

**Questionnaire UK COVID-19 Inquiry: Module 2 - Rule 9 Request to Professor Laura Bear -  
Reference: M2/SAGE/01/LB**

Please provide the following information:

1. A brief overview of your qualifications, career history, professional expertise and major publications.

I am a professor of social anthropology at the London School of Economics. I focus on inequality and the effects of government policies on marginalised groups. My research sites have included West Bengal, India and the UK, where I have carried out long-term ethnographic research. My key contributions have been to make visible essential social infrastructures of social support and tracking to what extent these are supported or undermined by government policies. Drawing on my monograph and articles on these themes I developed a social calculus. This focusses on the evaluation of policies according to how they impact on disadvantaged groups. During my time as a participant in SAGE sub-groups I contributed to scientific advice on: co-production of policy; 'social bubbles' for care and support; community based public health; and the high levels of mortality from Covid-19 among minoritized groups.

My scientific advice came in part from my leadership of a research group on Covid and Care in the UK based in the Department of Anthropology at LSE (funded by small grants from LSE and the ESRC). From March 2020 to March 2021 we used social listening and survey methodologies in disadvantaged communities in London and the Midlands to gauge the social impact of Covid-19.

**Career History:**

2016- Professor  
Department of Anthropology, London School of Economics and Political Science.  
2007-16 Associate Professor  
Department of Anthropology, London School of Economics and Political Science.  
2000-07 Assistant Professor  
Department of Anthropology, London School of Economics and Political Science.  
1999-2000 Assistant Professor, Department of Anthropology, Goldsmiths College.

**Qualifications:**

1997 Ph.D. Anthropology and History Interdepartmental Program, University of Michigan.  
1997 Ph.D. Anthropology and History Interdepartmental Program, University of Michigan.  
1989 M.A. Anthropology, Department of Anthropology, University of Michigan.  
1987 B.A. (Hons) Archaeology and Anthropology, Department of Anthropology, University of Cambridge

**Relevant Publications:**

Bear, L. 2015. *Navigating Austerity: Currents of Debt along a South Asian River*. Stanford, CA: Stanford University Press.

Bear, L., and N. Mathur. 2015. "Introduction: Remaking the public good." *The Cambridge Journal of Anthropology* 33.1: 18-34.

Bear, L. 2014. "Capital and time: uncertainty and qualitative measures of inequality." *The British Journal of Sociology* 65.4: 639-649.

Bear, L. 2016. 'Anthropological futures: for a critical political economy of capitalist time'. *Social Anthropology* 25(2): 142-158.

Bear, L. 2019. "Fixing Inequalities in Time." *Suomen Antropologi: Journal of the Finnish Anthropological Society* 44.3-4: 3-23.

2. A list of the groups (i.e. SAGE and/or any of its sub-groups) in which you have been a participant, and the relevant time periods.

SPI-B 30 March 2020 to 3 Feb 2022. When a core coordination group was formed in September 2020 I was on this group.

Ethnicity subgroup 29<sup>th</sup> September 2020 to 9 March 2021

I attended SAGE meetings to present twice on 26<sup>th</sup> November 2020 and 25<sup>th</sup> March 2021.

EMG-SPI-B Household Transmission Working Group November 2020.

Enduring Prevalence Subgroup 6 May 2021 to 18<sup>th</sup> June 2021

SPI-B working group on Vaccines on 9 December 2020

3. An overview of your involvement with those groups between January 2020 and February 2022, including:

a. When and how you came to be a participant;

I was invited to take part in SPI-B in late March 2020. Subsequently I was invited by the SAGE Go-Science Team to take part in the Ethnicity, EMG-SPI-B Household Transmission Working Group, SPI-B Coordination Group and Enduring Prevalence subgroups.

b. The number of meetings you attended, and your contributions to those meetings;

SAGE: 2 meetings.

On the first occasion, I presented on linked workplace and household risks among disadvantaged and minority groups. On the second occasion, I presented on the multiple intersecting causes of higher rates of mortality among Bangladeshi and Pakistani origin groups in the second wave from November 2020 to January 2021.

SPI-B (including core coordination group formed in September 2020) 28 meetings.

I contributed evidence about the impact of Covid-19 government measures on families and communities. I also advised on the issues faced by disadvantaged and minoritized groups and how to address these. In addition I gave evidence on community based health policies.

EMG-SPI-B Household Transmission Working Group 2 meetings.

I contributed evidence on interlinked workplace and household risks of exposure to Covid-19 especially among disadvantaged groups and how to potentially overcome these risks.

Ethnicity Sub-group 7 meetings.

I contributed evidence on the multiple risks faced by minoritized groups and potential ways to overcome these risks.

Dates of meetings attended in Appendix A below.

c. Your role in providing research, information and advice.

I contributed research, information and advice in all the meetings that I attended.

I was lead writer on two documents

I was co-author on two documents

I contributed to 26 documents

4. A summary of any documents to which you contributed for the purpose of advising SAGE and/or its related subgroups on the Covid-19 pandemic. Please include links to those documents where possible.

Lead Writer:

This paper proposed the phased introduction of 'social bubbles' and their expansion in ways that would support carers, disadvantaged and minority groups. On the basis of evidence from other countries such as New Zealand and a survey of the household patterns characteristic of various UK communities it argued that social bubbles were essential to the maintenance of mental health, social support and care labour. Therefore, it proposed that expanded social bubbling policies needed to be considered as soon as it was safe to do so and that these should be in place during future 'lockdowns.'

[SPI-B - Well-being and Household Connection: the behavioural considerations of 'Bubbles', 14 May 2020 - GOV.UK \(www.gov.uk\)](#)

This paper provided evidence that a mixture of occupation, pre-existing conditions, household composition, government interventions and stigmatisation had combined to generate a higher mortality rate in wave 2 among Bangladeshi and Pakistani groups in the UK.

[COVID-19 Ethnicity subgroup: Interpreting differential health outcomes among minority ethnic groups in wave 1 and 2, 24 March 2021 - GOV.UK \(www.gov.uk\)](#)

Co-author:

This document laid down the evidence-based principles that national and local policies to deal with Covid-19 would be effective and equitable if they used a strategy of co-production and drew on the knowledge of 'local experts.'

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/954977/op0001-principles-co-production-guidance-covid-19.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/954977/op0001-principles-co-production-guidance-covid-19.pdf)

This document evaluated the potential role of Community-led health policies in preventing the transmission of Covid-19, for disseminating public health information and increasing vaccine uptake. It argued on the basis of global examples and evidence from the LSE Covid and Care team that the formation of active community networks could provide an important resource in the Covid-19 response.

[Role of Community Champions networks to increase engagement in context of COVID-19: evidence and best practice, 22 October 2020 - GOV.UK \(www.gov.uk\)](#)

Major contributor:

These documents provided evidence on how best to administer local interventions (or 'lockdowns') in an equitable and effective fashion. It argued for local practices of co-production with community organisations and networks, the prevention of stigma for areas in which restrictions remained and the renaming of lockdowns as 'local interventions.'

[SPI-B: Consensus Statement on Local Interventions, 27 July 2020 \(publishing.service.gov.uk\)](#)

[SPI-B: Areas of intervention \('local lockdown'\) measures to control outbreaks of COVID-19 during the national release phase, 30 July 2020 - GOV.UK \(www.gov.uk\)](#)

These documents argued that a combination of over-crowded, poor quality housing, dense social networks and exposing occupations were likely to produce a higher incidence of covid-19 exposure and transmission in disadvantaged and minoritized households. They suggested evidence-based principles for short and long-term ameliorations of this situation.

[SPI-B/EMG: COVID-19 housing impacts, 10 September 2020 - GOV.UK \(www.gov.uk\)](#)

[SPI-B/EMG: COVID-19 housing impacts - evidence review, 10 September 2020 - GOV.UK \(www.gov.uk\)](#)

[EMG/SPI-B: Mitigating risks of SARS-CoV-2 transmission associated with household social interactions, 26 November 2020 - GOV.UK \(www.gov.uk\)](#)

[S0923\\_housing\\_household\\_transmission\\_and\\_ethnicity.pdf \(publishing.service.gov.uk\)](#)

This document argued for risk evaluation frameworks disseminated through social networks as a way forward to prevent transmission of SARS-Cov-2 when central government restrictions were removed. These would enable people to make informed decisions about how to protect themselves.

[SPI-B: Sustaining behaviours to reduce SARS-CoV-2 transmission, 22 April 2021 - GOV.UK \(www.gov.uk\)](#)

This paper addressed the likely causes of enduring prevalence of SARS-Cov-2 in particular regions of the UK.

[S1212\\_Places\\_of\\_enduring\\_prevalence.pdf \(publishing.service.gov.uk\)](#)

Contributor:

In the following papers I contributed sentences or paragraphs and relevant references (rather than to the structure and overall framing). In general my contributions were to: raise questions of inequality and disadvantage in work or home conditions; argue for co-production of policies and community-led public health measures; and to recommend the proportionate use of social bubble policies.

[28-easing-restrictions-on-activity-and-social-distancing-comments-suggestions-spi-b-01042020.pdf \(publishing.service.gov.uk\)](#)

[S0217 Principles for the design of behavioural and social interventions.pdf \(publishing.service.gov.uk\)](#)



4c. 20.04.23 SPI-

[B initial view on behaviours required for a suppress and control route 1 S0233.pdf \(publishing.service.gov.uk\)](#)

<https://www.gov.uk/government/publications/spi-b-modelling-and-behavioural-science-responses-to-scenarios-for-relaxing-school-closures-full-account-of-spi-b-input-on-the-scenarios-30-april>

[Communicating behaviours to reduce transmissions between social networks \(publishing.service.gov.uk\)](#)

[S0540 Managing infection risk in high contact occupations.pdf \(publishing.service.gov.uk\)](#)

[SPI-B: Consensus on reintroduction of measures and their impact on rate of infection \(publishing.service.gov.uk\)](#)

[SPI-B: Impact of financial and other targeted support on rates of self-isolation or quarantine, 16 September 2020 - GOV.UK \(www.gov.uk\)](#)

[S0769 Summary of effectiveness and harms of NPIs.pdf \(publishing.service.gov.uk\)](#)

[S0770 NPIs table pivot .pdf \(publishing.service.gov.uk\)](#)

[SPI-B: Insights on celebrations and observances during COVID-19, 29 October 2020 - GOV.UK \(www.gov.uk\)](#)

[S0866 Key Evidence and Advice on Celebrations and Observances during COVID-19.pdf \(publishing.service.gov.uk\)](#)

[Factors influencing COVID-19 vaccine uptake among minority ethnic groups \(publishing.service.gov.uk\)](#)

[Reducing within- and between-household transmission in light of new variant SARS-CoV-2 \(publishing.service.gov.uk\)](#)

[S1027 SPI-B - Return to campus for Spring term - risk of increased transmission from student migration.pdf \(publishing.service.gov.uk\)](#)

[Behavioural and social considerations when reducing restrictions \(publishing.service.gov.uk\)](#)

[S1215 SPI-B Sustaining behaviours to reduce SARS-CoV-2 transmission.pdf \(publishing.service.gov.uk\)](#)

[S1514 SPI-B note on lifting restrictions.pdf \(publishing.service.gov.uk\)](#)

5. A summary of any articles you have written, interviews and/or evidence you have given regarding the work of the above-mentioned groups and/or the UK's response to the Covid-19 pandemic. Please include links to those documents where possible.

I, and the LSE Covid and Care group generated three evidence based reports on the UK's response to the Covid-19 pandemic. I was lead author on these and they were grounded in ethnographic research and survey evidence. They focussed on the impact of Covid-19 and related government measures on relationships of care and support particularly in disadvantaged groups.

[ARighttoCare-CovidandCare-Final-2310.pdf \(lse.ac.uk\)](#)

Simpson, N., Angland, M., Bhogal, J. K., Bowers, R. E., Cannell, F., Gardner, K., ... & Bear, L. (2021). 'Good' and 'Bad' deaths during the COVID-19 pandemic: insights from a rapid qualitative study. *BMJ Global Health*, 6(6), e005509.

In addition I was a co-author on the following:

Bonell, C., Michie, S., Reicher, S., West, R., Bear, L., Yardley, L., ... & Rubin, G. J. (2020). Harnessing behavioural science in public health campaigns to maintain 'social distancing' in response to the COVID-19 pandemic: key principles. *J Epidemiol Community Health*, 74(8), 617-619.

Michie, S., West, R., Pidgeon, N., Reicher, S., Amlôt, R., & Bear, L. (2021). Staying 'Covid-safe': Proposals for embedding behaviours that protect against Covid-19 transmission in the UK. *British journal of health psychology*, 26(4), 1238-1257.

Mathur, R., Bear, L., Khunti, K., & Eggo, R. M. (2020). Urgent actions and policies needed to address COVID-19 among UK ethnic minorities. *The Lancet*, 396(10266), 1866-1868.

6. Your views as to whether the work of the above-mentioned groups in responding to the Covid-19 pandemic (or the UK's response more generally) succeeded in its aims. This may include, but is not limited to, your views on:

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

All the groups I worked on were highly diverse and contained academics from a very wide range of disciplines. Meetings involved an open expression of different approaches based on distinct bodies of evidence. Approaches on all sides were challenged in a cross-disciplinary dialogue. Importantly this process led to co-authored documents that reflected a consensus view based on a wide range of disciplinary perspectives and forms of evidence.

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

We were commissioned by government to address particular questions. It was usually possible to reshape these questions to some degree on the basis of the groups' expertise. On SPI-B we also had exploratory 'bird-table' sessions where people could raise issues of interest and/or concern based on the growing field of evidence around Covid-19 in the UK and globally.

However sometimes topics that we raised as of concern could not find a commissioner within government so they were not addressed by SAGE or its sub-groups (for example the important issue of how to prevent stigma related to Covid-19 and its social effects). It would have been helpful if experts could have been, in those instances, advised on how to reach out to relevant government departments to explain the importance of the topic. We informally did this by giving talks to cross-Whitehall networks, but a more direct route could have been helpful.

c. The resources and support that were available;

Help for our work increased over time, with the Go-Science team from around September 2020 providing assistance with laying out documents, finding references and advising on their final form.

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

The advice and recommendations given on all the groups I participated in was founded in substantial evidence and in the expertise of several disciplines. It was generated from a robust dialogue in which assumptions about a topic were explored and challenged. Co-written documents represented the consensus that emerged from this robust process.

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

Within permanent groups such as SPI-B and the Ethnicity subgroups we worked collaboratively to great effect generating documents on demand in short time-periods. Cross-groups also emerged to address specific problems. In my experience on the EMG-SPI-B and Enduring prevalence groups these were very important spaces where different disciplines contributed equally and innovatively to advice. These problem-focussed groups would be an important part of future SAGE structures.

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

At times government policies were very different from our recommendations or our recommendations were not acted on. There was no clear definition of ministers and civil servants' responsibilities in relation to the scientific advice given, which they could decide to pay attention to or not according to their own views on the issue. In effect this is somewhat like forming a Monetary Policy Committee in the Bank of England and then ignoring its expert advice.

7. 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 the above-mentioned groups. 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.

A. Inclusion of questions of inequality within the core decision making and data used by SAGE and its sub-groups.

The core group of experts on SAGE did not have training in considering questions of inequality in UK society (or in other words of the intersecting effects of class, gender, racialised, ethnic and religious distinctions). This meant that initial policies were framed without attention to the varying impact on social groups including minoritized groups. Over time this changed as SAGE began to consider the higher mortality rates among particular ethnicities and advised on how to prevent this differential impact.

Inequality and the differing potential of socioeconomic groups to protect themselves from disease was not part of the initial data sets made available to SAGE and its sub-groups. Surveys addressed patterns 'in the UK population' understood as a uniform group facing uniform risks. Later on the ONS provided invaluable data on differential impact, but it was hard through 2020 to address potential inequalities such as greater rates of death among minoritized and disadvantaged groups.

Therefore I would suggest that experts on inequality in public health and social inequality in the UK (with a social science background) could be placed on the core group of SAGE in future. The issue of inequality could also be a central part of civil contingency planning scenarios. Data collection and modelling during a public health crisis or other crisis event could also pay attention to potential differential patterns from the start of the event.

B. Recognition of the importance of co-production and community led health initiatives

Over time the importance of funded community health initiatives was increasingly understood within SAGE and government departments. This was realised most effectively in the MHCLG/DLUHC



Community Champions scheme, which was the first national level community public health response in the UK. The efforts of Community Champions combined with that of NHS trusts and Local Authorities contributed to the very fast uptake of vaccines among excluded and minoritized groups from February/March 2021. Building these social infrastructures through community based organisations with the assistance of local authorities, the NHS and national government funding is essential for recovery from the impact of Covid-19 and for effective policies in future crises.

#### C. Definition of the responsibilities of government to use SAGE advice.

A clear line of responsibility for government departments and/or ministers in relation to the expert advice given by SAGE and its sub-groups. Or in other words a greater clarity on how they should treat the expert advice given and to what extent their policy should be informed by this advice. Preferably making it more likely that they give due attention to the advice given.

8. 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.

I hold emails, data and drafts as soft copies electronically.

#### Appendix A

##### SAGE attendance

26<sup>th</sup> November 2020, 25<sup>th</sup> March 2020

##### SPI-B attendance

30 March 2020, 8 April 2020, 13 April 2020, 27<sup>th</sup> April 2020, 4 May 2020, 25<sup>th</sup> May 2020, 1 June 2020, 16<sup>th</sup> June 2020, 22<sup>nd</sup> June 2020, 7 July 2020, 14<sup>th</sup> July 2020, 28<sup>th</sup> July 2020, 25<sup>th</sup> August 2020, 15<sup>th</sup> September 2020

##### SPI-B Coordination group attendance

25<sup>th</sup> September 2020, 30<sup>th</sup> September 2020, 13<sup>th</sup> October 2020, 20 October 2020, 17<sup>th</sup> November 2020, 24<sup>th</sup> November 2020, 5 January 2021, 12 January 2021, 19 January 2021, 2 February 2021, 9 February 2021, 9 March 2021, 3 February 2022, 8 February 2022.

##### EMG-SPI-B subgroup on Housing Risks

11 August, 20 August, 24<sup>th</sup> August

##### SPI-B Working Group on Vaccines

9 December 2020

##### Ethnicity subgroup

29<sup>th</sup> September 2020, 13 October 2020, 6 November 2020, 17<sup>th</sup> November 2020, 15<sup>th</sup> December 2020, 4 March 2021, 9 March 2021

##### EMG-SPI-B subgroup on Household Transmission

23<sup>rd</sup> November 2020

##### Enduring Prevalence subgroup



6 May 2021, 20 May 2021, 2 June 2021, 18<sup>th</sup> June 2021