

## Module 2 of the UK Covid-19 Public Inquiry

### Request for Evidence under Rule 9 of the Inquiry Rules 2006

#### Reference for Request - M2/ISAGE/01/DZH

##### 1. Qualifications, career history, professional expertise and major publications

**Qualifications:** PhD in Education (Cambridge University, 1999), MSc in Educational Research Methodologies (Oxford University) and a BA (Hons) in Economics (Manchester University).

##### Career history

Executive Director of [The Equality Trust](#) (Jan – July 2022)

Interim Director of [The Runnymede Trust](#) (May 2020 – Sept 2020)

Research Associate (2 years) and Deputy Director (2 years) of The Runnymede Trust (May 2016-April 2020)

Between 2001-2016 I worked as a civil servant (Grade 7) or as an Independent contractor on government contracts within some of the following departments: Department for Education and Skills; Department of Trade and Industry; Home Office, NOMS, Independent Advisory Panel on Deaths in Custody, Ofgem, DCLG and Department of Energy and Climate Change.

I have been a Commissioner/panel member on the following Commissions and Reviews: Oldham Independent Review 2001; Community Cohesion Review (adviser), 2001; [Women's Budget Group Commission on Gender Equal Economy](#) (2018), [The Hamilton Commission](#) (2020).

I am currently an expert adviser on the London Mayor's Advisory Group on Equality, Diversity and Inclusion; Advisory Group on Structural Racism and Health Equity (led by **Personal Data** Advisory Group on Disadvantage Gaps (Education Policy Institute).

I am also an invited [Fellow of the Royal Society of Arts](#) (FRSA) and a trustee at [The Howard League for Penal Reform](#).

I have been a voluntary member of Independent SAGE since its inception (~May 2020).

I am a social scientist with particular expertise in racial, socio-economic and gender inequality across several public sector areas, including education/schools, employment, housing, health and criminal justice areas.

I also have considerable knowledge of factors which help or hinder educational attainment for different ethnic groups.

I am regularly invited to policy roundtable discussions within the public sector, asked to contribute as an expert adviser, have been invited to give evidence to Select Committees (equality and education) and invited as a key speaker at several conferences.

Selected by [Lancet](#) (2022) as one of the key female voices in the public sphere of science and public health.

Some of my publications during the pandemic include (have excluded ones before):

- [BMJ \(2022\)](#) As prime minister Boris Johnson did not do enough to tackle racial inequalities?
- [BMJ \(2021\)](#) Vaccine inequality may undermine the booster programme
- [The Guardian \(2020\)](#) Why does COVID-19 affect ethnic minorities so badly? It isn't to do with Biology
- [The Lancet \(2021\)](#) *Mass infection is not an option: we must do more to protect our young*, Gurdasani, D., Drury, J., Greenhalgh T, Griffin, S., Haque, Z., Hyde, Z et al
- [BMJ \(2020\)](#) *If we do not address structural racism, more BME lives will be lost* (with Professor Sophie Harman and Dr Clare Wenham)
- [Huffington Post \(2020\)](#) A Glaring Omission In Coronavirus Data Is How BAME People Are Affected
- [Runnymede Trust report \(2020\)](#), Haque, Z, Becares, L and Treloar, N. Overexposed and under-protected: the devastating impact of Covid-19 on Black and ethnic minority communities in Great Britain
- [GLA-commissioned report \(2020\)](#), Haque, Z., Momelat, L and McIntosh, K What's stopping young black men getting on in the digital and construction sectors? Voices of the under-represented

## 2. An outline of when you participated in Independent SAGE, the role that you performed and any matters that you advised on

I have been a voluntary member of Independent SAGE since its first meeting in May 2020.

I was invited on because of my expertise on inequalities and discrimination (race, gender and socio-economic), and because I had already raised concern within the equality sector, and via blogs/media interviews, the potential detrimental impact of the pandemic on Black and ethnic minority groups in the UK.

My two main contributions to Independent SAGE have been to ensure that we are considering/taking into account the impact of the pandemic on vulnerable and marginalised groups - including women, disabled and Black and ethnic minority groups. And to ensure that we do not overlook the impact of the pandemic on children and young people, including the impact on learning, attainment and schools.

I have attended weekly pre-Friday preparation meetings, as well as almost every single [Friday public briefings](#) (which currently include an update on covid-19 available data, discussion about an important issue during the pandemic/focus on a particular group with invited expert guests (and sometimes people talking about their lived experience), and public questions for Independent SAGE).

However, I contribute to Independent SAGE in many other ways. Like all my colleagues on Independent SAGE, I have contributed to many reports/statements that we have made publicly. I have led/co-ordinated some of Friday briefing discussions e.g. impact of the pandemic on women, pregnant women, disabled groups, young people, schools, Freedom Day retrospective etc. And I have responded to invitations from TV, radio, podcasts and

public voluntary groups to attend Q & A discussions e.g. Greater Manchester Disabled People's Panel

3. A summary of any reports and/or articles you have written, interviews and/or evidence you have given regarding the work of SAGE and/or its subcommittees and/or the UK's response to the Covid-19 pandemic. Please include links to those documents where possible.

[Independent SAGE public reports/statements](#) rarely have individual names on it as we all contribute (whenever we can), and we work as a group. Everything is available on our website.

A timeline of SAGE advice and Independent SAGE reports from January 2020 to July 2021 is available here: <https://www.independentsage.org/wp-content/uploads/2021/08/IS-Timeline-Complete-1.pdf>. This timeline is particularly useful for highlighting the common ground between Independent SAGE and SAGE and where UK government did or did not follow SAGE advice.

Some of the relevant articles I have written (there's probably more podcasts, public online discussions that I have contributed to, but I do not have the time at the moment to dig them out):

- [BMJ \(2022\)](#) As prime minister Boris Johnson did not do enough to tackle racial inequalities?
- [BMJ \(2021\)](#) Vaccine inequality may undermine the booster programme
- [The Guardian \(2020\)](#) Why does COVID-19 affect ethnic minorities so badly? It isn't to do with Biology
- [The Lancet \(2021\)](#) *Mass infection is not an option: we must do more to protect our young*, Gurdasani, D., Drury, J., Greenhalgh T, Griffin, S., Haque, Z., Hyde, Z et al
- [BMJ \(2020\)](#) *If we do not address structural racism, more BME lives will be lost* (with Professor Sophie Harman and Dr Clare Wenham)

4. Your views as to whether the work of SAGE and/or its subcommittees in responding to the Covid-19 pandemic (or the UK's response more generally) succeeded in its aims. We have previously invited independent members of SAGE and its subcommittees to address this issue by reference to the matters set out below. You may find them of assistance, although we recognise that some are likely to be beyond your knowledge. Please address this issue as you see fit.

On the whole I think our reports and policy recommendations were in line with SAGE. Occasionally we would refer to SAGE when pulling together Independent SAGE statements reacting to concerns about government policies/decisions around covid-19, but usually this was done to highlight, in a positive way, their independent observations or advice.

a. The composition of the groups and/or their diversity of expertise?



I do not have personal experience with SAGE, but my impression is they lacked diversity in terms of public health expertise, virologists and experts from the poverty, women's, disability and race equality voluntary sector. Latter was particularly important in terms of understanding how the pandemic was disproportionately impacting on, and exacerbating the vulnerable position of, these groups.

b. The way in which the groups were commissioned to work on the relevant issues?

I do not feel qualified to comment on this

c. The resources and support that were available?

I do not feel qualified to comment on this

d. The advice given and/or recommendations that were made?

On the whole I think we agreed with SAGE advice/recommendations. If anything the problem was that the UK government often ignored their advice, or failed to implement their recommendations to ensure public health safety (as well as protecting vulnerable groups and NHS). This was particularly evident in September 2020 (when SAGE advised a circuit breaker) and winter 2020. The consequences of the government not acting on the advice immediately was devastating in terms of volume of infections, disruption to learning, levels of hospitalisations and deaths over the next few months, including January and February 2021.

e. The extent to which the groups worked effectively together?

I do not feel qualified to comment on this

f. The extent to which applicable structures and policies were utilised and/or complied with and their effectiveness?

I do not feel qualified to comment on this

5. Your views as to any lessons that can be learned from the UK's response to the Covid-19 pandemic, in particular relating to the work of SAGE and/or its subcommittees. Please describe any changes that have already been made, and set out any recommendations for further changes that you think the Inquiry should consider making.

I do not feel qualified to comment on the specific work of SAGE and/or its subcommittees. I'm also not sure we can talk about a 'UK' response to the pandemic since Scotland, as well as the other nations sometimes took their own steps to respond to the pandemic.

There is also no doubt that the government's refusal to learn from past mistakes – (particularly pre-vaccine) e.g. refusing to act quickly on urgent advice/recommendations from SAGE (e.g. need for circuit breaker in early Autumn 2020), consistent and clear public health messaging (which became more vague as the pandemic wore on), learning from other countries in terms of supported self-isolation and urgent action, over-reliance on vaccines (and ignoring other public health protections such as social distancing, need for facemasks in public places, investing in ventilations in schools) had devastating consequences in terms of mass community infections (including children), disruptions on

learning for children and young people, and avoidable levels of hospitalisations and deaths. Worse, we know that the lack of willingness to learn from previous mistakes meant that the burden of infections, long covid, hospitalisations and deaths was higher in more deprived areas, disabled groups and some BME communities.

From a personal perspective (i.e. not necessarily Independent SAGE's views) I was particularly concerned with:

1. The refusal to take into account, and tackle, a pandemic of inequality:
  - a) The major reason some Black and ethnic minority groups (e.g. Black, Bangladeshi and Pakistani) were, and continue to be, more at risk compared to their White British counterparts in this pandemic is because they are more likely to be in low paid and insecure [frontline] work, they are more likely to be in poverty, more likely to use public transport, more likely to live in densely populated urban areas (with few, green accessible spaces during lockdown), more likely to be in overcrowded and multi-generational housing and less likely to be able to work from home. These structural factors meant that many BME groups were over-exposed to the virus, and under-protected because they could not afford to self-isolate, had no extra space/room in their home to self-isolate, and no accessible green space to meet/socialise with others practicing social-distance.
  - b) It also became increasingly apparent that women and BME groups (in particular Bangladeshi, Pakistani and Black African workers) were over-represented in shutdown sectors, and ineligible for furlough schemes.
  - c) The government's refusal to accept in the first year that state self-isolation financial support was completely inadequate was a huge contributor to higher rates of infections among groups who were lower paid/had less savings. This included people e.g. women on low pay/managing single households and some BME groups - who did not earn enough to qualify for Statutory Sick Pay, or those not on benefits and therefore not eligible for £500 self-isolation support (belatedly introduced in 2021). The government's refusal to adequately financially support people on low incomes to self-isolate (including ensuring that they had groceries/food while self-isolating) meant that many low income groups had to make impossible choices between financial hardship or self-isolating.
  - d) It is also worth noting that subsequent payment of £500 for self-isolation was extremely difficult to qualify for ([with high rejection rates across many areas](#)) and excluded people who did not qualify for benefits. Once again this meant that these groups were not only over-exposed to the virus but they were under-protected in terms of supported-recovery from the virus, and they were contributing more to community and household transmission through no fault of their own.

- e) Similarly there was little recognition that it was extremely difficult for those in overcrowded and/or multigenerational housing to protect other household members (including elderly members pre-vaccine period) from covid infections.
  - f) It is extremely concerning that higher death rates for some ethnic minority groups from covid-19 have persisted throughout the pandemic. From April 2020 onwards almost every trusted data source in the UK—Intensive Care National Audit and Research Centre, Office for National Statistics, Institute for Fiscal Studies, Public Health England among others—found that Black and ethnic minority people were over-represented in critical care hospital admissions and deaths. The government were well aware of this fact (which is why they commissioned reviews on ‘disparities’ in summer 2020), yet over two years later higher death rates among some BME groups (e.g. Bangladeshi, Black Caribbean, Pakistani groups) have persisted.
  - g) In fact, all-cause mortality rates throughout the pandemic have not only been higher for some BME groups compared to their White British counterparts, but they’ve been the reverse of what was happening pre-pandemic (when all-cause mortality rates were higher for White British and Mixed ethnic groups compared to other BME groups). This raises serious questions about what more could have been done/learnt to mitigate the risks (of exposure, infection and hospitalisation) for higher risk BME groups.
  - h) Worse, it can be argued that rather than making a concerted effort to mitigate risks for some BME groups, the government exacerbated risks/vulnerability of these groups by failing to undertake/act on comprehensive Equality Impact Assessments of key policies and decisions (e.g. self-isolation financial support; retaining the £20 uplift on Universal Credit; identifying vaccination priority groups; removing free tests etc) throughout the pandemic
2. A failure by UK government to implement recommendations from past UK government-commissioned reports (including ones to tackle health inequalities) which would have meant that pre-existing racial and socio-economic inequalities between ethnic groups would not have been so wide, and BME groups would not have been so vulnerable/at risk during the pandemic.
  3. A failure by UK government to not learn the lessons, and to take actions to reduce the rapid spread/transmission of the virus in schools – especially at the beginning and end of term. By failing to introduce more mitigations in schools, the UK government ignored the impact on children’s health (including long covid).impact on CEV households and disrupted learning. The UK government also downplayed the consequences of covid infections in children, ignored/overlooked the benefits of precautionary mitigations in schools (i.e. facemasks for secondary school children; improved ventilation; supported self-isolation policies) and over-estimated – in a very damaging way – the harms of covid vaccination for children.



While some effort was made [very late] to distribute CO2 monitors in schools so schools could identify where ventilation needed to be improved, schools were not given extra funding, or encouraged to invest in HEPA air filtration devices to reduce aerosol transmission, and improve air quality. In fact, aerosol transmission of covid was downplayed and overlooked in schools.

There is a strong argument to be made that the UK government was an international outlier in terms of its approach to children, learning and schools during covid-19. The Public Inquiry should ask what more could the UK government have done to minimise transmission in schools, to reduce infections among children and young people, and to make schools safe.

6. A brief description of documentation relating to these matters that you hold (including soft copy material held electronically). Please retain all such material. I am not asking for you to provide us with this material at this stage, but I may request that you do so in due course.

Almost everything I have mentioned above is publicly available. Myself and/or Independent SAGE have written and/or spoken about these issues either in our reports/statements/media interviews on our Independent SAGE website, or through blogs/media interviews/Twitter.

Relevant documentation – almost all electronic - includes:

- Independent SAGE reports/statements/Friday briefings etc indexed by topic or date: <https://www.independentsage.org/>
- Some of my concerns about women, disabled groups, BME communities, missed learning, children and young people, children and vaccinations, safer schools etc can be found on my Twitter: <https://twitter.com/Zubhaque>
- Some of the articles referenced in Q1 and Q3.
- A handy interactive timeline to our reports for 2020: [https://www.independentsage.org/wp-content/uploads/2021/02/Timeline\\_IndieSAGE\\_v3-2.pdf](https://www.independentsage.org/wp-content/uploads/2021/02/Timeline_IndieSAGE_v3-2.pdf) .
- Another handy timeline of SAGE advice and Independent SAGE reports from January 2020 to July 2021: <https://www.independentsage.org/wp-content/uploads/2021/08/IS-Timeline-Complete-1.pdf> . This latter timeline is particularly useful for highlighting the common ground between Independent SAGE and SAGE and where the government did or did not follow SAGE advice.