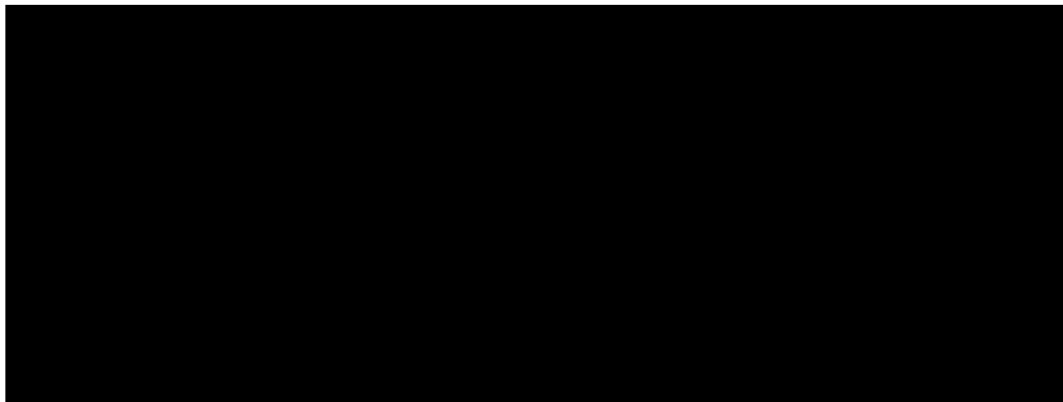


**WRITTEN SUBMISSIONS ON BEHALF OF THE TRAVELLER MOVEMENT  
IN RESPONSE TO CTI's NOTE FOR HEARING ON 22 MAY 2024**

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**Introduction**

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2. As the Inquiry will be aware, 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. It was designated as a core participant on 17 July 2023 in module 4 of the Covid Inquiry.
3. The GRT population has been estimated at approximately 500,000 of the UK population. This group was largely ignored in the vaccine rollout programme and suffered significant detriment and discrimination through inability to access information in relation to vaccines.
4. Furthermore, the communities suffer from institutional discrimination, which, in itself, amounted to a barrier to vaccine uptake. By way of an example, many Travellers lived on unauthorised sites during the pandemic and were unable to register with a GP or

access the internet. Large numbers of Travellers suffer from underlying health conditions which rendered them at greater risk of dying from Covid. Many of these individuals were unable to socially isolate. These are the very people who should have been prioritised by the Government – but they were not.

5. TM's position is that GRT were subject to unequal uptake of Covid vaccines *inter alia* for the following reasons:

- i) GRT have a cultural distrust of authorities and institutional services in the UK. This distrust is caused by systemic marginalisation and discrimination of GRT in UK society – these issues were not adequately addressed by the Government and agencies in relation to the vaccination programme.
- i) GRT were reluctant for their children to be vaccinated. There are lower recorded rates of childhood vaccinations in GRT communities.
- ii) Many GRT are not registered with a GP surgery. Those who are registered reported dismissive and discriminatory behaviour from surgery staff in relation to vaccination.
- iii) Rates of illiteracy amongst Gypsy, Roma and Traveller communities are at approximately 62% - GRT were less able to access public health guidance and information – therefore they lacked information on vaccine safety.
- iv) Digital exclusion is widespread and it is estimated that only 1 in 5 Gypsy, Roma and Traveller communities have access to or can use the internet – again, this rendered GRT less able to access public health guidance and information and prevented access to information on vaccine safety.
- v) Health outcomes are also significantly poorer, for example 42% of English Gypsies have a long-term health condition as opposed to 18% of the general population. GRT were more wary of perceived negative effects of vaccination as they are more vulnerable, as a group, in terms of general health.

- vi) Gypsy Traveller mothers experience the loss of a child at a rate of 1 in 5, compared to 1 in 100 within the wider community. It is reported that GRT children had a lower uptake of vaccinations.
- vii) GRT life expectancy rates are 10 to 12 years lower than the general population.
- viii) GRT had concerns about the effect of vaccines on fertility – these concerns were not satisfactorily addressed.

- 6. Howe + Co has not been able to consider the disclosed material in any depth – but it would appear from a preliminary analysis that almost 10% of the documents refer to the GRT communities.

#### Update on Module 4 scope

- 7. TM has noted CTI's update on the scope and would comment that the scope does not specifically relate to disadvantaged and discriminated against communities. This is a key omission, without which it will be difficult to address the question of barriers to vaccine uptake.
- 8. It is further submitted that the question of barriers to vaccine uptake should be examined within the module as a discrete issue. Without a focus on inequalities and barriers to uptake within this module, it would be difficult for the Inquiry to identify meaningful lessons for the future.

#### Parliamentary privilege

- 9. TM notes the position taken by MPCAG and takes the view that CPs should be permitted to refer to written and oral evidence given on behalf of GRT to parliamentary select committees. In particular, the GRT group, 'Friends, Families and Travellers' gave relevant written evidence to the House of Commons Women and

Equalities Select Committee in July 2020, which highlighted many of the particular problems that the Traveller Communities faced during the lockdown.

10. TM submits that it ought to be open to representatives to refer to evidence of this kind and seek to question institutional witnesses upon the adequacy of responses to the various testimonies - without necessarily impeaching or questioning the debates or proceedings in Parliament. It is acknowledged that CTI has provided a suggested solution to the problem *inter alia* at paragraph 34 of CTI's note. However, TM's preliminary view is that this proposed solution presents a somewhat over-cautious approach.

11. The matter requires further clarification. We submit that it should be possible for the Inquiry to determine the parameters by which any such questioning would breach parliamentary privilege. TM notes that CTI has stated at paragraph 49 that *'if the purpose is simply to set out what the government itself knew at the time, by reference to the fact of what it said (to, for example, a Parliamentary committee), then there would be no breach'*.

12. Notwithstanding the point made at para 49 by CTI, the issue is clearly difficult and complex (as acknowledged at para 33). It is submitted that all parties would benefit from a ruling by the Chair on the ambit of parliamentary privilege. Accordingly, TM requests that the matter is listed for legal argument with an opportunity for Speaker's Counsel to attend and address the Inquiry on the view of Parliament.

#### Expert witnesses

13. TM notes that the inquiry has instructed Professor Kassan-Dabush and Professor Heidi Larson to deal with the issues of vaccine roll-out and vaccine hesitancy and misinformation. TM repeats its earlier request that the experts consider the particular barriers faced by the GRT communities and other minority groups in relation to

vaccine uptake during the Covid-19 pandemic and whether the government planned and responded to the poor vaccine uptake for marginalised communities.

Impact evidence

14. TM notes that impact evidence will be called at the public hearings from representative witnesses on behalf of appropriate core participant groups. TM requests that oral testimony from members of the GRT communities is included within this impact evidence.

CHRISTOPHER JACOBS

HOWE & CO

13 May 2024