemic unless lessons are learned from recent events.

16. It is also important that TM is able to consider institutional evidence relating to their interest in the Inquiry in good time. We note what is said at paragraph 39 of Counsel to the Inquiry's note for this preliminary hearing that if monthly updates and the provision of disclosure do not provide core participants with necessary information, then the Inquiry will consider requiring position statements from state and organisational Core Participants. We endorse this approach and will write to the Inquiry after the disclosure process begins in Autumn 2023 to request a further preliminary hearing on disclosure, should it appear that our client will become prejudiced by any significant delays in the disclosure process. In principle, TM supports the submission of position statements as they can provide clarity and focus for the Inquiry team and help to distil issues concisely.

17. Finally, TM would like to comment on the stance that the Inquiry has taken on the position of minorities. The Chair has recognised the importance of placing the disproportionate impact of the pandemic at the heart of the Inquiry. In her 12 May 2022 letter to the Prime Minister concerning changes to the Inquiry's Terms of Reference, the Chair recommended that *'the Terms of Reference be reframed to put possible inequalities at its forefront so that investigation into any unequal impacts of the pandemic runs through the whole Inquiry. This important recommendation will ensure the Inquiry is inclusive in its approach'*.

18. The Terms of Reference, as they now stand, state:

In meeting its aims, the Inquiry will:

a) consider any disparities evident in the impact of the pandemic on different categories of people, including, but not limited to, those relating to protected characteristics under the Equality Act 2010 and equality categories under the Northern Ireland Act 1998;

19. Whilst TM welcomes the revised Terms of Reference underscoring the importance of minorities, it is a matter of some concern to TM that the position of minorities does not feature prominently in the list of proposed Key Lines of Enquiry (KLOE), which is set out at paragraphs 58-60 of Counsel to the Inquiry's Note dated 22 August 2023. The reference to 'Ethnicity' at paragraph 59 is not sufficient to dispel this concern.

20. Clearly, the position of minority groups should feature prominently within the KLOE.

21. Moreover, our client would wish to stress that it is important that the GRT communities are treated as a separate and discrete case within any minority grouping. Our client's view is consistent with '*Inclusive Britain: the government's response to the Commission on Race and Ethnic Disparities. March 2022*' which states at page 40:

One of the key principles we hold for demonstrating inclusion is not to lump together different groups of individuals with different perspectives and experiences just because they are not white. Segregating by race in this way is clumsy and actually results in exclusion and not inclusion.

22. It is also important that the Inquiry addresses the public sector equality duties set out at section 149 of the Equality Act 2010 when considering how the vaccination programme was devised and delivered in relation to protected groups, and in particular the marginalised groups that we represent.

23. In conclusion, we ask for the following:

- (i) That the Inquiry maintains its commitment to the consideration of the interests of minority groups but that it treats different groups as discrete case studies, so as to avoid a generic and non-inclusive approach to complex issues that will arise concerning vaccine uptake by members of marginalised groups.

- (ii) That the Inquiry commits to specifically addressing whether members of the GRT communities were properly informed about the vaccine roll out and whether adequate attempts were made to dispel the vaccine hesitancy that arose from marginalisation and other barriers that they faced in relation to vaccination. We have made written submissions to the effect that these matters should be included within the KLOE to which Counsel to the Inquiry has referred at paragraphs 58-60 of the Note dated 22 August 2023.
- (iii) That the Inquiry calls witnesses at the Module 4 hearings to give evidence which is specifically related to the experiences of GRT people during the Covid-19 pandemic; on the barriers to vaccine uptake and the institutional responses to those barriers.

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5 September 2023