

**POST-CABINET PRESS CONFERENCE: MONDAY, 14 AUGUST 2023**  
**HANSARD TRANSCRIPT**

**PM:** Tēnā koutou. Good afternoon, everybody. Today I'm announcing the removal of all remaining COVID-19 health requirements. The seven-day isolation period and requirement for visitors to wear masks in healthcare facilities will end at midnight tonight. COVID-19 case rates, waste-water levels, and hospitalisations have all been trending down since the beginning of June and reported cases are now at the lowest level in 18 months.

I'm joined by my colleague the Minister of Health, Dr Ayesha Verrall, who will answer any health-related questions and provide insights into how the virus is changing, but first I do want to take a moment to acknowledge the significant milestone that we are recording today: the formal end of what was a uniquely challenging time for the country and, of course, for the world.

Using the word "was" in that sentence to describe our COVID-19 response in the past tense really does bring home what has been a very interesting and challenging time. About 3½ years ago, on 25 March 2020, we moved to COVID-19 alert level 4, and the entire nation went into self-isolation as a state of national emergency was declared. It was an incredibly fearful time for us and for the world, and no one at that time could foresee how things were going to turn out. But the speed with which things moved, the unity of the Kiwi response, and the sacrifices that were all commonplace all contributed to the many thousands of lives that were saved.

It was a proudly health-led response, which paid off in terms of human life. Two thousand and thirty-five people have died in New Zealand with COVID-19 as the main underlying cause, and the virus contributed to the deaths of a further 1,214 people. That starkly reinforces the deadly nature of COVID-19. All of those people were loved. But if New Zealand had had a similar rate of COVID-19 mortality as the United States, we would be reporting around 15,000 deaths from COVID. For the first two years of the pandemic, New Zealand had the lowest rates of deaths and hospitalisations of any OECD country. We were also extremely conscious of the impact of COVID-19 on the economy and on people's incomes and futures. We worked hard to keep people connected with their employers and to support businesses, which provided essential support to the economy.

Despite these successes in saving lives and livelihoods, there is absolutely no sugar-coating just how difficult COVID-19 has been for New Zealand and for New Zealand families. Closing the border, lockdowns, the travel bubble with Australia—these things had an impact on people's lives and livelihoods and on people's wellbeing. Auckland, in particular, did the heavy lifting for the rest of the country, going through extended lockdowns to stop the spread of the virus. I know those long restrictions had a significant impact on many people.

And then, of course, there was MIQ. By February last year, almost 230,000 travellers—more than the population of Wellington—had gone through our managed isolation facilities. It was incredibly tough for families and for those working at those facilities, but it kept COVID-19 out of our community or at low levels, and it crucially gave New Zealanders time to get vaccinated.

Out of adversity came strength, and that is the Kiwi way. We undertook the fastest and most successful vaccine roll-out in New Zealand's history, positioning us incredibly strongly when COVID-19 did finally arrive in New Zealand. There were some bumps along the way, but the response ultimately delivered what was needed under incredible pressure. It meant we were able to step down carefully from pandemic response to business as usual and ultimately reach the point that we are now at today.

All of these were profound and massive decisions, but nothing would have been possible without the dedication and selflessness of the many thousands of people who mobilised with their efforts and with their expertise. New Zealand will always owe them an enormous debt of gratitude.

The remaining restrictions we're ending today are the final act in our COVID emergency response, and we now await the outcome of the royal commission of inquiry into the lessons learnt that we announced last year. All other COVID-19 restrictions have previously ended.

We kept the isolation period to help reduce the spread of COVID-19 through this winter just past. With spring now fast approaching, we're removing those, as the public health risk is considered low compared to in other stages of the pandemic. Again, I'd like to pay special thanks to all of the people involved in the preparations and planning and the incredible work of our entire health system.

I do want to say there were times during the peak of our COVID response when I longed for this particular day. The weight of the enormous decisions that we took sat heavily. I have to confess, as I'm announcing this today, it seems a bit of an anti-climax. The other familiar faces who were part of these announcements in the past, with the exception of my good friend Dr Verrall, have now left the stage and moved on to other things. But I want to acknowledge them as well.

As we draw the final line under our emergency pandemic response and we mark the incorporation of COVID-19 into the business-as-usual role of our health system, I want to say one last thank you to New Zealanders, at home and those spread around the globe. While there were no doubt fractures in our collective sense of unity, I believe that New Zealanders can be enormously proud of what we achieved together. We stayed home, we made sacrifices, we got vaccinated, and there is absolutely no question that we saved lives. Now happy to open up for questions.

**Media:** Prime Minister, just in terms of the timing of all of this, how much of this is about cutting any political ties to COVID-19 ahead of the election?

**PM:** We always said that we would reach the point where we were able to finally draw a line under the pandemic and remove the remaining restrictions. We started removing restrictions at the beginning of last year, with MIQ and the reopening of the border, and we've progressively continued to do that. I think we signalled, when we last extended the two remaining health measures, that that was likely to be the last extension, and it has been.

**Media:** We are still, though, in the middle of winter. So does this have to do with the election?

**PM:** We're not still in the middle of winter. We've only got a couple of weeks to go and it'll be spring.

**Hon Dr Ayesha Verrall:** The flu seasons—we've seen a reduction in the flu cases, and also I think the situation we're dealing with has shown itself to be much more stable than last winter. You'll recall last year we had two really big peaks of COVID-19. We're in a much more stable situation, reflecting the broad immunity that our population now has.

**Media:** What do you say to people who will be concerned that you're dropping that isolation period, particularly those among the disability community or those who are immunocompromised that don't want you to drop those remaining restrictions?

**PM:** Look, I acknowledge the concern that there will exist within the community around that. We have been transitioning slowly and carefully to managing COVID-19 as a business-as-usual health system response, and we're confident that we can now do that without significantly increasing the risk. Again, I'll invite Dr Verrall to provide a comment on that too.

**Hon Dr Ayesha Verrall:** I think a learning we can all take away from the pandemic is to reflect on the fact we've learnt that people have different levels of vulnerability. I understand why people with disabilities or other medical conditions would feel like that. So it is on all of us to think, well, if we're visiting an aged residential care home, for example, we do follow the recommended procedures there. Te Whatu Ora will continue to encourage people to wear masks when they go to hospital. They won't be mandated.

**Media:** Looking back at your entire pandemic response, Prime Minister, do you have any regrets?

**PM:** Look, there will be plenty of lessons to be learned from the pandemic response. I think one of the challenges of the pandemic response, right the way through, if I reflect on the whole totality of the last 2½, three years—more than three years—is that we were making information at the time based on the best information that we could assemble at the time, but the facts kept changing on us. You know, our understanding of the virus in those early periods changed a lot. What we were dealing with changed a lot, and it continued to change, and the challenge continued to evolve. If we could go back and make different decisions based on the same information, there weren't many that I would make differently. Probably the one, which I've already previously indicated, was to acknowledge that that lockdown—that last lockdown—in Auckland went on for a long time and there were probably more things we could have done at the end of that period, in the last month or so of that, to ease some of the pressure on Aucklanders.

**Media:** Would you have still introduced the mandates, knowing what you know now?

**PM:** I'm very proud of the very high levels of vaccination that we got in New Zealand. I acknowledge that the requirement for people to be vaccinated to do some jobs was very difficult for some families. And it did create more of a wedge in the community than I think any of us would have liked to have seen. I absolutely acknowledge that. But the high level of vaccination that we were able to achieve was one of the main reasons that we didn't see that high mortality rate that they saw in other countries.

**Media:** Just on your regrets there—I mean, what about the MIQ system? Specifically looking at the lottery system, a lot of complaints on that—I mean, it was legal complaints, but people saying that they were unable to return back to their homeland. Do you have any regrets about how that played out at all?

**PM:** We changed the system for allocating space in managed isolation multiple times, bearing in mind that when we set that up, we did not expect that we would be running MIQ for nearly—well, for more than—overall, it was about two years. We didn't expect that we would be running MIQ for that period of time. We changed the booking and allocation system multiple times during that to try and get something that was better; that was fairer. I do note that the last booking system that we had before the system was wound down, there was a court ruling saying you could have had a fairer system, but I note the court didn't identify what they thought a fairer system was. I can tell you, I looked at multiple different variations. The fundamental there was that we had, potentially, a million people trying to get into the country and we were only ever going to be able to accommodate 4,000 or 5,000 at a time. It was always going to be a collision course that was going to be really challenging, and I do want to acknowledge that for families that were separated from that and for people who were finding themselves out of the country, unable to get back into the country, that was a huge and a life-changing experience.

**Media:** Are there any mandates left anywhere—

**PM:** No.

**Media:** —for vaccination?

**Hon Dr Ayesha Verrall:** There are no legal mandates.

**Media:** All gone. Would you welcome back anyone who'd lost their job, particularly in the public health system, as a result of mandates, and do we know how many people did leave their jobs in public health as a result of the mandates?

**PM:** That's ultimately a matter for their employers. Whether we've got a number on the number of people who left, I don't have one on me.

**Hon Dr Ayesha Verrall:** I'm afraid not. Te Whatu Ora has implemented a policy for COVID vaccination for new employees as of July, but it does not apply to existing employees.

**Media:** And is it a mandate? You don't get a job if you don't get vaccinated—is that still in existence?

**Hon Dr Ayesha Verrall:** Well, that's not a mandate. There are a number of conditions. You need to have a health and safety plan in order to work in a hospital for—

**Media:** And is being vaccinated against COVID one of them?

**Hon Dr Ayesha Verrall:** You do need to be vaccinated for particular roles in Te Whatu Ora.

**Media:** So, therefore, mandated vaccination does still exist in some areas?

**Hon Dr Ayesha Verrall:** No, that is not the case. A mandate has always been a legal mandate run by the Government. For years prior to COVID, there have been requirements for healthcare workers to be vaccinated against hepatitis B and other conditions.

**Media:** What was the advice from the Public Health Agency in the public health risk assessment on this decision?

**Hon Dr Ayesha Verrall:** The advice was that the number of cases is low, hospitalisations are low, and the waste-water testing is low, and that the burden in terms of keeping any mandated requirements in did not justify retaining any mandates.

**Media:** Are you really saying, though, that the health system is in a place where it could handle, or is through the worst of it, and we just had Oamaru this week having to close ED because of a lack of doctors—I mean, these problems aren't solved, are they?

**Hon Dr Ayesha Verrall:** I think the requirement that we have under the Act is to balance those human rights considerations by having legal—that are inherent in having legal restrictions with the impact on the health system, and I don't think a situation where there is no disruption is really the appropriate standard there. However, this winter has been considerably better than last winter in terms of staffing and in terms of disruption. We've been able to complete 16,000 more operations than we did last year, so that is a very good indication that our health system is on a much more even keel than it was.

**Media:** What was the advice about the impact on the health system of removing everything at this stage in terms of these COVID restrictions?

**Hon Dr Ayesha Verrall:** It was not cited in the advice as a reason to keep mandates in place, and, in addition, I'd just point out that the much greater stability of where we are at now compared to last year is a key factor. We're also most of the way through the flu season.

**PM:** OK, Luke—Jane, why don't you finish your question, and then we'll come to Luke.

**Media:** You've talked about a balancing, obviously, of factors, like happened all the way through COVID, but obviously there's going to be some impact on the health system of this.

**Hon Dr Ayesha Verrall:** Indeed, but when you—with respect to your question about disruption in the health system, it is not the main factor driving disruption. It is less than 2 percent of presentations to emergency departments—much less than, say, influenza. So, really, there's no justification for a legal mandate for COVID on that basis.

**Media:** But what was the advice about the impact on the health system?

**Hon Dr Ayesha Verrall:** Disruption to the health system was not cited as a reason for keeping the mandates anymore.

**Media:** When you got advice about lifting the COVID restrictions, what was the advice about the impact that would have on the health system?

**Hon Dr Ayesha Verrall:** Look, I'm happy to get back the precise words for you, but there was no percentage estimate on hospitalisations that was in any way significant.

**Media:** This is your last press conference today?

**PM:** I certainly hope so.

**Media:** How does that—you know, like, 3½ years, how does it feel?

**PM:** As I said to you, I think there were moments, particularly during the peak of the response when we had MIQ operating and everything was still operating, that I sort of longed for this moment, because it's been a phenomenal thing. It's probably been the biggest thing that any New Zealand Government has grappled with of this nature and of this scale for a generation or more, and it's quite a significant moment. I certainly hope it is the last press conference.

**Media:** Quickly, Ayesha Verrall, the waste-water testing—is that still going on, based around the country? What are the poo particles telling us?

**Hon Dr Ayesha Verrall:** They are decreasing, which is part of the reason for the advice today, and, yes, not only is waste-water testing for COVID continuing and whole genome sequencing as part of our surveillance, but the team at ESR is broadening out the number of conditions they sample for.

**Media:** So that big structure, sorry, that was put in place over the period of COVID that's sort of grown—that's still staying there as being used for all sorts of other—to test for other things?

**Hon Dr Ayesha Verrall:** It's gradually being built out to other conditions where waste-water testing has a role. And I think that is one of the legacies we have from the pandemic that is really beneficial. A number of our public health systems have been strengthened. We are slowly building out the vaccination register so that it's as strong for other diseases as it is for COVID. Our contact-tracing system remains backed up by really strong technology, and, indeed, the whole genome testing has been strengthened. I now visit hospitals and see emergency departments have multiple negative pressure rooms where they can treat COVID and other infectious diseases.

**Media:** Is there any fresh advice—a Derek question. Is there any fresh advice on the risk of long COVID and the numbers of people getting it, and how it could worsen staffing shortages around the country?

**Hon Dr Ayesha Verrall:** We haven't had new advice since we last spoke about that, but, as we've said repeatedly, we are aware that long COVID is a real condition. It does, for some people, have long-term impacts and will impact, for some, their ability to work. The most appropriate way for people to get support for that is through their general practitioner, and Te Whatu Ora has developed guidance and pathways around that.

**Media:** For our whānau in cyclone-infected areas like Te Tairāwhiti, who are still presenting and presented quite high with COVID-positive during that cyclone and now—business as usual isn't going to work for them, but neither are mandating. So, mandate is great, but neither is back to business for them, so what additional support will you be giving those whānau?

**Hon Dr Ayesha Verrall:** So, throughout the country—well, actually, I visited Tairāwhiti last week and met with both hospital staff there and emergency department staff there. There is still a tail of catch-up from the impact of the cyclone there. I think the message I'd have to people in Tairāwhiti is the same. The Ministry of Health is still recommending but not mandating that people stay home for five days when they are sick. They are still able to notify if they have COVID and a positive RAT test. They can notify that to get support to access anti-virals, and rapid antigen tests are still freely available.

**Media:** What would you say to whānau that say that that's not enough support for them?

**Hon Dr Ayesha Verrall:** Well, we're always open to hearing about their needs for specific support from the health system, following from the cyclone.

**Media:** Prime Minister, on GST—

**PM:** What I'll do is just say last questions on COVID or health and then we'll move on to other topics of the day.

**Media:** Quickly about Oamaru Hospital—it had to close its doors over the weekend because there was no doctor. Is it good enough that a whole township had no access to a doctor?

**Hon Dr Ayesha Verrall:** I am aware of that situation. Te Whatu Ora has been supporting that hospital, which is run by a community trust, and already increased its funding in order to make sure it was on par with the providers around the rest of the country. There are challenges from time to time in parts of our country for getting sustainable doctor staffing, and Te Whatu Ora is working with that provider in order to help them meet that in the longer term.

**Media:** What kind of confidence does that give patients that you might just turn up one day and the hospital's closed because there's no doctor?

**Hon Dr Ayesha Verrall:** There are other providers available in the town that are primary care providers as well, and we continue to work with the trust to help them get on the sustainable staffing solution, because it is not good enough.

**Media:** Can you give that community an assurance that you'll make sure that this doesn't happen again?

**Hon Dr Ayesha Verrall:** We are working very hard to make sure that they have the resources, which we have already provided, and to make sure that they are moving to a way in which there can be staffing sustainably. So, for example, in other areas where these sorts of issues come up—for example, on the West Coast, where it has been hard to staff doctors—they have moved to a model of care where it is more sustainable, where, for example, rural doctors practise in a more generalist way, and that has been able to address some of the staffing challenges on the West Coast. We need to make that shift in order to enable sustainable staffing there as well.

**Media:** And, finally, are there any COVID contact tracers left?

**Hon Dr Ayesha Verrall:** The contact tracing system is still present in terms of its information technology, should it be needed.

**Media:** People?

**Hon Dr Ayesha Verrall:** Te Whatu Ora is going through a process with respect to reassessing its providers for some of the investigation functions.

**Media:** Why do we still have that?

**Hon Dr Ayesha Verrall:** No. They are not proactively contact tracing, but there have been systems set up for, for example, calling people for support with antivirals. And all of those systems are being reassessed in light of today's decisions.

**PM:** Bear in mind the health system was contact tracing before COVID-19 came along. We have done contact tracing previously for other infectious diseases, where necessary, where there have been isolated cases.

**Media:** Sorry, I've just got some—

**PM:** Last couple of COVID questions, I think, for Claire and then Mark and then we might let Dr Verrall go and we can get on to other issues of the day.

**Media:** Mine is health rather than COVID.

**PM:** Sure.

**Media:** The *Herald's* story this morning about the Hawke's Bay radiology service—can you say when you were first made aware of unsafe practices at this service, and do you recall Dr Walsh handing you some of his reports when you visited in April?

**Hon Dr Ayesha Verrall:** I do recall that. And Te Whatu Ora has kept me advised on the situation with radiology in Hawke's Bay for several months. They have, throughout that time, sought to a) conduct a review into the safety concerns that have been raised; that review has

been completed. A number of measures have been implemented, and I am advised that the situation in Hawke's Bay is considerably—the immediate safety risks have been addressed in Hawke's Bay.

**Media:** What are you doing to determine whether the practices have occurred at other hospitals?

**Hon Dr Ayesha Verrall:** I'm advised that while the software that was used in Hawke's Bay has been used at other hospitals, the particular combination of software and the way in which results were processed is not present in other hospitals.

**Media:** Do you know how many patients were affected by the issue at Hawke's Bay hospital?

**Hon Dr Ayesha Verrall:** I'm advised that there are four cases that have been referred for further investigation, including to the Health and Disability Commissioner.

**Media:** Have you had a full briefing on that?

**Hon Dr Ayesha Verrall:** Well, that is what I have been advised.

**Media:** You explained about the stability of the cases, but it doesn't, of course, mean that there's no impact. There's been 621 COVID-attributed deaths this year—three times the road toll. Are you aware of any other infectious disease that is likely to have killed 621 people this year so far; and if not, why treat COVID like any other infectious disease?

**Hon Dr Ayesha Verrall:** Yeah, I think if you look at our excess mortality compared to other countries—Germany, the UK, Japan—you'll see that we've had a very stable picture, even in the last 12 months, where we've had fewer restrictions than we had previously. So from the perspective of whether or not our actions are causing unnecessary harm, I think to say that we're having a similar mortality experience to pre-pandemic years is actually a very relevant comparison.

**PM:** All right. Thank you very much, Dr Verrall, and we'll come straight to you, Jess.

**Media:** Prime Minister, on GST, Nicola Willis says that "Labour struggles with the facts, struggles with delivery, and struggles with the detail." What do you say to that?

**PM:** I'd like to see the facts and the detail of the National Party's tax plans, which they still continue to refuse to release. Yes, there was a typo on one of the fact sheets that was sent out yesterday. I acknowledge that, and it probably could have been picked up and fixed more quickly. The correct numbers were used during the announcement, including—the Labour Party finance spokesperson, Grant Robertson, actually quoted the appropriate numbers in the stand-up when asked about the cost of the policy. But I acknowledge that there was a fact sheet error.

**Media:** I have to pull you up on that, Prime Minister: it wasn't a typo. There were two bits of information that were not correct. An earlier version was sent out. Why characterise it in that way? It was \$250 million missing from there.

**PM:** Yeah, but the wrong—if you like, the wrong data set was put into the fact sheet. I acknowledge that, and it was fixed.

**Media:** Can I ask you about some of the detail? Freshly squeezed orange juice isn't included. Why is that?

**PM:** Because it's a processed food. So, ultimately, the distinction that we've made there is between food that's not processed and food that is processed. Of course, I acknowledge, there are always going to be questions about something that sits at the margin. We will go through an exhaustive process to make sure that everybody's clear about what GST applies to and what it doesn't. And we also have to acknowledge that there may be some changes in packaging in order to accommodate that. So, for example, if you currently buy your bagged salad greens and they have a mayonnaise or a dressing included in the package, the people who do that may choose to start selling the mayonnaise or the dressing separately so that

the bagged salad can be GST-free. There may be some supplier changes, in terms of their behaviour, in order to fit within the definitions.

**Media:** With that data, can I just go back to that? I mean, when you're asking people to vote for you and to trust you, can you see why mistakes like that have an impact on people sitting at home?

**PM:** Look, the mistake was in some material that was sent out under embargo to the media. I acknowledge that we should have made sure that that was corrected very quickly once it was identified. It was identified before the announcement was even made, and the correct numbers were used during the announcement.

**Media:** Why wasn't it proactively corrected? Because the material that you refer to was the material on which the media primarily based all of their stories that went out at the time that you were giving your speech.

**PM:** We should have more proactively corrected it on the day; I acknowledge that. There was also an IT issue, where the material was sent out for the announcement, but I understand it did not reach the inboxes of the people that it was sent to.

**Media:** What do you make of—Nicola Willis basically said—well, her theory is that the mistake happened because Grant Robertson or other people wanted the policy to start from October, as opposed to April, and it is an acknowledge it would take that long to actually get up to speed. Is there any truth in that, or was it just a straight typo?

**PM:** No, it was just a mistake. We did, of course, cost a number of variations of the policy. The wrong data set was used in the first fact sheet that was sent out; that was picked up, and it was corrected. So I acknowledge there was a mistake made. I absolutely acknowledge that. But I can tell you that Grant Robertson and I had a conversation about when the policy should kick in. He was actually the one who suggested 1 April. Nicola Willis's mischief-making would be a little more credible if she could actually come up with her own numbers, which is something that the National Party consistently fail to do.

**Media:** Could that have been one of the reason that—obviously, there would be different costings for different time frames. Is one reason that it could have happened that an October start date was put into that data set, as opposed to an April start date?

**PM:** Yeah, like I said, we did look at a number of different scenarios, calculated out the costs of a number of different scenarios, and clearly the wrong one was used in that first fact sheet. That was picked up relatively quickly, but it had already been sent under embargo to the media at the time.

**Media:** Sorry, was the general consensus then, among the primary decision makers, that it would be an April start date?

**PM:** Yes. Absolutely. Yes.

**Media:** The processed thing, right? So freshly squeezed orange juice is out, but, you know, cut-up watermelon would be in. At what point in the process of chopping up a fruit does it become too-processed to have the GST taken off it, do you know?

**PM:** Look, as I said, there are always going to be definitional issues. Every other country grapples with this when they have exemptions from GST or from value-added taxes, as it's called in some other countries. There are processes for determining that. We will go through a process for determining that. Everyone will be very clear about what it is.

**Media:** Have you managed to find an economist that has publicly said, on record, that this is a good idea yet?

**PM:** I haven't been looking for one. Ultimately, economists will always find reasons to not do things. This policy is very clearly targeted at the people who are struggling to pay their grocery bills at the checkout. I'm yet to meet an economist that fits in that category.



**Media:** Throughout the COVID-19 pandemic, which you've just talked extensively about, you relied heavily on expert advice on an evidence base; why are you putting that to the side for your GST announcement?

**PM:** This is a practical measure that will help to ease some of the financial pressure on families when they are going through the checkout at the supermarket.

**Media:** So you don't care that the evidence is gone?

**PM:** What was that?

**Media:** You don't care that there's no evidence or that tax experts aren't backing you up on this?

**PM:** This is a practical cost of living measure.

**Media:** Can I ask about offsetting the fruit and vege break with depreciation on buildings—what's your justification for not allowing building owners depreciation when most other businesses can?

**PM:** That was a temporary measure that was introduced during the COVID-19 period. Depreciation on commercial buildings was first removed by Bill English in about 2010; it was reintroduced as a temporary COVID-19 economic stimulus measure. We were pretty clear over the last 18 months or so that we were winding back all of the last of the COVID-19 economic stimulus, and this was one of the last pieces of that stimulus to have been removed.

**Media:** The equity question that other businesses can claim depreciation but building owners can't—is that an equity issue?

**PM:** As I've indicated, this is restoring what was the status quo before the pandemic.

**Media:** I just want to know—Prime Minister, have you got any more details of the deal with BlackRock—anything the Government gave BlackRock or BlackRock promised the Government?

**PM:** We didn't give BlackRock anything; we worked with them to encourage them to open an equity fund. They're out there looking for New Zealand - based equity investors at the moment; that's their primary market for the fund that they are establishing, and they have a range of renewable energy investments that they're keen to invest in.

**Media:** But you—so there was no really; it was just an announcement that—

**PM:** I guess we helped to facilitate them establishing the fund, but was there a financial incentive involved? No, there wasn't. I met with them. Dr Woods met with them. My predecessor met with them. We've been working with them to encourage them to establish this fund. It is one of the things that we've heard from institutional investors in New Zealand—that there have not been any renewable energy funds of scale for them to invest in.

**Media:** But there was nothing stopping them setting them up, there was nothing the Government did that made it easier for them; you just said, "We like the idea."?

**PM:** Well, we encouraged them.

**Media:** Prime Minister, I've got a bag of shopping here that I've bought at New World, and I'd just like—

**PM:** What a surprise!

**Media:** I'd just like some of your help into whether there's GST on it. This is some basil—it's in a pot, it's growing, and it's a herb. Would that there have GST on it?

**PM:** Um, that is a plant, so we'll have to—I don't have a clear answer for you on that, but we'll absolutely get one.

**Media:** What about this here? This is—I guess it's processed. It's coriander that's been chopped off—it's in a packet.

**PM:** You wouldn't pay GST on that?

**Media:** You wouldn't?

**PM:** No.

**Media:** OK, so that's exempt.

**PM:** Yep.

**Media:** What about a bulb of garlic?

**PM:** You would not pay GST on that.

**Media:** OK, so garlic's a vegetable?

**PM:** Garlic is counted.

**Media:** What about this here vacuum-packed peeled cloves of garlic?

**PM:** Ah, we'd have to consider how it was processed and the packaging.

**Media:** OK, there's a few others here as well; bear with me.

**PM:** Um, look, can I be clear. I could probably save you some time. We've been clear the distinction is whether something's processed or unprocessed. There are always going to be products that sit at the margin of that, and we will make sure that there is a very clear list, effectively, of products that sit at the margins so that everybody knows whether they're going to be charged GST or not. The same thing applies in every other country that has a differentiated form of value-added tax. They can navigate their way through that; I'm comfortable that we can navigate our way through that. Other question—yes?

**Media:** Just on the mistake in the press release, so the Government didn't proactively correct it with the media, but it also didn't reactively correct it either afterwards yesterday. So why are we only finding out today that there was a mistake in that release?

**PM:** Yeah, look, to be honest, I wasn't actually aware of it at the time. I only became aware of it subsequent to that, otherwise I probably could have corrected it in my own speaking notes at the press conference that we did afterwards. So we will make sure that that doesn't happen again.

**Media:** But there was all that media reporting, but are you suggesting that the Government didn't look at any of the media reporting yesterday on the announcement?

**PM:** Without insulting everyone in the room, I generally don't. Jo.

**Media:** Just a few questions, if I may: how much did the focus group factor into the GST announcement. I mean, can you put a weight on it in terms of science, evidence, focus groups, polling—those focus groups: how much did they factor?

**PM:** What I said at the beginning of the year when I took on this job was that I was going to be focused on practical cost of living measures. You'll see a range of them were announced in the Budget. That includes the free prescriptions, it includes cheaper early childhood care, cheaper or free public transport, and I indicated at the time that we would continue to look at options to ease cost of living pressure for New Zealand households. That is what the Labour Party made its decision based on.

**Media:** You've said that you inherited a Government. At what point, if at all, has the Chris Hipkins Government begun? What policies are we beginning the Chris Hipkins Government with?

**PM:** It's a difficult thing to characterise. What I've indicated is that when I became Prime Minister, there were a number of work programmes under way that I've continued on, as any Prime Minister would do when they're changing roles half way or part way through a parliamentary term. That doesn't mean that I would have done things slightly differently had I been in charge right from the beginning of the term. Undoubtedly, I would've; I might have

had a slightly different set of priorities. I think what New Zealanders will see during the campaign is what a Chris Hipkins Government in the next term will look like.

**Media:** Has it started, though? I mean, some tunnels across the harbour crossing—are they a Chris Hipkins Government? Is GST off fruit and veg—is that a Chris Hipkins Government?

**PM:** Those things that we are announcing are all things that reflect what I would like to do in the next three years and beyond. The tunnels across the Waitematā, for example, are a critical part of unlocking extra public transport routes. It allows us to put buses on the Auckland Harbour Bridge and create Auckland cycling routes across the Waitematā, which we currently can't do. So all of these things are connected. I'm proud of that policy. I think it's a good one.

**Media:** You've also said that you don't have any money for the campaign and that political parties shouldn't be campaigning on big political promises, so are you going to pitch an uncOSTed vision, or are you not going to pitch a vision?

**PM:** No, there's two things you do in a campaign. One is you do set out a vision. You do set out what sort of country you want to create, and we will do that, and I will do that. But then what I will also be doing is making sure that the specific commitments I make, in terms of steps towards realising that vision, are properly costed, are affordable, and are deliverable.

**Media:** Prime Minister, if I was to go down to Bunnings Warehouse and get a punnet of lettuce seedlings and take them home, would they be GST-exempt?

**PM:** No, you'd pay GST on those almost certainly.

**Media:** But I could chop off the lettuce and use it for a salad.

**PM:** You can keep going if you like, but I've already answered that question.

**Media:** Following the Public Service Commission review into the \$40K party of the ministry, has there been any consequences or changes since then, and did any of the Government representatives or Ministers—sorry, Ministers or MPs—attend?

**PM:** I don't know the answer to the second question—that last question, rather—as to whether there were any Ministers present at that. I'll certainly endeavour to find out for you, and we can get that answer to you. I don't think it was acceptable. It was far too large an expenditure for the occasion. Yes, it's appropriate to mark an occasion such as that, when somebody from one of those senior roles is leaving, but certainly not with the level of expense that we've seen. I understand that some of that money has been paid back, and I just want to underscore the point that I don't think that that was an acceptable use of public taxpayer money.

**Media:** Would you ever like to see a cap on things like farewells, Christmas parties, for Government—

**PM:** Most Government departments and agencies have those sorts of practices in place now, so I think it was somewhat of a surprise that this was ever allowed to happen in a Government agency, and I certainly don't think it should ever happen again.

**Media:** Prime Minister, Michael Baker has said today's COVID decisions are a missed opportunity and says that now is the opportunity to work with institutions, work with employers, schools, and other venues to encourage people not to attend if they're sick and don't go swimming if you've got gastro or something like that. Would you agree with him?

**PM:** Look, I've said right from the beginning of our COVID-19 response that there is a difference between requirements that Government puts in place and people being good people and doing the right thing. It shouldn't require a Government rule or requirement for people to do the right thing. It's always been the case. If you're sick, try not to infect other people, stay home, get better, wear a mask potentially, and stay away from other people.

These are just things that you do because you're a good human, rather than because the Government requires you to do them.

**Media:** Indeed. It's a bit of common sense, but the Government has levers to be able to actively encourage that. So, you know, you have the power to say, "Swimming pools should put up signs"—that's just an example. So do you think that that could be something worth exploring?

**PM:** We're now—as we exit the pandemic emergency response, which we've now pretty much exited, we're at that point now where people should take responsibility for their own actions.

**Media:** You say people don't need laws to be good people—why is it illegal to drive drunk?

**PM:** I think that is a different thing. You know, I'm not proposing to change the law. When it comes to managing your health, when it comes to not infecting other people, there is always going to be an element of personal responsibility in that.

**Media:** We've spoken to a dairy owner who has been robbed who says that the Government isn't doing enough to address youth crime. Are you?

**PM:** There's always more to be done. I think that we have certainly seen a spike in youth offending over the last 18 months or so that's been unacceptable. We've done a number of things already, but I think that there's more to be done.

**Media:** And Mark Mitchell says you, as Prime Minister and as former Police Minister, are personally responsible for crime. Do you accept that?

**PM:** No, I think the people that commit crime are responsible for crime, and I think anyone who wants to be Minister of Police would be well advised to start from that premise. Having said that, I think I did, in a short period of time as Minister of Police, quite a lot in the youth-crime space. One of the first things that I did when I became Minister of Police was work with the agencies to identify who the kids were at the core of the ram-raid offending that we were seeing and identify what we could do to get them out of trouble. The fast-track initiatives that we put in place very quickly have actually turned the lives around of about three-quarters of those kids. There are still a quarter of those kids that are proving to be problematic, and so we've done more in recent months in order to target those. I don't think personalising them in that way is the sort of response that you could expect from someone who wants to be Minister of Police.

**Media:** I think Lloyd has a burning beetroot question.

**Media:** Prime Minister, Pure'n Ezy baby beets—just one last one: Pure'n Ezy baby beets?

**PM:** It would depend on the way they're processed.

**Media:** Are you aware of the allegations against the deputy chief executive at Corrections, who abruptly left last Friday? Newsroom's just published a story—non-disclosure agreements, female employees' complaints, etc—are you aware of that?

**PM:** No, I'm not, sorry. I don't have any details on that one. OK—

**Media:** Actually, I do have one last one: frozen stir-fry—

**PM:** All right. Thank you—

**Media:** This one's got grilled capsicum in it. Does that—

**PM:** Thank you, everybody.

**Media:** Would that be included?

**conclusion of press conference**