Witness Name: **Dr Zubaida Haque**
Statement No.
Exhibits:
Dated: 04 March 2025

UK COVID-19 INQUIRY

WITNESS STATEMENT OF DR ZUBAIDA HAQUE

I, Dr Zubaida Haque, will say as follows: -

SECTION 1. INTRODUCTION

1. I make this witness statement to the UK Covid-19 Inquiry ("the inquiry") in response to the Rule 9 Request for Evidence dated 4 November 2024 and marked with the reference 'M7/HAQUE/01' in Module 7, which I understand concerns trace, trace and isolate from 1 January 2020 to 28 June 2022, and also the unequal impact of the pandemic on different groups and communities. My witness statement will focus on the unequal impact of the pandemic.

2. Unless stated otherwise, the facts stated in this witness statement are within my own knowledge and are true.

Personal background with relevance to module seven

3. I am a renowned 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 contribute as an expert adviser on third sector or academic panels, and select committees such as education, equality and treasury. I also sit on several advisory working groups or boards e.g. GLA Equality, Diversity and Inclusion Advisory Group. In

2022, I was selected by Lancet (2022) as one of the key female voices in the public sphere of science and public health (highlighting my focus on racial inequalities). **[ZH/01 [INQ000587551]]**

4. Summary of my career (not an exhaustive list). I also work on a freelance basis as a senior research, strategy and policy consultant.

Deputy Director and Head of Research and Policy at Women's Budget Group (August 2023 to August 2024)

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 a number of national Commissions and Reviews: Oldham Independent Review 2001; Community Cohesion Review (adviser), 2001; Women's Budget Group Commission on Gender Equal Economy (2018), The [Lewis] Hamilton Commission (2020).

I am/have been an expert member on the London Mayor's Advisory Group on Equality, Diversity and Inclusion; Advisory Group; London Partnership Board; Race Advisory Group at the Youth Endowment Fund; Structural Racism and Health Equity Review (led by Michael Marmot); Advisory Group on Disadvantage Gaps (Education Policy Institute).

5. **My role on Independent SAGE**

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 minority ethnic (BME) 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 minority ethnic 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 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 contributed to Independent SAGE in many other ways. Like all my colleagues on Independent SAGE, I contributed to reports/statements that we made public. I 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 responded to invitations from TV, radio, podcasts and public voluntary groups to attend Q & A discussions e.g. Greater Manchester Disabled People's Panel

6. You asked: **UK Covid-19 inquiry is investigating the unequal impact of the pandemic on different categories of people across the UK. Specifically the inquiry will be looking at the following two questions:**

   A. Did decision makers consider the impact of policy decisions on each of these groups?
   B. Were the decisions taken, as a result, adequate in mitigating the impact of the pandemic on these groups?

These are some of my reflections (i.e. not necessarily Independent SAGE's views) based on my expertise. I was particularly concerned with:

The refusal to take into account, and tackle, a pandemic of inequality:

a) In my opinion, the major reason some Black and minority ethnic groups (e.g. Black, Bangladeshi and Pakistani) were more at risk compared to their White British counterparts during the pandemic was because of pre-existing structural inequalities. BME groups are more likely to be in low paid and insecure [frontline] work; more likely to be in poverty; more likely to use public transport; more likely to be live in densely populated urban areas (with limited 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 inequalities meant that many BME groups were over-exposed to the virus, and under-protected: they could not financially afford to self-isolate; they had no extra space/room in their home to self-isolate; and they had limited/no accessible green space to meet/socialise with others, thereby allowing BME people to practice social-distancing.

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. I gave evidence on this to the Women and Equalities Committee in late 2020. **[ZH/02 [INQ000176357]]**

c) In my opinion, the government's refusal to accept in the first year of the pandemic that state-level 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 women on low pay/ lone mothers, some BME groups, as well as many people working on zero hour contracts - who did not earn enough to qualify for Statutory Sick Pay. 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 disadvantaged groups were not only over-exposed to the virus but they were under-protected in terms of supported-recovery from the virus. In addition, they were contributing more to community and household transmission simply because they had little choice. **[ZH/03 [INQ000587552]]**

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 was extremely concerning that higher death rates for some minority ethnic groups from covid-19 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 minority ethnic people were over-represented in critical care hospital admissions and deaths. The government were well aware of this (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) persisted.

g) In fact, all-cause mortality rates throughout the pandemic were not only higher for some BME groups compared to their White British counterparts, but they were 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). That alone raises serious questions about what more should have been done to mitigate the risks (of exposure, infection and hospitalisation) for BME groups with pre-existing structural inequalities.

h) In addition, had the Government undertaken (and published) comprehensive Equality Impact Assessments on many of the key policies and decisions during the pandemic (e.g. self-isolation financial support; retaining the

£20 uplift on Universal Credit; identifying vaccination priority groups; removing free tests etc), the Government could have mitigated many of the risks for disadvantaged groups **[ZH/04 [INQ000587554]]**

i) Also arguably had the Government implemented recommendations from past UK government-commissioned race inequality/disparity reports (including ones to tackle health inequalities), 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.

7. *Some* of the relevant articles I have written (I have not included clips from broadcast media):

- BMJ (2022) As prime minister Boris Johnson did not do enough to tackle racial inequalities? **[ZH/05 [INQ000587555]]**
- BMJ (2021) Vaccine inequality may undermine the booster programme **[ZH/06 [INQ000587556]]**
- The Guardian (2020) Why does COVID-19 affect ethnic minorities so badly? It isn't to do with Biology **[ZH/07 [INQ000587548]]**
- 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 **[ZH/08 [INQ000280376]]**
- BMJ (2020) If we do not address structural racism, more BME lives will be lost (with Professor Sophie Harman and Dr Clare Wenham) **[ZH/09 [INQ000587550]]**

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed: PD

Dated: 05/03/2025

M7/HAQUE/01' in Module 7