

**ALL-OF-GOVERNMENT PRESS CONFERENCE: SUNDAY, 5 SEPTEMBER 2021
HANSARD TRANSCRIPT**

Hon Grant Robertson: Kia ora. Ngā mihi nui ki a koutou katoa. Good afternoon, everybody, and a happy Father's Day to all dads, step-dads, and others who play that role out there. I also want to acknowledge that today can be a difficult day for people who've lost their father, and I want to acknowledge that at the outset, as well. And, if you can indulge me just one more wish of congratulations, today's a special day for two other people—it's their birthday. One of those people is my mother, so happy birthday, Mum, and the other is Minister Hipkins, and so we also wish him a restful birthday as well.

I'll shortly hand over to Dr Bloomfield to update on the latest case numbers, but first I wanted to pay a tribute to our essential workers. Coming up to the end of our third week of alert level restrictions, I know a certain fatigue can kick in, but through all of this, up and down the country, a group of New Zealanders have been going to work each day to ensure we have food to eat, that our vulnerable are supported, and, of course, that our health system keeps going. Despite lockdown, our hospital and other health providers have to keep going and, in fact, have added record testing and vaccination volumes to their already busy workload. That's why we're all the more grateful for the essential workers who responded to the terrorist attack on Friday: paramedics from St John's, who were first on the scene and provided critical emergency care; doctors and nurses across Auckland and Middlemore hospitals already stretched with COVID patients who undertook emergency surgery on victims. I also want to acknowledge the Countdown workers, and supermarket workers across the country, who are operating under a lot of pressure. Next time that you're in the supermarket, please be kind and say thank you to those who are serving you.

And, finally, I want to acknowledge the work of the Police and the New Zealand Security Intelligence Service (SIS). The actions of the Police surveillance and Special Tactics Groups have been well canvassed, but the SIS have also played a key role in identifying and investigating this terrorist. Often, the SIS can't talk about its operational work for security reasons, but, in this case, it is possible to disclose its role in conducting a longstanding counterterrorism investigation into the deceased attacker from its outset to its conclusion. The New Zealand SIS's powers are complementary to those of the Police and, while we can't disclose the exact nature of their role, they have played an important and valuable role, committing significant resources over a long period of time to help New Zealanders stay safe. I'll now pass over to Dr Bloomfield.

Dr Ashley Bloomfield: Thank you, Deputy Prime Minister. Kia ora koutou katoa. So today there are 20 new community cases to report. All are in the Auckland region. It takes our total number of cases associated with the current outbreak to 801. Of those, 79 cases are now deemed to have recovered, so our total number of active cases is 722. The ongoing fall in numbers is proving that alert level 4 in Auckland and our public health measures are rapidly slowing the spread of the virus; however, it is not through yet, and we need to remain extra vigilant.

Ongoing investigations by Auckland regional public health has resulted in the total number of unlinked cases—those that aren't either epidemiologically linked or who are not known contacts of existing cases—has fallen from 58 last Sunday to just 30 today, and that work is continuing, and the number is expected to fall over coming days. Analysis of yesterday's 20 cases that we announced showed that 75 percent were contacts of known cases and 55 percent were household contacts who were already isolating. Six people from that number yesterday—that is 30 percent—were potentially infectious in the community, but with just six exposure events, and none were in essential worker workplaces.

The seriousness of COVID-19 infection remains visible, with 38 cases in hospital today across the Auckland hospital network. Of these, six are in ICU or in a high-dependency unit,

and four of these patients currently require ventilation. Our thoughts remain with these individuals who are unwell and, indeed, with their families at what is a stressful time. Sadly, as we reported yesterday in our media release, we reported on the death in North Shore Hospital on Friday of a woman who was a confirmed case of COVID-19. I would again like to just personally express my condolences to this woman's loved ones and whānau, and endorse their message—in their words, “This is real.”—and their recommendation of the importance of following public health advice. Lockdowns, following the rules, and stopping the spread are critically important to all of us to prevent harm, in particular to those most vulnerable in our community.

On contact tracing, as of 9 a.m. this morning we had 38,120 individuals in our system. That's roughly one in 130 New Zealanders, emphasising the very precautionary approach we are taking to this Delta variant. I want to thank every single one of those people who are supporting the response in this way. I know it is inconvenient, but it is incredibly important for our efforts. Of the very close contacts, which numbers over 1,000, 99 percent have been followed up by our contact tracers, and around 90 percent of all of those more than 38,000 contacts have had a test in our system. Public health units around the country are actively following up people in their areas who have outstanding test results.

On waste-water testing, there are no unexpected detections to report from the ongoing testing by ESR. Samples collected on Thursday from across Auckland, and recent samples from Wellington's Moa Point, did detect positive results. Again, this is not unexpected. COVID-19 was also detected in a sample taken in Rotorua on Thursday. However, this was deemed expected, as there is a known case with a low Ct value in the managed isolation and quarantine facility in that area, and further follow-up sampling is under way.

An update on movement of staff to support our Auckland region hospitals: district health boards nationwide are continuing to support their colleagues, and I want to thank everyone involved in this process, not just the staff who are going but their colleagues who are providing back-up support in their home DHBs—nurses, healthcare assistants, other clinicians who have offered their help as well. Five travel to Auckland today to start tomorrow, and a further four are travelling up on Tuesday to start on Wednesday. Those staff will all be supporting our efforts in the now three quarantine facilities there are there.

On the testing front, 9,232 tests processed yesterday, and the seven-day rolling average is around 15,000 tests. I would like to stress the importance of sustaining good levels of testing to help give us further confidence that we are finding any cases of COVID-19 out there. The group that is most important to get tested is anyone with any symptoms that could be COVID-19. Please, don't just put this down to a cold or decide for yourself it is something minor; please do get a test. So saying, two weeks of alert level 4 across the country has led to a much lower rate of all coughs and colds across the country because the spread was stopped. So we have got many less people with symptoms in the community, but it is imperative that anyone with symptoms, especially in Tāmaki-makaurau, does get tested.

I would like to give a shout-out to all our people currently who are in our quarantine facilities as part of the current outbreak. I want to recognise the sacrifice, inconvenience, and commitment they are making to keep themselves, their whānau, and, indeed, the whole country safe. My colleagues in MBIE have reported they are being responsive to some of the concerns raised by those who are now in quarantine facilities, and additional staffing has been arranged to help allow greater access to outside for fresh air and supervised time outside.

On the vaccine roll-out, this continues at pace, with more than 77,000 vaccinations administered yesterday. I just want to touch on a new study published on Friday by the US-based Centers for Disease Control and Prevention (CDC) showing just how important high vaccination rates are for protecting our children, who cannot themselves yet be vaccinated. This study shows emphatically that US states with higher vaccination rates had fewer hospital admissions in younger children than states with lower vaccination rates. We know

that severe illness from COVID-19 can, and does, occur in children and adolescents, although the disease is often milder. The study from the US shows the impact of COVID-19 vaccination in the wider population has a strong impact on hospitalisation rates in young people. The CDC's key message here, from the study, is clear: broad, community-wide vaccination of all eligible people is critical to helping protect children from both infection with, and severe illness from, COVID-19—a timely reminder on Father's Day. We have well over 1.9 million future bookings in bookmyvaccine.nz. If one of those is not yours, now is the time to do so, either by jumping online or ringing the special Healthline number.

And finally, just an update on the status of the people who were injured in the terrorist attack at Lynn mall. The latest is that we have three people in Auckland City Hospital. All are in ICU in a critical but stable condition. One other person in Auckland City Hospital remains stable. The person who was in Middlemore Hospital was discharged yesterday—that is, Saturday—and is now recovering at home, and the patient status reports will continue to be provided by Police as part of their updates on the immediate response to the attack. Thank you, and back to you, DPM.

Hon Grant Robertson: Thank you very much, Dr Bloomfield. I'll shortly do questions on COVID, and we'll exhaust all of those and then let Dr Bloomfield get on with his day, and then I'll take questions on any other matters that you might have, including the terrorist attack.

As you can hear from Dr Bloomfield's update, we are heading in the right direction when it comes to getting control of this outbreak, but the job is not over yet. As we saw with our first case, it takes only one person to have the virus and silently transmit it over the course of a week for Delta to get out of control. This is why we want to see testing numbers in Auckland increase. We need to make sure that we've got the confidence that the 20 cases that are reported today, for example, are the only 20 cases out there, and that people aren't going about their lives at level 4 with Delta undetected. I could draw your attention to the state of Victoria, which also had their cases come down significantly, but then relaxed restrictions and are now reporting hundreds of cases a day. We've got to do this once, and we've got to do it right.

So if you are a contact of a case, you need to be isolating, and you also need to be getting the day five and day 12 tests as you are directed. If you've got cold or flu symptoms anywhere in New Zealand, please get tested. Even a runny nose or aches and pains—we'd like you to get a test. It is a small inconvenience to give us all the confidence that we're managing the outbreak down. I'm sure that there's no one in Auckland who wants to stay in level 4 for any longer than necessary, and neither does anyone outside Auckland want to see that continue. With Delta, though, there's no room for complacency. So, please, stick to your bubble, stay under the one roof—and that means no going and visiting your family and friends—isolate if you're a contact, and get a test if you're sick. Let's double down, and let's get the job done.

Media: How concerned are you about those testing numbers? Because 9,000 is well below the average and then well, well below what we were getting at the beginning.

Hon Grant Robertson: I'll pass over to Dr Bloomfield in a moment. The first thing I would say is the weekends always tend to represent lower numbers of tests, and the daily average across the week, as Dr Bloomfield said, is somewhat higher than that. But we must see testing rates stay up, and so this is why there is a comprehensive plan of testing that will be rolled out over the next couple of weeks in Auckland. It includes not only testing of contacts but also testing, as we mentioned last week, around people who are moving across boundaries. Also making sure that all of our essential workers, all of our MIQ staff, are all being tested regularly, as we know they need to be. But, Dr Bloomfield, do you want to add to that?

Dr Ashley Bloomfield: Yes, couple of comments. First of all, there were several thousand community swabs taken yesterday, which is good, and I did point to the fact that actually we have got many less people with symptoms in the community, just as a result of the lockdown. What I would say also is that the Auckland regional public health has done a very good analysis of the testing over the period of the outbreak since we went into lockdown,

which shows, actually, over 20 percent of the Auckland population has been tested, and in the areas, the geographical areas, and in the populations where we want high testing, it is even higher than that, which is very good. It's just important that, over this next week, we achieve two things: first of all, we absolutely are confident that there are no undetected cases out in the community, and the best way to find that is for anyone symptomatic to get tested. The second is that we will be wanting to prevent any leakage, as it were, out of Auckland, across the boundary—whatever that boundary might be—and hence some thought we've gone in to, and that will be discussed with the transport industry and other employers about the testing of people who are crossing that boundary.

Media: What's happening with the Pfizer vaccine to get more doses in? Are we going to get more so that we don't have to slow down?

Hon Grant Robertson: Yeah, so that work carries on, and we're feeling very positive about it. You'll understand, as I've said here before, that these are sensitive negotiations, but we continue with them and we have a very positive outlook that we will be able to keep this momentum of testing up, and just to reiterate the point again, that the very worst case scenario is going back to the original plan. But, of course, we want to build on the momentum that we've got. As soon as there is anything to say about that, we will say it.

Media: When will we know when your positive outlook will actually translate into vaccines?

Hon Grant Robertson: As soon as we're in a position to say so.

Media: Dr Bloomfield, two days of 20 cases. Have we now flattened the curve?

Dr Ashley Bloomfield: Look, it's really clear we're heading in the right direction, but I just want to emphasise something that the Deputy Prime Minister said: we want to be sure that those are the only 20 cases out there. I think the other thing that is reassuring is not so much the number but where we are finding those cases and the fact that there are very few additional exposure events. The important thing is now we can't let even one case slip the net here, because Delta is so transmissible, and that's why this next week is going to be critical to keep testing rates up and for people just to dig in and abide by those alert level 4 restrictions.

Media: It's impressive, isn't it, how sensitive that waste-water testing is, given it picked up that one case in Rotorua. If we manage to curtail this outbreak, do you want to see daily waste-water testing in every catchment in New Zealand?

Dr Ashley Bloomfield: Well, of course, we, though the last three to six months, have increased the number of places that have been having waste-water testing done, and so we'll be looking at that as part of our ongoing surveillance, yes. It's only a complement, though, to—the most important surveillance testing is people who have got symptoms. Even when we're out the other side of this outbreak, people with symptoms need to get tested.

Hon Grant Robertson: Bear in mind it is a bit of a lag in the indicator, waste-water testing, so we do need to get in front of it as much as possible.

Media: You mentioned testing at the border as part of that step up. What is the plan for this coming week, and will that be a requirement on people in the very near future?

Hon Grant Robertson: So those discussions are happening now with the transport industry. We do want to put that on to a more systematic footing. I don't have a decision today about a requirement per se, but we are working closely with those businesses. I would say that for a number of them, they're welcoming this idea. They're very keen to be able to give themselves the sense of security, let alone everybody else, and so that work will go on.

Media: Is that something Cabinet would look at tomorrow, for example, if that is part of the plan?

Hon Grant Robertson: If it needs to be put into a health order, of course Cabinet would look at it. Dr Bloomfield?

Dr Ashley Bloomfield: Yes, two comments there. First of all, it's not so much testing at the border but surveillance testing of people crossing the border, just as we do with our people working at the border at ports and airports. The second is, yes, we're looking at implementing that, but, of course—or we've put advice up about how that would be implemented, and it would be a measure that is as part of our control of this outbreak. So it's not a for ever thing. I think I'd need to be important about that.

Media: So people might get tested once a week, for example, and then have proof of that when they cross?

Hon Grant Robertson: Yeah, that's right, and I do think it's a good point Dr Bloomfield makes that we're not suggesting that you'd be stopping at the boundary to be tested, because that would create a level of congestion that would not be helpful to anybody.

Media: And also ICU—as a result of the weekend's terror attack, did any COVID patients have to be moved out, for example, to HDU, and then, more generally, how much more pressure does that put on those hospitals already dealing with COVID?

Dr Ashley Bloomfield: So no COVID patients had to be moved out of intensive care—a relatively small number we have in there. We're monitoring both hospital occupancy and ICU occupancy around the country on a daily basis, and all three Auckland hospitals have got capacity in their intensive care units at the moment.

Media: Knowing that we may have to slow down these vaccinations, would you encourage Māori health providers to set aside vaccinations for Māori only—stop vaccinating everyone and just focus in on the Māori population?

Hon Grant Robertson: Look, I know that those Māori health providers are doing a fantastic job in reaching Māori populations, and obviously that's the community and the population that those providers know best, and they will be continuing to reach out into those communities to bring people through. Where we've got marae-based vaccination centres, there will be a range of different people booked in there. I'm sure all centres will follow through on the bookings. But the reason why we're working so closely with Māori providers is to ensure that we reach Māori populations. Dr Bloomfield, did you have anything to add to that?

Dr Ashley Bloomfield: So our aim is, and especially in Auckland, is to maintain the vaccination rates, the high rates we're getting at the moment, and we have seen the rates of vaccination of Māori and Pasifika increase over this last few weeks, which is great, and we know our Māori providers have, right from the start, not discriminated on anyone. So anyone coming in they have vaccinated. But I also know that they have got specific initiatives aimed at ensuring that the Māori populations that are part of their iwi or that they are serving are vaccinated.

Media: For instance, though, there was, like, a day where Waipareira vaccinated around 2,000 people, but only around 5 percent of them were Māori. Is that concerning? We want those Māori numbers to boost up, so shouldn't we just save those vaccines for the Māori?

Hon Grant Robertson: Of course we want to see those numbers boosted, and that was the point I was making is that the partnerships that have been developed between the Ministry of Health, district health boards, and those Māori and iwi providers is aimed at lifting the rate of vaccination of Māori, and so of course we want that. But a number of those centres are offering that; that's a service the community values greatly. Decisions about the way that they go out and communicate are for them, in consultation with the Ministry of Health.

Media: And just on the resourcing of it, we were told by a Māori health provider up in Northland that they had to go on a four-wheel drive trek and then hike to get to some kuia and kaumātua to vaccinate them, after sitting with them for almost an hour to help them with the health literacy around it. What kind of supports are in place for them?

Hon Grant Robertson: Yeah, look, and firstly can I say that that is a fantastic effort by that group. These are the additional resources that the Government provided in recent weeks is to be able to support people to go out and do that work. Across New Zealand, we have

been trying to get into isolated communities, and we know that—particularly in Tai Tokerau—that will be best done by those Māori providers. So that is the resourcing that we've given to them is to enable them to do that.

Media: How useful is pre-departure testing as a protection at the border? And I'm interested in both of your perspectives on that.

Hon Grant Robertson: Dr Bloomfield, I'll hand to you.

Dr Ashley Bloomfield: Yes, that's something we're looking at and it definitely has got value in this instance where we know there is an outbreak in Auckland, and so what we're trying to do is identify or prevent anyone who may be infected from going across the border, and even if they're only being tested—for example, surveillance testing once a week—if we find a positive result we can act much more quickly. The key to control is—

Media: Sorry, wrong border.

Hon Grant Robertson: I was going to say, this is my “boundary” versus “border” issue.

Dr Ashley Bloomfield: OK, OK, sorry. Yep.

Hon Grant Robertson: You're talking about the international borders.

Dr Ashley Bloomfield: Yeah, look, it's difficult to assess because we don't know exactly how many people are prevented from travelling because of a positive pre-departure test. But we did see, when it was introduced, a reduction in people who were getting identified at that day zero/day one test. And so there's no doubt that it is an important part of the suite of testing and other measures to help prevent cases coming into the country and out into the community.

Hon Grant Robertson: Yeah, and Jo, what I'd say is that no pre-departure testing system will be 100 percent foolproof, for example because it is still possible for somebody to catch the virus in transit and as they move through the process to come in. And so we have to accept that there will, from time to time, be cases as a result of that. We are strict about, you know, it being a verified testing place that you get your test from, and so we have that check and balance in place. It remains a part of what we do, and as we look to the future, in terms of when we move to a position where border restrictions are reduced, as per the plan we announced a few weeks back, clearly pre-departure testing would sit alongside, potentially, other measures that we might do in and around the border, including things like vaccination status and so on. So it would be part of that, but no one is saying we're relying upon it.

Media: What are some of the key considerations for Cabinet's alert level decision tomorrow, and is it possible for one area of the country to be in total lockdown and then other regions at level 2? Is that a possibility?

Hon Grant Robertson: Yeah, so the first thing to say there is we'll use the most up-to-date information, so Dr Bloomfield provides that advice to us literally in the Cabinet meeting so that we've got the very, very latest advice. We'll continue to look for the things that we've looked for all the way through, so that is where cases are, where we've got information about testing rates, where we've got information about waste-water testing rates, and making sure that we've got the very best and most up-to-date information. In addition, as you're pointing out, we also have to be considering the different statuses we now have in New Zealand, different alert level statuses we now have in New Zealand. That will be part of Dr Bloomfield's advice, as well. I recall him saying—and I'll let him speak for himself, too—here that if we were to see places go in to level 2 he would be considering whether there needed to be any tweaks to level 2. All of that is advice that is still to come to the Government, and so we're not going to pre-empt that. Cabinet will consider it and then make our announcements tomorrow. But Dr Bloomfield, do you want to add to that?

Dr Ashley Bloomfield: Two comments quickly: the first is the team is working on this advice this afternoon, and, in fact, it started yesterday, went into last evening, and we're

working on it again today. Just as we gave advice around strengthened alert level 3 arrangements, we have come up with some additional advice around strengthened alert level 2 arrangements. Also, just, you know, really a part of that is in many respects if there was to be—and it's feasible, it's possible—an alert level 4 - 2 boundary, arguably that boundary should be even tighter than it is under an alert level 4 - 3 boundary. So we're just working through what that might mean in terms of putting it into operation.

Media: Dr Bloomfield, you made changes to viewings in funeral homes. Will you consider further changes that would allow families to be socially distanced at a gravesite?

Dr Ashley Bloomfield: If that request was made to us, we would certainly look at it, just as we did with the earlier request.

Media: I know that funeral directors are pushing for that because there's this inconsistency where under level 4 strangers could be socially distanced in a supermarket queue and they could be socially distanced on the waterfront but they can't be socially distanced at a burial outdoors at a cemetery.

Dr Ashley Bloomfield: Indeed. One of the comments I would make, and I know the Prime Minister's made it before, is that funerals and tangihanga tend to be places where people like to comfort each other. So that's a very important consideration here, where it may be more difficult for a whole lot of reasons for people to maintain physical distancing. But, of course, we'll continue to keep talking with the funeral director groups. If a request comes through we'll assess that on its merits.

Media: Would you support the arrest of grieving families at a cemetery if they were socially distanced?

Dr Ashley Bloomfield: Well, that's a theoretical question at the moment because I haven't been asked to give any advice or consider that.

Media: But families are doing that. They're going to grave sites. They're socially distancing. It's not allowed, but they're doing it anyway, and they're not doing what you suggested, hugging each other or breaking their bubbles.

Hon Grant Robertson: We'll obviously take into account any situations that are drawn to our attention. Obviously—

Media: I'm drawing it to your attention now.

Hon Grant Robertson: I see you are, but I don't have all the information that you obviously do about it. What I would say is that the rules are clear, as they stand now. But no one's underestimating the sensitivity of this issue. This is—and I've heard the Prime Minister say this before as well—one of the most difficult things about COVID, is managing a situation around funerals, tangihanga, and generally around the emotion that goes with people being ill or passing away. So we'll always look at that sensitively. But as Dr Bloomfield's saying, we have to make sure we're maintaining the public health provisions. So we'll take a look at it, Tova. We don't have anything to definitively say about it today.

Media: When was the last time in Wellington a person with COVID-19 was in the community, so not isolated in their house, because the last few have been just isolating, haven't they?

Hon Grant Robertson: I have a date of about 24 August in my mind, maybe slightly earlier.

Dr Ashley Bloomfield: Yes. It could be even earlier than that. I think 20 August was the last time that any one of the cases, or contacts who subsequently became a case, was active in the community.

Media: So knowing that, how confident should Wellingtonians be about restrictions changing tomorrow?

Hon Grant Robertson: Well, I mean, obviously that's a decision that we will look at tomorrow. We bear in mind a number of different factors when we're going through this, and that includes, as I said before, the status of cases, testing, waste water—all of those matters, and so we'll make those decisions tomorrow. I think we should give Dr Bloomfield the ability to be able to give us his advice in the manner he normally does.

Media: Have South Island businesses and mayors just had you on speed dial over the last few days trying to get down to level 2, Grant?

Hon Grant Robertson: Oh, look, I've heard from a lot of people. You know that I originally come from down there so I've heard from a lot of people about how they're feeling down there. I think the South Island knows that it's helping to contribute to New Zealand's overall ability to stamp out this outbreak. Obviously, of course, they're all wanting to see life return down, ultimately to level 1, and to be able to get back where we were. But we've all got a job to do here, and we'll consider the advice that Dr Bloomfield give us, and then make our decisions from there.

Media: Just on testing, you've spoken about a ramp-up this week. Can you give us a number or a target of how many tests you need to see for Auckland to move down a level? And then also, Deputy Prime Minister, AOG remains, sort of, the largest cluster affected in this outbreak. What is being done to support them, and has there been any consideration for setting up vaccination centres in churches?

Hon Grant Robertson: I'll do the second one and then pass back over to Dr Bloomfield. We've put a significant amount of effort in supporting people who are in the largest cluster. We know that this has been something which is a tightknit community, it's a faith community, and so, therefore, they spend a significant amount of time with each other. We've recognised that there is—because it is a largely Pasifika community, that we need the resources of our Pacific health and community providers there. I've mentioned before when I've been here organisations like South Seas and The Cause Collective, Pasifika Futures, the Pasifika Whānau Ora provider, are now all actively engaged with that cluster of people, and, indeed, with all of those who they can provide the best possible support to. You would've heard Minister Sio's announcement late last week of an additional \$26 million for Pasifika organisations to be able to provide both healthcare support but also wider support as well.

Media: And on vaccinations?

Hon Grant Robertson: Oh, and, sorry, yeah, there are already a number of vaccination centres that have been developed in those communities in those areas. I don't have any knowledge of whether there's a specific one around AOG, but I can find out for you.

Dr Ashley Bloomfield: Certainly, there have been church-based vaccination initiatives right through the last few months as part of that roll-out there. In terms of the number of tests across Tāmaki-makau-rau, we're estimating we would like around 7,000 tests a day, and the key thing here is, because, of course, there are very much fewer locations of interest, there won't be people being tested from that source. We've got fewer people with symptoms, but we really want everyone with symptoms, and then we will also have these other groups that we will be working with, including those crossing boundaries, higher-risk essential worker workplaces—that is, the sorts of workplaces where we have seen transmission already to date; we aren't seeing any at the moment—and also, of course, our workers in quarantine facilities and those in our hospitals who are caring for people with COVID-19. Those are the groups we'll want to be seeing tested.

Hon Grant Robertson: We'll just take the last couple on COVID before we move on.

Media: Dr Bloomfield, there's been some suggestion that perhaps there could be, essentially, slightly different versions of level 2 depending on where in the country you are, should they go down to level 2. Is that in your sort of thinking, or is it easier to use, essentially, the current alert levels that are in place and then just apply them across the board depending on who's in what level?

Dr Ashley Bloomfield: Well, we've given advice on ways to strengthen alert level 2, for example—it won't be any surprise—use of masks, of course. But alert level 2 is alert level 2, and it would apply everywhere, would be our advice, because part of the value of the alert level framework is the simplicity and consistency of messaging.

Hon Grant Robertson: Yeah, where there have been tweaks in the past, we've tried to keep them as small as possible so that people stay well aware of what they need to do. But all of those decisions will be tomorrow.

Media: Dr Bloomfield, one of the bits of feedback that we got from the Ngāpuhi hauora was that they spent a lot of time—because kaumātua and kuia could only speak Māori at a level of literacy where they could, kind of, converse and talk about a vaccination. Does the Ministry of Health have any resources or anything to roll out to health professionals so that kaumātua and kuia who speak Māori can understand what it's all about?

Dr Ashley Bloomfield: Well, certainly, we've had a number of the key resources translated into Māori, and, of course, that is part of it, but a big part of it is exactly what you've described: it's those providers that have that cultural and te reo competence actually moving out into these communities and talking with them. And, as the Deputy Prime Minister said, that's why we are looking to make sure they have the funding and resources available to allow them to do that more intensive sort of interaction, so that these communities will be vaccinated. So it's just great to see it's happening.

Hon Grant Robertson: Thank you very much, Dr Bloomfield. Happy Father's Day, and enjoy the rest of your day.

Media: Minister, what can you tell us about these claims from the terrorist's mother that her son was radicalised by neighbours from Iraq and Syria?

Hon Grant Robertson: So we don't have any evidence to support that claim. You'll be aware that the reason that the terrorist came to the attention of authorities was his online activity. That's been the main focus of interest in him, and I do want to reiterate we are not looking for anybody else in this situation. This is an individual, a lone attack, and you heard that from Commissioner Coster yesterday.

Media: Are you satisfied that the Government did everything it could to try and deport him, and why was that process so slow moving?

Hon Grant Robertson: The answer to the question is yes. At every opportunity, we have been looking for ways to deport this individual. In the very first briefing that the Prime Minister is aware of getting, in May 2018, she raised the issue of deportation. Deportation is a long process generally. We have to bear in mind we're talking here about a person who had refugee status, and while you are aware that there's a process that went on about revoking that, we still have to go through the processes. The Government is not above the law, and we needed to go through that. And so, yes, I know on the surface when you read it, it's a very long time frame, but that is the nature of these kinds of claims. This is a very litigious area and it's one where the Government needs to move carefully, because the consequences of getting it wrong are extremely high.

Media: Is there scope for changing the either deportation and immigration laws in the terror context, in that case, as we've seen other laws that move beyond for a national security or a situation where there's such a high-risk profile?

Hon Grant Robertson: Yeah, look, obviously we are continuing to review the immigration law alongside the terrorism suppression law that's been done. And I'm sure, if there are ways that we can improve it, we will, but we also have to bear in mind that, throughout the large part of this period, the terrorist was actually in prison, and therefore the deportation process stopped until that had changed. If we were to change that, that is a very significant move and would need quite a lot of consideration. So we have, at every turn, gone to every part of the law. No stone was left unturned. Now that we're in the position we're in now, of course we will continue to look at potential law changes.

Media: And will the situation give you a rethink about the 2019 control orders, because, at the moment, you cannot detain someone when they arrive—again, despite their risk profile—and you would be able to carry out surveillance and impose certain requirements. Does this situation expose a flaw there, where someone of high risk cannot be taken into custody on arrival?

Hon Grant Robertson: Well, bear in mind that, on arrival in New Zealand, those were not concerns being raised about this individual. So this individual came in initially on a student visa and then eventually applied for asylum and got refugee status. So, in this particular instance, that's not the issue, per se. What I would say is that we will comprehensively look at all of our laws to make sure that they are keeping New Zealanders safe.

Media: I'm talking about future arrivals, clearly. People arriving with a risk profile—

Hon Grant Robertson: I understand that, and I'm saying to you we will always—

Media: —so is that law enough, as it is now, with the ability to change it for the future, as opposed to for a situation that's happened—

Hon Grant Robertson: As I say, we will continue to look at the full regime that we have in place to ensure that it is fit for purpose. I'm not going to venture a full legislative opinion on that today.

Media: Can you explain why Immigration New Zealand wanted to revoke the refugee status and what that fraudulent material was?

Hon Grant Robertson: My understanding is that in the process of investigation into the terrorist, it was discovered that some of the documents that he had used in order to get his refugee status looked to have been fabricated. And so it was on that basis that Immigration New Zealand began to look into his refugee status. There is quite a—and this is picking up Tova's point—there is quite a drawn-out process that then occurs: that Immigration New Zealand initially needs to declare to the person that they are going to revoke their refugee status; there is a back-and-forth on information on that; and, as you will have seen from the time line, then Immigration New Zealand, at the end of that, decided that they did believe they could do that. We do have appeal processes in our system, and the terrorist undertook one of those appeals.

Media: What part of or which document was fabricated? Was it around the torture and kidnapping, or was it around another piece? Can you just be more specific?

Hon Grant Robertson: Yeah, look, I don't have that information with me. I'm aware that it was the documents that were used in the process of the application.

Media: Why was it only that the documents—why was it only picked up that the documents were fabricated after the fact?

Hon Grant Robertson: Well, that can potentially be the case in any manner of circumstances.

Media: Shouldn't we be vigilant at that early stage in the process?

Hon Grant Robertson: Well, I can assure you that every single application for refugee status in New Zealand is studied very closely. A number of us, including me as an MP, have supported people to get refugee status in New Zealand, and I can assure you, you have to provide documentation, and then that documentation is assessed. It was only later on, after the fact, when investigating further into this person and being able to see the documents that were used, that there were concerns that they weren't used properly. I'm sure we can get more information as we go through this and review the situation on exactly what those documents were.

Media: One of the issues that was raised was that Immigration New Zealand wasn't able to detain the man while the appeal process was going on. Is that something you will look to

change in the law, or—because they are a protected person. Where do you fall on the balance of that?

Hon Grant Robertson: It is a very challenging area. I mean, firstly, what's clear from the work that's been done and the opinions and so on from Crown Law is that a person cannot be detained under the Immigration Act for anything other than deportation. And so, when a case is in process, it is not possible to be able to do that. Quite clearly, again, we've got to make sure that we're balancing the very important need for New Zealanders' safety here alongside a robust legal process. Becoming a refugee is something that takes a significant amount of work and effort. It is based on concerns about that person's safety and that person's ability to be able to live where they come from. So those are very significant considerations. But, as I said in my earlier answer, we are looking at the full sweep of the Immigration Act, what the powers are that are within that.

Media: Can you be clearer as to why that appeal into his deportation had to be delayed while he was in prison?

Hon Grant Robertson: Sure. So that's because there were a variety of criminal charges that were still live, and while those criminal charges are still live they can have a bearing upon whether or not a person would be deported. So the order of events here has to be to deal with those charges. While the terrorist was in prison, they were largely in prison on remand rather than in prison as a result of convictions, and so throughout this period of time there were live legal processes that had a bearing on whether or not someone would be deported. Therefore, the order had to be that way round.

Media: It does sound like a missing element from this story is the man's mental health. The judgment makes it very clear that he was struggling with this, his family makes it very clear he was struggling with this. We haven't heard that mentioned in briefings. Do you think that the Government needs to—do you think the support given to the man to try and get better was absent?

Hon Grant Robertson: I don't have evidence to point to that. Clearly, at various points there have been engagement with the terrorist around issues to do with his psychological state, be that through the latter part with Corrections or earlier on. As you know, the Prime Minister said yesterday one of the issues she considered was whether or not there was an ability to use mental health provisions to be able to have a form of detention. That didn't play out to be possible. So I think there were attempts throughout this process for those issues to be dealt with, and unfortunately none of those attempts were able to change the state of mind of an individual with his ideology.

Media: When he was released from prison, he was essentially given to the mosque to say, "Please supervise him." What support did the mosque have to support him?

Hon Grant Robertson: I don't think it's quite fair to say that he was just given to the mosque. There were a series of conditions around his time that he was spending in the community. So it wasn't just that he was handed over and everyone forgot about him. All of the services that you would expect to be involved in somebody who has left prison were in place, and in addition to that the significant surveillance, with the follow-up that happens with the probation service and others.

Media: He was arrested at some point, in the belief that he was heading off to Syria. Can you explain what international obligations were in place that made it the expectation that New Zealand would not just let him get on a plane and leave the country? And also, have you looked at Australia in terms of some of the things—like they can allow—someone who's served their sentence can still be kept, if they're considered a terrorist risk, in jail, and some of the citizenship and deportation laws?

Hon Grant Robertson: On the latter point, as I say, we continue to look at all of the legal background to this. I'm not going to say that that's something we've actively pursued, but as we review the case and we look at the strength of our laws, we will look at the options that are available. In terms of his trip to Syria, we have obligations under international law

and under UN resolutions—I believe UN Resolution 2178 and 2396 are both relevant in this case. They are about making sure that we uphold our duties as international citizens when it comes to whether or not we believe somebody is a danger and a risk, and that we must make sure that we are part of the international community. Now, that comes with, for all of us, for all countries, a certain set of—sometimes uncomfortable—obligations. But they are the obligations that we have. I would also note that, at the time that occurred, he was a permanent resident, and also, whilst there were a range of concerns and issues, there weren't any convictions or things that would have led to a sufficient level of risk being met to try to go beyond those conventions.

Media: Do you know if he visited Sri Lanka since first arriving in New Zealand?

Hon Grant Robertson: I don't believe so, and I don't have any information, but I will check that for you.

Media: Just a couple of supps off Jane and Ben's questions, in terms of Jane's and the foreign fighters stuff, I mean, can you see how, I guess, the public would look at it and say, you had really clear-cut legislation around the foreign fighters, legislation that meant he was stopped at the airport, yet there was no clear-cut legislation around a person who was under 24-hour surveillance, and how you could have gaps in things where the one where it's not clear-cut, around him being in New Zealand, put New Zealanders at risk?

Hon Grant Robertson: No, I don't accept that that in itself was an issue in this particular case. Whether or not we have the full legal framework that enables us to be able to have, you know—to be absolutely sure that in the future something like this wouldn't happen again—that's the very reason why we now go back and review those laws. But I think what you've got here is a situation where the Government at every turn sought a remedy to this, and at every turn we found that we weren't able to. That means we've got to go back and take a look, but we tried every potential legal avenue to run this down.

Media: Because the counter is to that is that you had better legislation to keep him here—and put New Zealanders at risk—than you had to get rid of him and keep New Zealanders at risk.

Hon Grant Robertson: Yeah, as I said, and I don't necessarily accept that. I think that, obviously, we had some—well, we had some international obligations, but we're also looking at this now from this position today, in 2021, rather than the position that we were in in 2017, as well. So we do have to make sure that we're not telescoping those two bits of history together, but my point being, this is why we now review the overall legal framework to make sure that we put ourselves in the strongest possible position to not have this ever happen again.

Media: And just a quick supp off Ben's question, please, to follow, just in terms of the fact that you—he was knowingly dangerous, he was under 24-hour surveillance, and there were restrictions on him in terms of devices and bits and pieces—what thinking was given to limiting public places like supermarkets—like visitation stuff? What consideration was given to them?

Hon Grant Robertson: Well, bear in mind they're decisions for the court. So it was a court order that put him back out into the community. The question around surveillance was because that is the Police and their powers that they could do that, but the conditions upon someone being released into the community are put in place by the court, not by the Government.

Media: There's no crossover there at all where the Police can say, "We're going to have to surveil this guy 24 hours a day. Can you not limit him going out into the public?"

Hon Grant Robertson: Again, they are provisions put on the court. Our movements and our freedoms of movement in New Zealand are not ones that we can curtail in individual cases like that.

Media: What contact have New Zealand authorities had with the terrorist's family since this? What's the nature of that contact, and should we expect that as part of any ongoing investigation or review that they will be extensively questioned, should they put themselves up for that?

Hon Grant Robertson: On the very last point there, obviously the investigations that we have with the Police and with the coroner are for the Police and the coroner to make their decisions about that, and any other future investigation or review that may occur could, of course, make contact with the family, but no decision's been made about that. I'm not aware of any contact between the Government per se and the family, other than there are courts who we know let the family know, and we had that 24-hour period there because the court had been involved. From a Government perspective, I'm not aware of any contact with the family.

Media: Who was it who notified his next of kin, if you like, of his death?

Hon Grant Robertson: As far as I'm—I actually don't know the answer to that. I do know that, obviously, the court went to the family because the suppression orders were about to be lifted, and that would have been done via their lawyer, I'm sure, or the terrorist's lawyer. Beyond that, I don't know that there would be a particular contact from next of kin. If it did happen, it would be the Police, because that is their normal job.

Media: Beyond the IPCA and the coroner, what potential investigation or wider inquiry are you considering, and, again, is that something you'll look at in Cabinet tomorrow?

Hon Grant Robertson: That is something that Cabinet will consider tomorrow. Obviously, we're in early days here. There is already those two reviews under way, and we'll take a look and see whether there's more value in further investigations. It's really important that people know that the work around the Terrorism Suppression Act, the Immigration Act—that's already under way, and so that work will continue.

Media: Well, we had a royal commission of inquiry, obviously, after the mosque attacks. Is that the scope that you would be looking at, from, for example, a ministerial or judge-led inquiry right through to the royal commission?

Hon Grant Robertson: Well, as I say, there's a range of different reviews that are possible here, and, you know, any discussions or decisions about that are for the future.

Media: On conversion therapy, the submissions for that close soon. How are you feeling ahead of that in terms of where we're at and how the process is going? What's your take on it?

Hon Grant Robertson: Oh, I think, you know, this is the important part of any piece of legislation where the public get to have their say. We know that there's a lot of interest in this particular issue, and so it's in the hands of the select committee. This is the bit where the Government hands it over to Parliament, and I'm looking forward to hearing those submissions. As we said in the first reading, we're open to listening to those submissions, but clearly the Government has put this legislation forward because we believe there's an issue here that needs to be remedied.

Media: Are you quickly able just to explain why you weren't able to detain and commit the man after he was released from jail under the mental health Act? You mentioned that that was not possible, but can you just explain why you couldn't do that?

Hon Grant Robertson: Well, I don't believe that there was any evidence or justification that had been presented for that. The Prime Minister, when she mentioned—I was referring to when the Prime Minister had mentioned that much earlier in the process as to whether there were—but, again, those matters were ones that the court will have dealt with, and the court would have been the place where a decision to do that occurred, and that simply was not part of that process.

Media: Back on funerals and tangihanga under alert levels, I was talking about level 4 before, but under level 3 you can have 10 people at a funeral. Often, a lot of those places are taken by a member of the community, a funeral director, a videographer, a sound person, or whatever. Funeral directors want those 10 places to be for mourners. Can you at least make that change, 10 mourners plus whoever needs to be there?

Hon Grant Robertson: As Dr Bloomfield said, if proposals are put forward, they're always considered. But, as we've noted, this is the toughest of all areas. You know, we're doing really well with COVID at the moment, where level 4 is working; level 3 is working. We want to pursue that and finish the job, and some of these restrictions, which are awful for people to go through, are helping us make that progress. So of course we'll consider any proposals that are put up, but, unfortunately, in order to do this job well, we have to do it with very strict restrictions.

Media: The Prime Minister has pledged to pass the counter-terrorism laws by the end of the month. Are they ready, and is that a knee-jerk reaction to this?

Hon Grant Robertson: They will be ready. Firstly, the select committee has to finish its job, and it will need a little bit of time to do that. It was getting towards the end of its process anyway. Then it's a matter of it returning to Parliament. When it returns to Parliament, we debate clauses through the committee of the whole House, and then we have the third—or we have the second reading, committee of the whole House, and the third reading. We want to expedite that process, but we also want to make sure we get the law right. There's a number of weeks to go in September.

Media: Can I just go back to this fraudulent documentation. You said that upon further investigation, it was found that they were fraudulent, which suggests that the means existed—right?—to find out that they were fraudulent. If the means do exist, why wasn't that found in his initial application? If the means didn't exist, then that might lead to calls for further, sort of—or stricter kind of things. What reassurance can you give to the refugee population who have actually done this properly and might be concerned that kind of increase or higher restrictions will now be upon them?

Hon Grant Robertson: Well, I'm not proposing that, so that's words that you're putting out there. What I'm saying is that there is already a rigorous process. What happened here was that further down the track, a different group of people doing a different investigation obtained some material that indicated to them the likelihood that this looked like it was fraudulent. That then came back into the immigration system and was dealt with and led eventually to the refugee status being revoked. Do we need to make a change to the process? I don't actually have information about the number of situations where this occurs, but what I can absolutely say with certainty, because I have assisted some people in the past applying for those refugee status, is it is a rigorous process. Like any process, if someone sets out to defraud, that does happen from time to time. We see that across all manner of processes, in Government and in the private sector, where people do act fraudulently, and often that is found out by later investigation. That is simply the reality, but we will make sure that we continue to have a robust process there.

Media: Are there any other gaps in the law that have been thrown up by this case or the experience of this case that could be included in the committee stages of the Counter-Terrorism Legislation Bill?

Hon Grant Robertson: I'm not aware of any of that at this point. There is a range of issues within the counter-terrorism legislation, but nobody has drawn anything to my attention that would directly relate to that particular piece of legislation. As I said, obviously, around the Immigration Act, there is ongoing work going on in that area too. Thanks, everyone.

conclusion of press conference