

POST-CABINET PRESS CONFERENCE: TUESDAY, 7 APRIL 2020

PM: Good afternoon, everyone, and welcome to day 13 of our COVID alert level 4 lockdown and update. We'll start with the update today from the Director-General of Health, and then I will come back for some opening remarks. You'll note that we have moved to a combined press conference; that's simply as we transition from, really, the early stages of alert level 4, and as we see some of those operational updates lessen a little bit, we will still be making sure that we have different operational leads who are available—for instance, the Commissioner of Police and so on—just to pick up any questions across those areas. In recognition, though, of a combined press conference, I will make sure that we linger longer in order to pick up any questions that you might have. But Director-General, we'll start with you.

Dr Ashley Bloomfield: Thank you, Prime Minister. Kia ora koutou katoa. So, today, there are a total of 54 new cases to report; 32 of these are confirmed cases and 22 are probable cases. There are no additional deaths to report, and we can report that 241 people have now recovered from their COVID-19 infection. So the new total combined of cases both confirmed and probable in New Zealand today is 1,160. Today, there are 12 people in hospital, and four of these are in intensive care units around the country: one in Wellington, one in Waitematā, one in Counties Manukau, and one in Southern District Health Board. One of those people is in a critical condition, and one person has been discharged from hospital since our update yesterday.

For the cases we have information on, 42 percent are linked to overseas travel—so that proportion continues to drop—and 41 percent are contacts of known existing cases, and we have confirmed community transmission at 2 percent. The balance we continue to investigate to get to the bottom of where they may have been infected. The ethnic breakdown is as follows: 73.3 percent European, 8.5 percent Asian, Māori are 7.8 percent, and Pacific 3.4 percent. As usual, we will publish all the details, including demographic information, on our website this afternoon.

We're continuing to see testing happening across the country. The seven-day rolling average of the number of tests is 3,063. The total tests undertaken to date is 42,826, and yesterday there were 2,908 tests undertaken. We will be also publishing that daily test number on our website, and we will do that right from the start, going right back to when we first started testing, so that people can map, if they wish to, the number of tests undertaken each day. Our test capacity, despite that increase in test numbers, gradually continues to increase. And, as of today, we have enough tests on shore—complete tests—to do 44,000 tests, and that will be up to between 50,000 and 60,000, even with ongoing testing, by the end of this week. We have 50,000 nasal swabs in stock and are expecting a further 250,000 such swabs over the coming three to four weeks from a local supplier.

People will be interested to know that the World Health Organization has updated its advice on the use of masks—in particular, in the general population—and, just in summary, the WHO does not recommend the use of medical masks by the general public except in particular circumstances where someone is sick and wearing a mask protects others, or someone who is caring for a sick person and the mask can help to protect them. That advice is on the WHO website.

And a final comment, just to reiterate my point from yesterday: if you need medical attention for anything—whether it's COVID symptoms or a non-COVID illness; any exacerbation of an existing illness—please do seek medical attention promptly. All general practices and other primary care providers are able to attend to your needs, and please get on to that quickly. And just to clarify that travel for essential healthcare in another region—essential medical care—is classified as essential travel, and people should undertake that travel to get care that might be required out of their district. And the advice on our website will be being updated today. I'll hand back to the Prime Minister

PM: Thank you, Ashley. To begin with today, I wish to speak about the actions of the Minister of Health. As you will have heard, last night David Clark advised me that he drove his family to the beach for a walk in the early stages of the lockdown. He also offered me his resignation. I want to share with you what I shared with him: under normal circumstances, I would sack the Minister. What he did was wrong and there are no excuses. But my priority above all else is our collective fight against COVID-19. That requires leadership amongst our DHBs. It requires a good understanding of workforce issues. It requires an intimate knowledge of the strengths and weaknesses of our health system, which we have been working so hard to rebuild. And, of course, it requires knowledge of the complex nature of this global pandemic and what it means here in New Zealand.

Simply put, I determined that we cannot afford massive disruption in the health sector or to our response, because David Clark continues to possess what we require, as our health Minister, to take on COVID-19. For that reason and that reason alone, Dr Clark will maintain his role, but he broke the rules and he does need to pay a price. So, while he maintains his health portfolio, I have stripped him of his role as associate finance Minister and demoted him to the bottom of our Cabinet rankings. His associate finance Minister delegations revert to the Minister of Finance, with the exception of where they relate to Budget oversight of Minister Robertson's other portfolios—they will go to Minister Parker. These changes are effective immediately. David Clark is under no illusions that I expect better and so does New Zealand.

On to COVID-19 - related matters, I can also report that we do, as the Director-General of Health says, continue to ramp up our testing capacity. We are testing more and more people, and the growth in the number of new cases remains relatively consistent. While I still urge caution, this does suggest that what we are doing as a nation is working. This was echoed earlier today on *Nine to Noon* by John McDermott, who leads the team of data scientists that I referenced on Sunday. He said over the next day or so we could continue to see the impacts of alert level 4. He says, "When numbers start to fall, that is the first indication your interventions are working." John explains we need to go through three phases: you start with outbreak; then, secondly, you want linear, which we have seen over the past few days; and thirdly is the phase where you see cases start to fall. He is cautiously optimistic that what we're doing with the lockdown is making a difference, but as with any data analysis, there are always possibilities of setbacks. But, for the moment, we do appear at this early stage to be on track—another reason, if one was needed, of the need to stay at home. Now is not the time to change any of our behaviours.

Now, that doesn't make the physical isolation any easier; so I also note today that we have announced a range of support being rolled out to help look after people look after their mental health as we fight COVID-19. Details of a targeted Pacific communities health response to the virus have also been released. I can also share that, as of last night, the Government's wage subsidy scheme has provided support to preserve the jobs of over one million New Zealanders. The latest numbers show that over 435,000 applications have been made, almost 10,000 yesterday alone, and that has seen over \$6.6 billion paid out to help retain 1,073,120 workers.

Finally, the Foreign Minister has just announced that New Zealand will enter into transit arrangements with a range of countries to make it easier for each other's citizens to get home. As you know, a major barrier to New Zealanders getting back here at the moment is the transit restrictions imposed by many other countries, and we in turn are also receiving an increasing number of requests from foreign Governments to allow their nationals to transit through Auckland. I note that, while this is a welcome development, regardless of the countries involved, we will maintain strict criteria in determining the basis on which people can transit through New Zealand, in order to protect public health and meet our level 4 requirements. That includes that any transiting passengers absolutely remain airside.

Lastly, I do want to acknowledge the news this morning that Prime Minister Boris Johnson is currently in intensive care. Upon learning the Prime Minister had tested positive for

COVID-19 some days ago now, I sent a message to him to pass on New Zealand's best wishes. He replied to that message and said that his thoughts were also "with all our friends in New Zealand." This, more than ever, is a time when every nation is connected, and I know we'll want everyone in the UK, especially the Prime Minister, to know that we are thinking of them.

Now, I am happy to take your questions.

Media: Prime Minister, how can David Clark do his job effectively when he doesn't have the moral authority?

PM: He has made a massive mistake. What he did was wrong, and there are no excuses for it, but I need to make decisions now in the best interests of New Zealand. Disrupting our current plans to take on this global pandemic by removing the Minister of Health, in my mind, was not in the best interests of New Zealand.

Media: What did he tell you was the reason it took four days before his memory was jogged about this other breach?

PM: None of that matters. I wasn't interested in excuses; he wasn't interested, particularly, in offering them. He's made a mistake. He needs to pay the price, and he is.

Media: If it was just because he thought he'd been caught, though, because of media requests into his office yesterday afternoon about other breaches and whether he'd driven to other locations for recreation activity—if he only came clean because he thought he had been busted—

PM: That is not the case—that is not the case. It was offered up over the course of him preparing for select committee this morning. But, regardless of how it came up—regardless—there is no excuse. It was wrong. He needs to pay the price, but the price cannot be paid through our response to this global pandemic. We have a job to do, and I'm determined that we need to get on with it.

Media: How does he do this job, though, when he's got this thing hanging over his head where you've said, "In a different circumstance, I'd sack you."?

PM: By acknowledging that he was wrong. By acknowledging that, under different circumstances, he would have lost his job. But he knows as well as I do that we have to put New Zealand first and we have to put the response to this global pandemic first. Nothing else matters right now.

Media: Will you reconsider once the lockdown is over?

PM: At the moment, our entire focus is on this pandemic, and we will have this with us for many, many months to come. I'm focused on getting on with it now, and he needs to too. *[Interruption]* I'll come back to you.

Media: Is it appropriate that health is now the lowest-ranking portfolio in Cabinet, particularly given the crisis we're in?

PM: He's had to pay a personal price for this, but I'm determined that our health system will not.

Media: Prime Minister, people have lost loved ones and haven't been able to give them proper send-offs because of the lockdown. People have made immense sacrifices. Women haven't been able to have people support them during childbirth, throughout childbirth. What message is David Clark's actions—what does it send to those people who have made those sacrifices or our front-line workers who are taking those risks every single day that his mountain biking is more important?

PM: This is why you will hear no defence, no excuse. He made a mistake. He must pay the price, but the price cannot be in our response to COVID-19. I have a duty of care to New Zealand, and it was my determination that removing him from this role at this time would not be in the best interest of that response that we must focus on.

Media: If if—touch wood—we come out of this thing, you'll sack him immediately?

PM: Again, I am totally focused on this and not on hypotheticals. We need to get on with the job.

Media: But how can he continue when he, effectively, has no credibility left?

PM: Again, as I say, my focus is on responding to the pandemic, and I've set out a number of different areas where it is critical that we have deep prior knowledge: the role that he must play within DHBs, the personalities he needs to know and understand across our health system, the inner deficiencies that already exist in our health system—that we were well aware of and need to fix. I cannot lose the work that's been done nor the prior knowledge of the health system and this pandemic. He holds that; so we will hold on to that, but he must pay a price.

Media: Do you think it would be challenging to bring someone up to speed—

PM: Yes.

Media: —in this, and, in terms of timing, how long do you think it would have taken?

PM: Yes, it would have been challenging, and keeping in mind that it's not just, of course, the knowledge of this pandemic itself and its impact on New Zealand but also the prior knowledge of our health system and where there are issues within our health system. I was not willing to sacrifice the time that would be required to bring someone up to speed when we are in the middle of a global pandemic. That would not have been the right decision for New Zealand.

Media: Sorry, this is still on this—does this, effectively, though, just push him to the side? Because, I mean, you're saying you don't have confidence in him. We're in the middle of a health pandemic and the health Minister has an axe hanging over his head.

PM: No. I have expressed, of course, through all of the details I've outlined to you about the prior knowledge required to do this job well, the standing that's currently required within his knowledge of the health system. I needed someone who has that to continue in this job, not someone to start fresh—not when we're in the middle of a global crisis. I've determined that this is the right thing to do, but he still must pay a price.

Media: Sorry, Prime Minister, one more on that: is he actually the guy for the job? Because we counted more than a dozen times that he had to kick to Dr Bloomfield this morning during the committee because he simply couldn't answer the questions. So is he actually the guy for the job?

PM: Oh, look, I haven't seen every single—I've seen an outline of the select committee today. So I can't respond to individual questions around detail that he may have determined to be operational. That's not unfair.

Media: But isn't that the point, Prime Minister, that if he was the person who had all the information, he'd be here in Wellington fronting these daily briefings?

PM: Again, I said right from the beginning my expectation was that Ministers fulfil the obligations we are expecting of every other New Zealander, and that is why I am here now reprimanding him, stepping him down from other portfolios, and sliding him down the Cabinet rankings. He must be a role model. But, equally, I will not sacrifice our response to COVID-19. That has to be my absolute focus.

Media: Given the centrality of the health focus at the moment, why don't you take on that health Minister portfolio yourself?

PM: Well, I, of course, have a role to play here, but I also have a role to play in supporting the Minister of Finance in the economic response, the welfare and wellbeing response, even some of the recovery packages that are specific to my areas too. My job is to continue to keep our all-of-Government response going. I need that additional focus on our health response, and the Minister of Health provides that.

Media: [*Inaudible*] Ministers that they know what the rules are and also haven't been breaching them?

PM: I've reminded them. I've reminded both our Ministers and every member of my caucus, and I think it's obvious what our expectations are. I've been up here repeating them daily. I don't think that's been lost on anyone. It is certainly not lost on the Minister of Health.

Media: Was there any discussion this morning at the COVID committee about mandatory quarantining or toughening up all the quarantines for people coming back?

PM: Yes, there was some discussion of that. I'm not expecting final advice and recommendations in the next—well, I'm expecting them very shortly. There was a preliminary discussion, though, around our expectations in giving a steer to officials.

Media: What about the compliance aspect of it? Were Ministers concerned that this group hadn't been monitored as closely as they should have been, and did that factor into any future discussions?

PM: I think you've seen, from every decision we've made at the border, that we see it as an ongoing point of risk. And so we want to make sure that we remove that risk as much as possible. That's why we've only continued to ramp up. So, quite frankly, regardless of the enforcement, I really want a watertight system at our border, and I think we can do better on that.

Media: Sir David Skegg this morning was saying he feels that our quarantine, if it's at the border, could end up us staying in lockdown for longer than four weeks, because they're not strong enough, and he feels that our inability to trace at pace when it comes to contacts could be our Achilles' heel. What are your thoughts on his comments there?

PM: Yeah, I did see those comments, and I think you always would have heard me say—and perhaps the director-general will have a comment on this too—that there are those three areas that we must be absolutely watertight on: border restrictions—where we did move faster than many other countries, and we have reaped the benefits of that. But: border restrictions, the work on contact tracing, and, of course, just general use of isolation and quarantining as a part of that.

On border restrictions, I've already indicated that we will continue to ramp those up, and we'll be doing that shortly. On contact tracing, the director-general has talked about the extra support we're putting in there. In fact, we want that backed up by new technological solutions. And also, many of you will have heard Dr Ayesha Verrall speaking frequently about her knowledge there. The Ministry of Health is proactively bringing her in to undertake an audit of our contact tracing and give us that extra assurance that we're doing everything that we can there.

Perhaps, director-general, is there anything further on that that you want to say in response to David Skegg?

Dr Ashley Bloomfield: Yes—two comments. And I agree with what Professor Skegg was saying: that, actually, if we're going to go for the elimination approach—which is our extended keep it out, stamp it out—and for when we move down out into alert level 3, we need to be very confident we are not letting new cases into the country at the border. So we are providing active advice to Cabinet around options there.

Media: But the controls haven't been watertight. They remain not watertight. And isn't this still a risk, even from the people that have been allowed under the existing regime?

PM: I just want to point to the evidence base for that, because that's making the assumption that people who are in self-isolation—which we've been using as a tool for the whole country. The whole country we've used self-isolation for, and, for border controls, we've used it since February. And I haven't seen, to date, suggestions that those individuals have been broadly flouting it and infecting people. What we've done, though, is

leave no room for human error and leave no room for individuals to flout that, because we can't risk it going forward. So that's why we've continued to ramp up. We now have a situation where well over a thousand people are in hotels monitored by the Government, and that will only set to increase.

Media: So you acknowledge that the regime, then, is open to human error and is open to people being—

PM: Well, so is alert level 4, but we have continued to rely on people following the rules, and I haven't seen suggestions that we have a broad, wide-ranging breach of that. But, equally, we don't want to leave room for that. So that's why we've continued to ramp up at the border.

Media: What's stopping you from quarantining all new arrivals immediately?

PM: So, from the very early days where we were asked about it, quite frankly scale. I don't think there's a full appreciation of how many New Zealanders travel abroad. We literally had tens of thousands returning to New Zealand. Now, we had a process at the border to make sure that we were picking up symptomatic individuals, that we were giving the full requirements and expectations of them, that Healthline were checking. So we had measures in place, but you'll see we've continued to step them up as we've had the capacity and as the numbers have dropped.

Media: So, now that it's slowed to a trickle, do you have the capacity?

PM: Yes, and as I've said, I've already flagged that we are looking, again, to leave no room for error at the border, and so I warn New Zealanders that you can expect, at our borders, that we will be expecting more of you.

Media: Should Government-owned buildings be giving commercial tenants rent relief?

PM: That's not an issue I've had raised with me. I wouldn't mind just having a bit of time to look at that, if you wouldn't mind.

Media: What would be your response if an SOE had gone ahead and increased their tenants' rent?

PM: Again, I wouldn't mind seeing some of the detail on that, but I would apply the same principle for everyone here around providing compassion for those who need compassion at this time, and I would provide that view generally—no exceptions for the Government on that.

Media: Civil defence in Thames Coromandel has said that there are a lot of people that they've discovered are flouting the lockdown and traveling to holiday homes, and they want the region blocked off. Will you entertain their request, and how would you block off that region?

PM: Yeah, I think we do need to send a clear message as we come into Easter. The same rules apply. The whole notion of "stay local" applies, and so I know people will be very tempted over this period of time that, if they're in a position where they have a home at some distance from where they are—stay where you are. Just because it's Easter does not mean that the rules of alert level 4 have changed. Director-General, you might have more to say on that, perhaps, because it is some public messaging we've been trying to share.

Dr Ashley Bloomfield: Look, I think you've nailed it, PM. If we are going to make the most of this period in this alert level, and the signs are promising—cautiously optimistic—then everyone needs to keep their foot on the pedal, and that includes over Easter. Have a staycation.

PM: A long staycation.

Media: Director-General, what are your thoughts on the health portfolio now being the lowest rank in Cabinet? How do you view that, given the climate that we're in at the moment?

PM: I'm going to allow the director-general to answer that himself, but I am going to jump in if we have too many political questions going to the director-general.

Dr Ashley Bloomfield: Well, I'll continue to work very closely with the Minister of Health, as I have done since I started in the role.

Media: Have you got any update on the timing of the Peru flight? Apparently some people have been baulking at the price as well. Is there any sort of assurances the Government can provide to help those who perhaps can't afford it?

PM: So we do—under certain circumstances, there is provision for consular assistance if—but that is under very particular circumstances, and they include, for instance, if someone has absolutely no financial ability to extract themselves from a country. Those are made all on a case-by-case basis by the Ministry of Foreign Affairs and Trade on the ground. So I don't want to say that's a blanket provision, but it does exist for emergency situations. On the Peru repatriation flights, there is a charge. It does not cover the full cost of getting these New Zealanders out; I should be very clear on that: we are underwriting the cost of getting them out. They are being charged for the tickets, but not at the full rate—not full cost recovery—and similar prices to what, for instance, people paid on the recent flight from Peru and Montevideo. So, not too dissimilar to what Australia had under their circumstances.

Media: Have you got recent numbers in terms of how many have registered for that flight?

PM: No, I do not at this stage—no. But we can probably get that to you. I imagine that they must be fairly close to extracting them, given that we have a level of detail now around the price and ticketing for it, though.

Media: It's the first day—by my back of the envelope maths—that the number of recovered people outnumbers the number of new cases, 65 to 54, if I'm right. Is this significant, and can you expect that to maintain through the flattening of the curve?

Dr Ashley Bloomfield: Well, I think the number of recovered cases increasing at a higher rate reflects that we did have a period a couple of weeks ago where case numbers were going up at a sharper rate. I think we will expect the number of new cases to continue to stay level and, of course, we're looking for that decline. I should say also—and I didn't mention the clusters—we don't have any more significant clusters, but the three largest clusters: the Marist College one, there is an additional five there; the Bluff one, an additional 11 there that have been tested and diagnosed and were already in self-isolation; and the Matamata cluster, up to 59, up one. So, just over half of our new cases are from extant clusters that we know, and we've got people in close isolation and we're seeing the infection that had happened play out. So that's also important to know: that quite a lot of our new cases are coming from those close contacts, and we're not seeing very many now from people coming in across the border, remembering that anyone who comes in symptomatic is immediately quarantined and tested.

PM: I think it's also worth noting that I think the last time we had positive cases at this level was, roughly, two weeks ago. So that's also interesting to note. Again, I don't wish to draw conclusions but it is interesting to see that parallel.

Media: Dr Bloomfield, is the most affected age group still 20 to 29?

Dr Ashley Bloomfield: That is still the most—actually, I think the category is 20 to 29 and then up to 40, and that was just because that was the group travelling back from overseas.

PM: Two hundred and eighty-six from the 20- to 29-year-olds, and the next highest is the 50 to 59, but, yeah, Dr Bloomfield is absolutely right: the 20 to 49 group really do dominate.

Media: Can I ask about nasal swabs? You said there were 50,000 nasal swabs in the country; so why are Auckland, Nelson, and other regions shifting to throat swabs because they've run out of nasal swabs?

Dr Ashley Bloomfield: Well, because they can use throat swabs for doing the nasopharyngeal swabbing while they wait for more supplies to come. So, every time a DHB gets short, we can get swabs out to them immediately, and they do let us know.

Media: They're saying those throat swabs are inferior, though; so why aren't those 50,000 nasal swabs being distributed more evenly across the country?

Dr Ashley Bloomfield: Well, my hope is that all the DHBs and individual practices are able to get us notice before they run out, so we can get the swabs we already have out to them in a timely way.

Media: Dr Bloomfield, the messaging from the beginning from the Government has been that the people that are most vulnerable are 70-plus and those predominantly with respiratory issues. We spoke with some Māori doctors and, given that Māori have a wider range of health issues, more so than non-Māori, that actually Māori that are 60-plus can often be the vulnerable group and that 70-plus is just a generic number that doesn't quite fit with Māori. What do you say to them?

Dr Ashley Bloomfield: Well, under the current alert level 4 arrangements, in fact, the advice to everyone is the same, and for anyone who might be vulnerable because of age or an underlying condition—and it's a mix of the two—they should be making sure they are staying at home and staying isolated. That's the best way they can be protected from the virus regardless of age or, indeed, of pre-existing condition. So I think, in the current arrangements, the advice stands for all groups.

PM: Just to update you, at the moment, the numbers for Māori who are presenting with COVID-19 is 91.

Media: On Kiwis abroad, what of the nearly 800 who are in India who are petitioning very strongly for assistance? Some of them are very frustrated to see that Kiwis in Peru are being helped. Are there any plans there?

PM: Yeah, so there were some very specific issues around Peru and the ability, because of the nature of their lockdown, to get them out. And I've seen some specific details on others—obviously, I shared a little bit about Austria yesterday—but I can look into India. I don't have that in front of me now. But I am aware that that's one of the areas we've got affected New Zealanders too. Otherwise, Fiji as well. We've got some in Tonga, a small number in Samoa—around the world.

Media: On the *Ruby Princess*, did the ship seek clearance to dock in Tauranga and/or the Bay of Islands, and what was the outcome of this? Do we know about its travels in New Zealand?

PM: Yes, so I might ask the director-general to supplement what I'm able to share. I'm familiar with some of their activity in Wellington, and I'm familiar with some of their activity in the Hawke's Bay. And, of course, you'll remember that the obligation on a cruise ship such as this is to ensure that anyone who is unwell, essentially, does not disembark. And so I know, specifically for the Hawke's Bay, I've been advised that those assurances were directly sought from their medical officer of health, from the captain directly, before individuals disembarked. What I'll add here is that, on that basis—given you'll see we have cases in the Hawke's Bay—I have asked Minister Parker to seek legal advice from Crown Law as to whether or not the *Ruby Princess* while in New Zealand fulfilled all of its obligations under our laws, because, of course, we are now suffering the consequences of cases here in New Zealand as a result of that cruise ship.

Media: Is that a review or, like, a criminal investigation?

PM: It's really—I'm seeking legal advice on whether or not we should be pursuing that further. So it's very preliminary stages, but, of course, because they have existing obligations, because those obligations include making sure that people who are unwell, essentially, do not disembark, and we now have COVID-19 transmission that directly links back to that ship—not from passengers but from people who had contact with passengers—that raises significant questions, and so I've sought legal advice around that. Director, do you have anything further on that?

Dr Ashley Bloomfield: Just in terms of the question about whether permission was sought to berth in Tauranga or the Bay of Islands, no, it wasn't; the shipping line took the decision to cut the cruise short and head straight from Napier back to Sydney. They went south, through the Cook Strait, to do so.

PM: So they cut off, I think, the last two stops. The claim there was that weather meant that they would depart straight after the Hawke's Bay. So that last check did happen, as I understand—I'm advised that last check happened—at Hawke's Bay and then they left.

Media: Can you give us an update about how many arrests there have been of people flouting the law so far?

PM: And every time, usually, I have that number straight in front of me, but I haven't brought it down with me today, Jason. Director-General?

Dr Ashley Bloomfield: I got handed these just before. So there have been 291 breaches of the CDEM Act or the Health Act; 16 people have been prosecuted, 263 warnings, and 10 youth referrals.

Media: Following on from that question and, you know, David Clark should have known better, there was a policeman who was spotted hunting days after the lockdown on the West Coast. I guess he should have known better. But also a patient went into Invercargill Hospital knowing that they had COVID-19, and this has now resulted in medical staff having to self-isolate. Do you have a message for these people, and should they face consequences?

PM: Yeah, I mean, on the issue of the individual who went into hospital, from what I've seen of the case, it leaves the strong impression that, in order to access surgery, that individual was not open about their health status. And that puts them at risk and it puts the health staff who are there to look after them at risk, too. Now, I think this feels like an obvious statement to make, but if you have COVID symptoms, if you do not tell health professionals, even before you have contact with them, by picking up the phone, you are putting their lives at risk. We just can't tolerate that, regardless of how urgent someone considers their surgery to be; we cannot tolerate that. That, though, is an issue—as to any repercussions for that person, that's not a matter for me, but my message on it is very clear.

Media: What is your message to the off-duty police officer who was hunting and should have known better?

PM: Yeah, again, they should. Hunting was an area where, I will acknowledge, in the early days I did see some conflicting advice going out on hunting. So I just cede that issue there, but, ultimately, that is for the police to follow up on their own team, and making sure that they do fulfil the expectations that have been set out for alert level 4.

Media: Thousands of people are walking to dairies right now and purchasing products by pushing EFTPOS pads instead of using contactless payments because it's not available. Is that a public health issue, and what are you doing about it?

PM: Every time you go outside, when you return, wash your hands.

Media: But is the—

PM: I cannot say that often enough, and I say that if you go to the supermarket. Yes, the supermarkets have actually put in quite rigorous protocols that they're using—trying to sterilise trolley handles, trying to make sure that they give people the ability to keep as

sterile as possible while they're there—but if you go out, when you come home, wash your hands.

Media: But is there anything you're doing around making contactless payments more available?

PM: Even then, I mean, they're not utilised by everyone, and I think we need to keep that in mind. We have thought about that, though; it's one of the reasons, obviously, in public transport now, people aren't having to have that interaction with the drivers, for that very reason. But, regardless of whether contactless payment existed more widely, there will be still people who wouldn't use it, who choose not to, and, equally, who still want and need to access personal one-to-one bank services as well. So we do need to remember that part of the community.

Media: In regards to the mental health announcement by David Clark this morning, which he sort of managed to overshadow himself, there wasn't any specific information—

PM: I'm sure you won't, though, Jo.

Media: —he didn't manage to provide any information about how it's actually going to be rolled out, where people are going to be able to access this. There was no specific information for teenagers, young adults, who we know are the at-risk group in New Zealand. Your Government's been very clear about wanting to provide more information and more support for mental health, yet this seemed to be a reasonably small announcement with very, very little detail.

PM: So what I can share with you at the moment—we are going to, in the same way that you've seen the Unite COVID-19, we'll be using similar ways to access New Zealanders; so a lot of use of social media and online platforms to access New Zealanders and share a strong message around looking after their mental health. So there will be tips directing people to places where they can look for information on how to look after themselves.

Media: Because we're half way.

PM: It's being rolled out now, but there is a specific set of information that has also been designed specifically for those, for instance, who have recently had a baby and may have specific needs at this time too. So we are starting to segment that as well. Director-General, you might have something you want to add on that.

Dr Ashley Bloomfield: I don't have any further detail. I would say, though, there are a number of existing resources already—online resources and, of course, 1737, and other resources like Youthline; so this is really to complement and bring to the attention of people what those other resources are—but also some specific messages about being under alert level 4 and how to stay well.

PM: What I should add is that this is been designed by the Mental Health Foundation and the Canterbury DHB because of their expertise and having gone through the likes of the earthquake. It will be supported by mobile apps which also link people into telehealth services, which is, obviously, something we use now—1737. We are monitoring the number of people who are referencing COVID-19 when they call that number, and we can see that there have been periods of spikes and then it's come back a little bit in recent times. One of the other specific parts of this programme, though, is the use of Sparklers. Sparklers is a programme that we supported in the Budget. It specifically focuses on supporting resilience of children who are ongoing periods of anxiety and stress and distress. So it is evidence based, and I really encourage parents to look out for the Getting Through Together campaign. Look out for the details that come out there. Do access the programmes for kids, because they're really well thought-through.

Media: A question in the sports department for both of you, about the Crusaders. How disappointing was it to see professional rugby players from three different bubbles out training together? How dangerous was that decision?

PM: It flies directly in the face of the advice that we're giving, and I would just say to those who are in positions like that that we are relying on everyone to role model the behaviour we need right now, and we are all in this together, and I'm really asking for those leaders within our sporting codes to join us in this, because we can't do this alone. No one can be exempt.

Media: There seems to be some confusion over butchers, grocers, and bakers and whether they are able to operate online services. Can you just clarify that for the people watching, whether that's allowed?

PM: Yeah. So you will have heard me reference a few times now that access to wholefood was something that, from day one, when we made a decision around essential services just being supermarkets—that people could access wholefood provision online, because there were a number of places that already provided that. Where there has been some question mark is for those who only offered a retail offering then transitioning into online sales and establishing new ways of doing things—that did open up some risk because they wouldn't have been established processes for those businesses. I expect to have the conversation with our Ministers again tomorrow about that specific issue, but what I would say is that, through all of this, our priority has been reducing down contact with people as much as possible, and that will continue to be our primary focus.

Media: What do you say to temporary visa holders or immigrants here in New Zealand whose immigration status may be a bit unclear—will they get help to get home if they need to? What's being done here for those people who are probably in quite a unique situation?

PM: Do you mean primarily people on work visas?

Media: And I know the rules have changes to extend some, but we've just got questions about some people feeling their status is a bit grey; they feel like they haven't really been given much information about what's happening with them.

PM: So, under the epidemic notices, we've had the ability to make sure that people—through no fault of their own were in a position where either their visa status had expired but they had no ability to leave the country. So we've made provision for that. On the issue, though, specifically of people on work visas who have lost their jobs, this is a discussion I've had with the Minister of Immigration, because, as you can imagine, that does happen from time to time, even outside of this extraordinary period. We rely on people on work visas, as a part of a condition of their visa, having the ability to support themselves if they find themselves in that situation; so they are tested to ensure, as part of their conditions, that they do have some resource. But we also recognise that these are particular times, and so this is a bit of an ongoing discussion with Ministers—something that we have had raised with us and that we are looking at.

Media: Is there any thought to—I believe Australia is helping repatriate some of those people. Is that part of the discussion—you know, to their home countries. Is that part of the discussions here? Are we that far off?

PM: Yeah. We're looking at the whole ambit. If we've got a situation where people here were previously able to work, now cannot work, and now cannot get home, that is, of course, a problem that we need to be involved and working through.

Media: But they are eligible, aren't they, for benefit support if that—

PM: They do not have the same eligibility if they're on a work visa.

Media: Dr Bloomfield, are you able to confirm how many people are infected in the Hawke's Bay cluster linked to the *Ruby Princess*?

Dr Ashley Bloomfield: So in that *Ruby Princess* related cluster there are six people who were passengers on the ship; they're not in Hawke's Bay but have since come back from Sydney. And then the balance—so there were four people who were either tour

guides, one was an interpreter, one was a bus driver, and then contacts of one of those; there's another six. So the total is 16 in the cluster.

Media: So no change from yesterday?

Dr Ashley Bloomfield: No change from yesterday.

Media: Dr Bloomfield, just to follow up on the Crusaders, one of the players has a pregnant wife at home. How dangerous could that have been for her—in breaking his bubble?

Dr Ashley Bloomfield: I can't comment on the specific situation, but he may well be in as much trouble at home as he is in the media.

PM: I'd say that's probably true. I'll just take a last couple—if anyone's got questions on behalf of others that they haven't asked. OK, Jenna, I'll give you one more. And then, Derek, just because you look so appalled, I'll give you one.

Media: Another one for both of you, please. It's World Health Day, what is your message to everyone that's working in the health sector right now?

PM: Look, if I could start, because you're one of them, and so really we should be paying tribute to Dr Bloomfield as much as we should everyone. I wonder sometimes whether we underestimate the importance of public health and our health workers until we either have to access our health services, or a family member does, or we're in a global pandemic. It shouldn't take that to remind us how important they are, but may we never forget how important they are.

Dr Ashley Bloomfield: Well, just the comment I made after Whakaari / White Island was that I feel we have an excellent health system in this country. It's by no means perfect, but I have yet to find a country with a perfect healthcare system. But the state of our health system is directly the responsibility of the people who work in it, and we have fantastic people who work in our health system. So we're very, very fortunate.

Media: The 54 new cases—the lowest in two weeks. How confident can we be on that downward trend, given the gaps in the testing data around regional and demographic gaps; and is there any light you can shed on where those gaps are—which regions, what kinds of groups of people?

Dr Ashley Bloomfield: So I think we can be increasingly confident. One of the advantages of the centralised contact-tracing platform we've put all that on to—an electronic platform—is we will be able to link now with the laboratory testing data, and we will be able to, this week, show the pattern of testing by region, and also demographically by ethnicity, by age group, and so on. So that will help us get a good understanding.

There are two other important pieces of information we talked about this morning at select committee: one is that we've seen in the last few days the number of close contacts of each of our new cases has dropped down to two or three, reflecting the fact that we are in the alert level 4. So people are in small groups, and so the number of close contacts they have is very small. And the other is a comparison that the Prime Minister's Chief Science Adviser got her team to do just in the last day or so, which looks at our mortality rate compared with—so looked at our number of deaths compared with the number of cases we have, and it's very low; it's 0.1 percent at the moment. As you've seen in countries that have got widespread community transmission, their death rates are much higher—France and Spain: 12 percent. So this is triangulating all the information we have that suggests we didn't, at least two weeks ago, have much community transmission going on, and then we went into alert level 4, which will really assist us with breaking that chain of transmission.

Media: So there's not really any, sort of, undetected transmission that—

Dr Ashley Bloomfield: There may be, and we're keeping a close eye on it, but the signs are good.

PM: Quietly confident and cautiously optimistic—so make of that what you will. Ben, and then I'll come to you, Jo.

Media: Have you been briefed on the devastation due to Tropical Cyclone Harold?

PM: No. Actually, just as I was preparing to come down, I've sought some additional information. Unfortunately, at the moment, what I've seen is more the reporting, but I will ask for an update from MFAT, particularly, obviously, for the people of Vanuatu, who we are primed and ready to assist as required, but also the New Zealanders who are there. Jo?

Media: Have you had any thoughts or further information or updates in regards to whether a September election is going to be—

PM: No, no, I have not. I've been focused, as you can imagine, on this particular period, alert level 4. Really, I feel it's too early for me to say what situation New Zealand will be in even a month's time. So I'll continue, though, to make sure, though, that we give plenty of consideration to that, with a good lead time. Jessica?

Media: Just with Vanuatu, how much more challenging will it be given the circumstances we're all operating in now to be able to assist, and we will still be able to fully assist if they need it?

PM: Yes, we will, and I don't anticipate that being challenging, because our Defence Force, as a matter of course, have to be ready and able to deploy within a very short period of time no matter what status New Zealand is in. And that's in case we have any natural disasters domestically or in case they're called upon internationally, or for even surveillance purposes within our waters. And so they're always at the ready no matter what New Zealand's situation. Last one—Tova.

Media: Thank you. Are officials are investigating reports of fraud by employers not passing on the wage subsidy?

PM: Yes. That has always been built into our scheme. I'd have to check what the status is of, though, any investigations. Because we've always said, yes, there's a statutory declaration, it is a high-trust model, but we will be following up on ensuring that, if there are any anomalies, if issues are raised by employees—that we have a team ready and available to investigate any misuse. I believe we've actually beefed up the enforcement team for that purpose, as well.

Media: On funerals and cremations, would you consider loosening some of the criteria around that, to allow maybe one person or two people to attend a cremation or a small service if they're in full protective gear or whatever, but—

PM: Outside of bubbles? Because, of course, people who are within bubbles can, but it's when you mean people who haven't been in contact with one another.

Media: We've been told of people who weren't able to go to a crematorium to be with their loved one when they were cremated.

PM: Yeah. This has been an area where there's been utter consistency, because, as you can imagine, being such a traumatic experience and time for people, we've provided advice on tangi, cremation, graveside burials, and access to funeral directors, and that's all available on the COVID-19 website. One of the things that I would just—and this is devastating to have to point out, but one of the things you will have seen from some of our clusters is that they're a slice of New Zealand life. You know, they're weddings, they're functions in our small towns, they're conferences, they're rugby teams, they're any social occasion where people are coming together, and, unfortunately, a high-risk time is when people come together to grieve.

Media: Hard for people to reconcile not being able to go to a cremation but being able to go to a dairy on the way home and pick up some milk.

PM: Because when you grieve, you reach out for personal contact. You reach out to one another. And that's what we do weddings as well, and we have an enormous cluster as a result of one of those. I've said many times before: I don't want grief on grief, and that's one of the devastating by-products of what we're having to do. OK, last one.

Media: Can I just ask, on the *Ruby Princess*, would that ship have been quarantined if the captain had reported symptoms on the ship? Because we had that power under the Health Act, did we not?

PM: Yeah, and so, of course, you'll know that there were questions asked and tests undertaken in Wellington, and so, yes, there would've been repercussions if there were positive tests there.

Media: Prime Minister, can I just ask you—

PM: OK, sneaky last one.

Media: Simon Bridges has said that his internet isn't good enough and that's why he has to travel to Wellington from Tauranga. What do you make of his excuse?

PM: I didn't pass any judgment on it yesterday, and I won't pass judgment on it today. Ultimately, we made the form for the select committee available in such a way that every member could stay home in order to participate, but, ultimately, there's an element there of personal choice of those MPs as to how they wish to do that. OK, thanks, everyone.

conclusion of press conference