Te Tira Ārai Urutā

Royal Commission of Inquiry into COVID-19 Lessons Learned

Official interview transcript: Rt Hon. Dame Jacinda Ardern (follow-up)

7 October 2025

Present:	Grant Illingworth KC	GI	*Chair of the Inquiry*
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	Anthony Hill	AH	*Commissioner of the Inquiry*
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	Hon. Christopher Finlayson KC	CF	*Counsel for Dame Jacinda*
	Accompanying person	AP	*Accompanying person for Rt. Hon. Dame Jacinda Ardern*

GI	[redacted]. Now just before we kick off, is there anything that you would like to say, or do you have any questions by way of introduction to this second interview?
JA	No. Just good evening everyone. Thank you for your time. I appreciate you accommodating the time zones we've been grappling with over the course of your Inquiry. More than happy to delve into these second sets of issues and I will do my best, the best of my memory and recall to answer them in the most fulsome way that I can. Please feel free to address me as Jacinda, but I recognise that's not within everyone's comfort zone, so I'll leave that up to your own discretion, but please keep in mind that I hold no airs and graces.
GI	Thank you for that. I think it will be easier for us to take advantage of that offer if you don't mind.
JA	Yeah, no problem.
GI	So we'll proceed on that basis. Now just to explain process, the way we will work this interview is that I will ask some questions initially. We'll follow the topics that you've been notified about. We don't expect to be taking anywhere near as long as we took with you last time, because you've covered most issues very comprehensively. There won't be the need to do that, but it will take a little while. After I've asked my questions, I'll ask other

	Commissioners if they have any questions and then we'll also ask Counsel Assisting, Ms Levy KC and Ms Kelly if they have any questions for you. Understood?
JA	Yes, no problem.
GI	Okay, excellent. Alright, so the first topic that we have notified you about is the use of vaccine mandates for education workers and health and disability workers. So we'll start off with the first issue under that heading. So what was the public health advice and rationale for that mandate, starting first with education workers. And perhaps if I ask you a fairly direct question about that, it might help us to get going. We've got a situation where teachers are working with other teachers, so that's understandable that for that reason some teachers would want other teachers to be vaccinated. But the teachers themselves are working with children who may or may not be vaccinated, and you might have a class of 20 kids and half of them might not be vaccinated. So what is the rationale for forcing those teachers – and I'm using the word 'forcing' in a way that may be a bit excessive – but requiring those teachers to be vaccinated when in fact they are dealing with children, at least some of whom, might not be vaccinated.
JA	Thanks for the question to kick us off and look, I think there's two key points that will bring you into the context when we were making that decision. Keeping in mind that the point where we were discussing vaccine mandates, what our mind was on first was, we had a Delta outbreak at the time. So here we were dealing with a very significant iteration of COVID that was taking lives at a significant rate overseas, and India is the example we come back to often because that was where you saw Delta really take hold. The second issue we were dealing with was off the back of particular requirements where people were staying at home in Auckland, there was the psychological issue of trying to get people to return children to school at the point that that would've been the right decision and the health advice, and there was a general anxiety that existed at that time which perhaps you lose that anxiety with hindsight, but at the time there was a general anxiety amongst parent groups around sending children back into group environments, having had the experience of staying at home because of the Delta outbreak. The third I think contextual issue that's really helpful to keep in mind is that when we were thinking about who to apply mandates to, it was very much who is unable to protect themselves through the vaccine and where are our vulnerable populations. And children of course, as you point out, weren't universally able to be, or advised to be vaccinated. So there

	in itself was a group of vulnerable individuals who did not have the option of vaccine as protection, who did have a parent saying 'what are you doing to try and protect our kids given they can't protect themselves at this point', and so that was very much the environment in which those decisions were being made. I remember at the time – I can't give you the specifics of when I was having those conversations – I found the advice of people like Dr Jin Russell very compelling. So in early October she was advocating for schools to reopen, and that of course was our other aspiration. But very much in the frame of alongside staff and those engaging with children being vaccinated. So this was a way for us to try and achieve the goal of reopening safely to deal with the concerns of parents and acknowledge that here was a potentially vulnerable population who otherwise didn't have the option of vaccination. So that was the rationale.
GI	The rationale has a weakness though, doesn't it, because the teacher being vaccinated and some of the children perhaps being vaccinated doesn't provide protection for the vulnerable children who haven't been vaccinated and who are exposed to potential risk from other kids in the class, even if the teacher is vaccinated.
JA	Well there's greater weakness in that argument if 20 percent of your teachers aren't vaccinated. So what we had was an environment where, yes, there were going to be a group who could not be vaccinated. But if that group of unvaccinated children were in an environment where at least the adults were vaccinated, you're reducing down the transmission risk as a result because those children are going back into environments where hopefully they're surrounded by vaccinated adults. So the idea was of course that you're overall trying to create an environment where you're reducing down the opportunity for transmission and community transmission. And again, keep in mind, this was an environment where we had had long periods of lockdown, where children had not been in schools and where we did have a reluctant. We talk about sometimes the lower rates of returning to school and in some cases that was because there were intergenerational households were people were genuinely fearful of sending their children out into an environment where they may pick up COVID. So there was a sense of increased safety – not in an absolute way, but an increased sense of safety if they knew they were sending their child to an environment where they had vaccinated adults.

GI	But you would accept, I think, that there were a number of teachers – I can't quantify that – but a number of teachers who didn't want to be vaccinated and who withdrew from the profession at least temporarily as a result of the mandates.
JA	Yes, I can't dispute that. Of course, yes, I'm aware of that, but the numbers, as far as we're able to quantify, were relatively low. That's not to trivialise the impact of that decision for those individuals, not at all. But of course, in these often binary decisions where the decision is either to have the requirement or not, that does not mean that we have an absolutist view of the impact. Of course we knew that there would be people that would be impacted by that decision. If there was a way to try and prevent that, we would have wanted to find that, but when you're requiring, you're either going to have a requirement in order to try and nullify some of the very legitimate concerns from parents to try and create a safe environment for those children, or you don't. An exemption regime would not have provided, for instance, a large exemption regime would not have provided, minimised the risk, satisfied the public health advice or satisfied the concern of parents.
GI	Sure. But there was a loss to the profession in the sense that some teachers who withdrew during that period of time didn't come back and so there's a loss of an institutional resource in that respect? Trained teachers.
JA	I couldn't quantify that. I've never actually seen the numbers, whether or not they have produced numbers. I would be interested to see that, but I haven't seen any quantifying of that. And that would be disappointing because of course the mandates existed for a period of time – a number of months, but then did not. And so of course my hope would be if anyone wanted to return to the profession that they then would. There was no intention to permanently remove anyone from the education workforce who wished to be there.
GI	I'm sure Commissioners would accept that without hesitation in terms of the intention. It's really a question of the effect. I should say-
JA	It would be interesting for me to know why someone would make that decision if they believed education was where they wanted to be, why they then would make that decision 'cos that might bring us to a wider question that certainly goes well beyond the intention of the vaccine requirement at that time.
GI	What is the broader question?

JA	If someone has made a decision to exit the education system long term, it would be interesting to understand the wider rationale from their perspective, because that might stretch beyond the remit of the decision that we made, or even beyond the remit of this Inquiry.
GI	Certainly. I should make it clear that our job currently is to test some of the propositions being advanced both for and against Government decisions and you should certainly not take it as an attempt to destabilise your position in this interview.
JA	Oh no, not at all. It's just an interesting question if that decision was made long term given that the mandates, as you say, were lifted after a number of months. It's an interesting question. I can't answer it, but it also sounds like we can't quantify it exactly either.
CF	Are these hypothetical questions or is there a basis of fact. Are there materials that could have been put to Dame Jacinda so that she could respond?
GI	I don't think we need to pursue that issue any further. We've had an answer that is probably the best answer that Dame Jacinda can provide and what it leads to is the position that for each individual who left and didn't come back, you would have to examine those individual circumstances. So we're certainly not going to go any further on that issue than what I have just proposed. So turning then to health and disability workers. I guess, there's a similar situation in some ways. Mandating health and disability workers meant that some chose to withdraw, and we have certainly heard evidence, including in our public hearing, about people who did withdraw and in particular examples in relation to supporters of young people suffering from autism who were deeply attached to their carers. That present example perhaps indicates that the mandating system was quite rigid, not very flexible, and didn't accommodate exemptions very well. Do you have any regrets about that?
JA	Regret's a curious word. If we come back to the decision in itself, the health and disability sector, the public health rationale and the public health advice was very clear that here was our most vulnerable individuals and in order to protect our most vulnerable, we needed to ensure that the people who were in close contact with them were taking a step to reduce the likelihood of them coming into contact with COVID and suffering its consequences. It's not the case when we work through of course – when you're looking at creating a regime, one of the issues that you have of course is that you either have a highly complex regime, you're going through individual workforces, or you take a view that the public health advice

	says that by and large this workforce engages with vulnerable individuals and so therefore that is where it should apply. You'll see that over time in our decision making there was some narrowing of the scope of that, and I think that demonstrates that our willingness was always to try and take the feedback from the sector to try and apply it to the area where that public health advice was most applicable. The engagement with those at the highest risk and then you see some decision making around frontline workers. So that demonstrates that we accepted the health advice. It was a clinical set of exemptions, not for politicians to determine that, and then that was for the sector to then manage. Then you see over time us looking at narrowing the scope to who it was applicable to, and I think that was right as well. What you're bringing to me is a specific example that I do not recall having brought to us at that time. But, I don't think it would have been right for politicians to dive into some of the specifics around the clinical decisions on which the exemption regime was based, or to get into some of the detail that ultimately I think would have been for, at a frontline exemptions, that should have been determined by those who were at the frontline.
GI	I guess there's an underlying issue, which is that you are as the Head of the Executive Government at the time, you were making decisions that were for the good of the nation as a whole, and there was no doubt about that, that you were certainly trying your best under enormous pressure to do what was right for the country. We know that some people would not agree with that, but I don't think any of the Commissioners would be in that camp. But making decisions for the good of the nation as a whole, can involve to individuals and causing attenuation of individual rights. So there's a really difficult balance, isn't there, between working for the good of the nation and taking care of individuals who may be harmed by those decisions. In relation to, say, health and disability workers, how did that burden fall on you and how did you work it out in practice?
JA	I think the first thing that I would say is that ultimately as members of Cabinet and as ultimately decision makers, there is a reliance there on the advice of – particularly when you're dealing with a public health issue – you do have to rely on public health advice and then the lens that we can bring to that is that alongside public health advice there were other layers and other considerations: social cohesion, social licence, economic impacts. So as a decision maker, your job is to take into account the myriad of issues that fall to you and weigh up each of those in a coherent and timely way and then the second overlay is, ensure

	that the decision can actually be rolled out in a way that makes sense, and it can be communicated to people in a way that seems rationale, and that there is an overall coherence to the strategy that you're deploying. So that's just to give you a sense of the way that I see our role during that period of time. To come to your specific question, it seemed abundantly clear at the time that we made the decision on mandates – which I always saw as relatively narrow. The group of mandates that we set down, I consider to have been very clear in the rationale for each. For those who were health workers, it was to protect the most vulnerable. For education, children across the board could not be vaccinated, so there was an expectation that we do what we could to protect them. The army – very specific considerations there. Police – they asked to be vaccinated as a workforce, their leadership team. Those who were deploying vaccine passes, there was obviously a rationale there and then beyond that, our border workers because they were the frontline. Beyond that you then had the ability of individual businesses to then go through their own decision making process and we discussed in the last hearing the fact that actually our decision was to try and actually curtail what otherwise may have been a much more broadly applied mandate regime because we were concerned by some of the feedback we were hearing from others saying it should be up to an individual business to do it however they want, and we did not believe that it was a curtailment of someone's individual decision making and that we should be careful with the application. So broadly speaking, that was the frame in which we were considering mandates. Twice now the Commission has brought to me this very specific example of people working with individuals with disability. And I can absolutely appreciate this example. I was a job trainer for young people with intellectual disabilities in my early 20s. I worked mostly with children with Asberger's or Autism. I can absolutely understand the connection between carer and individual. I experienced that myself. I also understand the individual health issues that may exist. The reluctance for some on the Autism spectrum and difficulty with vaccination for some individuals on that spectrum, and so I would be loath to make a very blanket assumption that we'd just give a blanket exemption to that group, because there may well be some individuals whose families did wish for their worker to be vaccinated, who if it fell to them to make an individual decision would have found that an extraordinarily compromising position to be in, given the closeness of their relationship. But I equally can understand not wanting to lose that worker. None of these questions are easy or simple and as policy makers, I think the best thing that we could do was listen to the public health advice

	we had, create an exemptions regime and then ask the experts on the ground to deploy that regime.
GI	Sure. And that's a very sensitive answer if I may say so, and well informed, given your experience.
JA	And I think probably what it's always hard to convey in a Cabinet paper is we often had these conversations. We were mindful. None of these things were black and white to us, and there was an awareness there. I know one of your areas of interest was 'Did you ever think about creating a support mechanism for people who might lose their job as a result of the mandate?' We talked about that. What can we do for an individual who might suddenly find themselves without employment as a result of a mandate because they've made the decision not to be vaccinated. I know the decision has sometimes been framed almost in a callous way, but not at all. We had that conversation. What would we do for someone in that situation. But we also had to be mindful that if we created a regime that said if you choose not to be vaccinated – for instance you might be furloughed or you might be on paid leave, did we then create an unfair scenario to the person who is still in the workforce where they chose to be vaccinated and are working and the other person is on paid leave, and that might create perverse incentives. And so the best we, in those circumstances, could create was a hope that workers, those who had direct line management, may be able to redeploy. So, for instance, a border worker. Could you be redeployed in some way? And in the absence of that, of course, understanding we had the work and income system. But we had these conversations because we were concerned about all aspects of our decision making.
GI	Right. And so if we accept, as I'm sure other Commissioners will do, as I do, that you made strenuous efforts to take individual needs into account on a granular basis. We're still faced with the issue of whether a better approach can be formulated for the future if we have to go through this horrible situation again. And my reading on your previous interview indicates that the exemption system that applied in relation to mandates could be improved in some respects. And I'm not saying it was badly handled. I'm not saying what you did was wrong. I'm just saying for the future, do you accept that we could improve that system?
JA	Oh absolutely. Whilst it's not for the politicians necessarily to come up with the clinical criteria, I think one of the things that you may even have seen yourself is that sometimes the criteria that existed was not always applied correctly. So there's a very clear example of where the exemption regime wasn't working properly. So I think I shared with you an

	example of someone that I met who expressed to me they experienced myocarditis and very clearly came within the exemption regime and yet was not granted an exemption. So that clear cut, obviously the way that it was executed, was problematic and so there is an issue with the execution of that regime, clearly has not worked as was intended. So no doubt. 6,000 exemptions though were granted, and that was from the point that it was centralised. So obviously they were being granted, but it seems as though some who should have had that granted for them did not and so yes, certainly that's an area where I think you would want to see that system improve because it was very impactful for individuals.
GI	So nearly finished on this topic but just to take that a couple of steps further. If the exemption system in hindsight was not working as well as it should because of implementation issues, would there be a solution to that if the exemption system had been monitored in a way that was better than it was at the time?
JA	Yeah, I think there'll be others better placed to give you an answer to that because when I think about the initial version of it, at a Cabinet level when you're presented with 'here's some clinical criteria that we believe should be applied to enable individuals to access exemptions,' we believe that can then be managed by GPs, that seemed a sensible proposal. Then you had the issue of even – I believe we even had it raised with medical practitioners themselves that – or even CV-TAG I think actually came back and said that there were a number of issues with the way that the exemption regime was operating. Keep in mind we did have some medical practitioners who were – a very small number – but there were some medical practitioners who were advising people against vaccination, and so for a number of reasons there was a concern around the way that the initial version of the exemption regime. So the advice we received was that it needed to be better managed, because of a concern of abuse of power. The Chair of the New Zealand Medical Association was, I think, one of the proponents. So we received a request there for the exemption regime to change. And so that is the point at which it was then centralised where you had a doctor making a decision. It was then reviewed by MOH. So you can see that there was attempts to ensure that the balance was struck. I'm not in the best position to tell you what the alternative iteration of that would have been. I would say that people in the Ministry of Health and perhaps those with a medical background would be better to advise.
CF	Have you a particular iteration to put to Jacinda?

GI	No, I'm happy to accept her answer that she's not the right person to respond to the minutia on this point.
JA	You can see by the decision making that we were trying to get that balance right but the first version – and I remember having the discussion about the first version – we believe we were confident that it could be deployed, but when the Chair of the Medical Association says 'this is not being applied as you intended,' then of course that's when you saw it centralised. So initially, we tried to do it through someone who might be able to grab that nuance of a situation at an individual level, but the plea was for us to then change the approach.
CF	I think it's important to note, Mr Illingworth, you used the term 'minutia'. These are very important technical decisions, and I didn't understand Jacinda to be saying they were way beneath her pay grade or anything like that.
GI	That interpretation wasn't intended and certainly the answer that Jacinda gave was completely rational and understandable when she's the Head of the Executive Government and not supervising every decision at the bottom level.
JA	Yeah. I think also though I would just add, if I may Commissioner, that I do tend to be in the weeds on some of these things, because actually I was always mindful of the impact of these decisions and whether or not they were working well. I think the point that I'm trying to make is that we tried to capture the idea that there would often be nuance in these decisions and we tried to create a regime that would allow a medical practitioner to deal with that one-on-one. We then had advice that wasn't working. It was then narrowed where the GP was involved, but it still came back to a centralised process. And 6,000 exemptions were granted under that process. If you're seeking an alternative to those two options, I can't tell you what that alternative would be, but I'm sure there is one. I'm sure it also wouldn't be perfect because even when we set up some exemptions that we believed were based on clinical approach appropriate, even then it wasn't necessarily being deployed and I can't tell you precisely why that fell down, but that is not me saying that we are consigning that responsibility to others. It's that in the frame somewhere along the way there might be a regime that would have hit the spot we were looking for, but it's not to say we didn't try.
GI	So the bottom line for me is that you would not object to a recommendation from this Commission to the effect that the exemption regime should be considered very carefully for any situation that arises of a similar kind in the future.

JA	Yes.
GI	And that any improvements that can be made to it, you would support.
JA	Yes. But I would also appreciate being noted that even at the time some of our intent was not captured. 'Cos I found it extremely distressing to hear some of those stories.
GI	Understood, and you've mentioned the fact that you had a tendency to get into the weeds.
JA	I think that's on record.
GI	I personally don't see that as a negative aspect in the way you did your job. Indeed, my personal view would be quite the opposite. So passing on to Commissioner Kavanagh – do you have any follow-up questions on those issues, Judy?
JK	No, not at this stage, thank you. As another person who is always being slapped around for getting into the weeds, I appreciate your position.
JA	I think it served us well. For the most part.
GI	Commissioner Hill. You've had an opportunity to ask a number of questions previously. Anything else you would like to ask now?
AH	Nothing further at this point, thank you very much.
GI	Ms Levy?
NL	This may have been answered somewhere else, but just for my own curiosity. You talked about the parent voices' bearing on the education mandate decisions. And I'm curious as to where those voices were being collected from.
JA	Yeah and look, here's the difficulty in seeking feedback. It's not the case that when you're making these decisions that the largest affected population has an official input into government. Because what we're talking about is the parent body. So there, at that point you're relying on your networks of MPs and community. You're hearing via the media some of those inputs, and you're relying on your own networks and understanding, but this is not unique to this situation.
NL	No.
JA	But the parent voice or even the student voice, you are relying at that point on the fact that you are meant to be a representative serving a community and have good links and good feelers on the ground. And keep in mind, when you're a politician, people don't hesitate to

	call your office. They don't hesitate to email you. They don't hesitate to use all of those, they don't hesitate to jump onto a Facebook page. So there's no lack of incoming, but it's not always statistically robust and it's not always that qualitative research that you would have if you're making a permanent policy decision. But there are lots of forms of input.
NL	Thank you.
GI	Ms Kelly?
DK	Just one question about review of mandates over time but Grant, is that something you're still going to get to or are we winding up mandates altogether?
GI	We don't have to follow a strict formula.
DK	I was just wondering about the process of reviewing the mandates over time and assessing the benefit that they kept having. Drawing a bit of comparison with, say, what we all experienced with the lockdown decisions where there was very regular reviews, we as people subject to them, saw when the next one was going to happen, we knew the criteria against which they were being assessed, and even though you couldn't at the time give the population certainty about when the lockdown might be lifted, we had some framework of knowing when it was next assessed. And I'm not sure that that same transparency was there for mandates. I'm wondering if you think that could be something that could be useful in the future or whether there's anything about it that wouldn't work so well in the mandate space?
JA	Yes, it's a fair question. One of the issues of course with the review cycles, if you take it for an alert level or even for the COVID Protection Framework, it was very – you had a clear set of criteria for when you were at these different stages and it was all in relation to these expectations over the way these waves would move, and so we had something there to judge it against. Some of that we also built up our ability to then give those clear signposts over time. Very early on it was 'we'll look at in two weeks but we're not ready,' and then 'we'll look at it in two weeks' because actually we were putting in these milestones for decision making, but actually we were also having to learn the way those… theoretically we thought cycles of the virus would work in these two week allotments and then we were seeing whether or not that would be the case. With the vaccine mandates, of course they applied, if you take it for say education workers, they were in place really formally for the second dose by 1st of June. They were revoked by April. So actually, we're otherwise comparing it to a cycle of learning and signposting that

	was over a period months and then into years, whereas actually the mandates ended up being quite a short sharp application. And so it's not something that I think wholly putting on a two-week review cycle, we were relying on the advice of our experts who actually the review cycle they gave us in the end, because they did give us one, was a six-month review cycle for health workers. And so you can see that actually for education workers we ended up even being shorter than that. So I think, had you seen this being something that was seen to be valuable over a longer period of time, you might have seen us then being able to work through the details of what would be required in an outbreak. But we relied on the advice. The advice was for healthcare workers a six-month sign posting. We ended up reviewing more regularly than that and asking for advice more regularly than that. But the education ended up being much, much shorter.
DK	Do you know what the basis of a six-month review period was for that advice? Or do you have any recollection about the reason for that long period?
JA	I believe that that would have been Skegg's group looking at the outbreaks. You would have to go back to the Skegg advice to see the rationale for the six months, but in March they suggested six months. We actually in May though made a decision to do another review, so we were even looking at it more regularly than the six months that we had it suggested to us.
DK	And if we just stick with the education example that you raised, it was obviously in place for a very short time.
JA	Yeah. You'll remember that I was at that point talking about, my recollection is, at that point we talked about – my main signposting was when we received the advice to lift them. When we received the advice, that's obviously when we'll lift them. We weren't talking about them being long term. We weren't talking about them being in the never-never. We can absolutely see that other signposting would've been useful, and I think had we received it we would have used it, but I don't recall receiving any more detailed signposting than that.
DK	I think one of the things I'm looking it is the court decisions that were made, including in the Teachers Speaking out for Science or whoever the acronym, the decision, and one of the comments of the Court of Appeal in that case – and obviously the mandates were upheld – one of the comments was about that phase in January-February when actually 97 percent I think by then, on the numbers cited in that case, of teachers had been vaccinated. And the phrase used there was that the purpose of the mandate by then was more or less spent. I

	just wonder if in retrospect as well, if you think more regular review might have enabled the Government to say we've got the percentages up high enough now that it's no longer, the sort of incremental benefit that we might get from the extra two percent doesn't make it …
JA	I find the argument a little bit difficult because it's almost, 'you got that far, so why did you use it,' but the mandates themselves likely got us there. Because keeping in mind that it was October that we were talking about these mandates and then we see at the point that it comes in, that high rate of uptake and then people saying, 'well you shouldn't have put the mandate in because you got close enough.'
DK	I think that's why it's a question about review and lifting rather than about having it in place in the first instance.
JA	Sorry, I don't quite follow.
DK	As in, sorry, you've got the mandate and I think as we discussed it last time, you said you can't tell how much of an effect that had in increasing vaccination rates, but it probably did. But by January or by the time that people are required to have their second dose, for some of the teachers for example, the rates are above 90 percent of people and is there an opportunity to review at that point and say well actually now that the rates are high enough, there's no justification for requiring that last few percent.
JA	And if I received the health advice to tell me that, then we would have considered that, but we did not receive such advice. The only other thing to note as well – and I should not have left this very important group off – the unions and teacher representatives were also asking us for a vaccination requirement. So we talked a little bit about the parent group. We talked about the anxiety of sending children into an unvaccinated work environment. Teachers and unions – who do have a membership base and are able to quantify the position of their members were also strongly advocating. So the interesting thing for me is that I remember the weight of the decision being on us to 'please put in a mandate' as opposed to 'please don't.' And I know in hindsight we're looking at the reverse, we're looking at the impact of those decisions, but we equally could have been looking at the alternatives, because the weight was very squarely on mandates. That was where the public pressure was coming. Understandably.
GI	Anything further, Ms Kelly, from you on that point?
DK	No, not on that point, no. Thank you. Thank you very much.

GI	Coming to the next paragraph in our notice to you, Jacinda, we're talking about the breadth of the mandate, including 12- to 17-year-olds to have two vaccinations. Tell us your thoughts on that.
JA	Actually, I wanted to go back to the Cabinet paper on this, but unfortunately it wasn't in the pack and we weren't able to source it from the Ministry of Education's site where you would usually access these papers, because I wanted to go back because I do not recall that level of specificity in our discussions. I can assume that what has happened in the drafting of the Order is they've simply aligned it with the eligibility of vaccination. But it's certainly not the case that Cabinet sat round and had a discussion that this needed to have – it needed to broadly cover a child in a volunteer capacity. Not at all. In fact when I saw that age range I thought that's interesting, I can see where that may have come from, but I do not recall that specific discussion and I wanted to go back and have a look at the degree to which it was flagged in papers, but was unable to. The other point I would make though was even if that were available, even if that was very clearly signposted or there was some discussion around it, keep in mind of course that legally your ability to work is curtailed as a young person. So I would not have imagined the situation where this would have applied to, for instance, anyone under the age of 16. It's illegal to work during schooling hours in the education workforce. It's very unlikely therefore to breach that. So I cannot – I find it hard to see a situation where it would have been applicable to a young person. I don't recall it being raised as an issue, so therefore, it wasn't something that I had flagged to me until this point and it did strike me as an unusual age band.
GI	Let me ask our Secretariat to send you the relevant Cabinet paper and if you wish to respond further on that, that's fine.
JA	Yeah, again, probably best to go to the Minister of Education specifically on that one. But I imagine that from a legal perspective they were seeking alignment from eligibility, but it was not the intention to capture children and young people in an Order that applied to a workforce.
GI	Right.
CF	If you send me that paper, I can have another discussion.

GI	Yes, of course. So that issue about young people being vaccinated, just in a general sense, can be linked into the safety signal that came out of Israel in the middle of 2021 about myocarditis and pericarditis. That must have been an issue of real concern to you and your colleagues.
JA	Yes it was. It was. Keeping in mind though also that you were four times more likely to get myocarditis from COVID, and so the issue was we absolutely, and when we had the adverse event, and we had the ruling that an individual had experienced myocarditis and that was the most – the Coroner's wording will be more precise than mine – but the role of the adverse effect of the vaccine for one particular individual where we ended up having a press conference, we had the dual responsibility to flag what was a known adverse effect, while still highlighting the known and more likely adverse effects that came from COVID. And so that was a duty, of course that fell on particularly the Director-General of Health because he is the one of course that has that clinical expertise and so it was important that he was there conveying that, but that need to constantly speak to both whilst continuing to encourage people to access a vaccine that ultimately minimised the risk of the more likely adverse effects of COVID. So yes, difficult.
GI	I remember discussing that issue with my own heart specialist and he said you're 64 times more likely to get myocarditis from COVID than from the vaccine.
JA	Yes, indeed.
GI	Which may well be true, but for the person who is contemplating taking the vaccine and who is in the range of vulnerable people, say the young man of 26 years old – which I'm certainly not – that person surely has the right to be properly informed and to give informed consent. Now that links up to the question of whether vaccinators who were stood up in circumstances of extreme urgency and given the job of participating in this broad scale vaccination campaign, whether they were really capable or trained to provide informed consent and whether that issue was properly monitored. What's your reaction to that?
JA	Keep in mind it's not the case that we suddenly were using untrained medical professionals for the roll-out. The roll-out happened over a number of months. That I visited countless, countless vaccination sites and saw the exact same protocols rolled out in all of them. Never did I see anyone rushing – did I see anything that gave me the sense that these were untrained or unqualified professionals. I often saw people really taking the time to talk through with an individual who was in front of them. So certainly that was not my experience

	or what I observed, and nor was it the expectation that anyone would ever curtail the process. In fact one of the reasons that we talked about having that press conference where we talked specifically about myocarditis was not only because of course the profession was aware of groups, and you might have heard that actually in the individual set piece conversations people were having, there was part of that, my recollection is that part of it was talking through some of the things they wanted people to look out for in the aftermath of the vaccine. But part of the reason for having that press conference was to make sure that the individual was also equipped with information. We also had in place a survey of adverse effects after people were being vaccinated so ultimately your question is better put to someone who was on the clinical side of setting up the protocols and ensuring that they were adhered to, but there was certainly from my observation nothing to suggest that shortcuts were taken in that regard.
GI	I guess it's not so much a question of shortcuts but whether vaccinators were instructed to bring safety issues to the attention of the people who were getting vaccinated. I accept, however, that that's not your wheelhouse and it's really something for people who are …
JA	Yeah, I would encourage you to ask for some of the training materials and even some of the scripts, because my recollection of the general patter that I heard most times were that those were the kinds of things that were included, but I'm going from my recollection, but I imagine that there would be materials that would be able to demonstrate the fact that they were included or otherwise.
GI	Right. Does anyone else from the Commission …
CF	As a matter of interest, have you spoken to trainers or the technical people about those issues?
GI	That's a question that I would have to put to the Secretariat because obviously Commissioners don't conduct all the inquiries ourselves, but we could ascertain that very quickly.
JA	Yeah, I'm sure they'd be able to provide the scripts as well because it was very – obviously in a national roll-out you have a set of very clear guidelines and materials, but that's certainly my recollection of the patter that I heard.
GI	If we were to recommend for the future that any system of vaccinations should make sure that people give properly informed consent, I assume you would support that view?

JA	Yes, but that's not to say that I don't believe that that was happening in the first place. That's the only caution that I would – I would hate to say that agreement was somehow a concession that that wasn't occurring in the first place because my contention is that certainly was the intention and my observation.
GI	So any questions from Commissioner Kavanagh?
JK	Not at this stage, thank you.
GI	Commissioner Hill?
AH	No thank you.
GI	Ms Levy?
NL	No. No, I'm looking for scripts as we speak.
JA	They're on hand maybe somewhere.
GI	Ms Kelly?
DK	I've just got one quick question. In the bundle of documents I think we sent you for this interview, there is some advice from CV-TAG to the Director-General of Health – I don't know if you recall that document, it's Document 8 that you were sent – in December that was specifically regarding the mandates for that age group of 12- to 17-year-olds. And my question is whether you recall this advice at all. As I said, the document is from CV-TAG to the Director-General of Health-
JA	No.
DK	…so we're not sure if it ever made it to Cabinet consideration. The document specifically recommended that the mandate should require only one dose for that age group.
JA	One dose.
DK	Yeah, as opposed to two. The change wasn't made.
JA	And I cannot tell you why, but I wonder if it's because essentially no-one under the age of 17 essentially ended up being covered. So what I'm interested in is, do we have an example of a child that was covered by that mandate? Or are we in the realm of hypothetical here. Because keep in mind that this was – essentially the intention was to capture education workers who were in contact with children and had some supervisory role. I accept that there is some – you could make an assumption that maybe a school holiday programme

	worker may be under that age group who might have ended up being covered by it. But I suspect what's happened is that an Order has been drafted to keep it in line with the vaccination age, but the intention of Cabinet has been that it's obviously adults that it's covering, and CV-TAG have made a recommendation based, I imagine, on technically what's before them on paper. I can only assume, I cannot tell you why that was not then implemented but I imagine it's because actually no-one under the age of 17 ended up being covered in real terms. That's my assumption. I'll leave it to you to go and test it, but I don't recall any example of a child being covered by it and I would have been perturbed had that been the case.
DK	Thank you.
GI	Now the next question relates to the flexibility of the mandate and consideration of reasonable alternatives. I think we've already covered that point so I think we can skip to the next one, which is consideration of advice on labour market consequences or mandates. Now I might just ask Commissioner Kavanagh whether she has any questions on that particular issue before I plunge into an area that I may not be competent to deal with.
JK	Thank you, Grant. So we've looked at the advice that Cabinet received regarding the mandates for education workers and healthcare workers. And I guess we were a little surprised that there was no attempt to quantify the impacts on workers who would be made involuntarily unemployed as a result of refusing the vaccine. Given the amount of work that had been done around the impacts on people, the long-term labour market impacts of involuntary unemployment, so that is employment scarring, difficulties in finding a new job and wage scarring. And so I was just surprised that that kind of information, which I thought would have been useful and in particular if a RIS had been produced as part of that Cabinet paper, I would have expected to have seen the available information on the longer-term impacts. And I'm asking you because I was wondering if you had been expecting that kind of information to have been provided. I certainly discussed this in the interview with Grant Robertson, and he of course was very aware of the amount of work that had been done in that area on labour markets because of course he's a labour market guy in many respects. And so I just wanted to test that with you as well.
JA	I imagine that he may have also indicated that of course if you expected there to be a significant labour market impact, if you expected the numbers to be significant, then you would have an expectation that you would then have the assessment of that long term

	impact. And whilst I can't tell you exactly of the minds of those officials who were providing us advice, I certainly know that the numbers we were providing at that time pointed to there being a small group likely affected, and so I imagine that that was one of the reasons why we didn't have significant analysis. You also mentioned labour scarring over time. I think there was also an assumption, albeit one that you're now contesting, that anyone who withdrew from the labour market may be inclined once a mandate was lifted to re-enter. Obviously, you're raising some question marks over that, but I believe that was a likely assumption at that time as well. So just one figure I had – December 2021 – showed at that point that 97.6 percent of teachers were vaccinated and that was I think a month before the end date. What we discuss, and I do recall discussing, was whether or not schools where there may have been a higher concentration of teachers who were not vaccinated, whether or not they had the support they needed, whether or not they were able to bridge any impacts. But we found that those tended to be in particular areas and sometimes smaller schools, but I do still remember it being not a large scale issue.
JK	Thank you.
GI	Commissioner Hill?
AH	Nothing from me, thank you.
GI	Ms Levy?
NL	No thanks, thank you.
GI	Ms Kelly?
DK	No thanks.
GI	Okay, so we're working through the questions that have been notified. We've dealt with Section 1 but in doing so we've covered most of Section 2. So unless anyone wants to raise a hand in protest, we'll skip down to Question 3. And Question 3, or Issue 3, relates to decisions regarding the use of vaccine passes in domestic settings as part of the COVID Protection Framework. Can you give us your general perspective on that topic and then we will ask you a few specific questions.
JA	Yeah, I think I probably spoke to this a bit in the first interview. Vaccine passes weren't initially something that we were particularly keen on. I was on record as saying that was something that I'd seen overseas and wasn't particularly minded to use. But circumstances very much changed when we found ourselves with a Delta outbreak in a lockdown, and

	vaccinated individuals seeking some recognition and way to reclaim freedoms after they had been vaccinated. And so I know and understand why the conversation lends itself to the social cohesion side on those who were excluded as a consequence of the use of vaccine passes, but a very, very, very significant amount of pressure at the point that they were used actually came from those who were vaccinated and equally seeking some relief. So vaccine passes were in fact something that at the time was seen as a way of also maintaining some sense of social cohesion. That's just a general point that I would make and obviously we know from the Phase One findings they considered the vaccination to be a key part of saving lives, and it's quite difficult to separate out the role that vaccine passes may have played in encouraging uptake.
GI	But in terms of the occupation and the protest movement that developed, what is your feeling about the role that vaccine mandates and vaccine passes had in relation to that 'uprising,' if we can call it that.
JA	It's a difficult question that you ask because the thing to keep in mind, of course, is that the people that asked us to create a safe environment for them because they were immunocompromised, or the business that felt that their customers wouldn't return unless they felt that it was safe to return and the economic impact they would feel, or the parent who may have had an intergenerational household and was concerned about their child going into an unvaccinated environment. They had decisions that obviously supported what they were asking for, and had the inverse, would they have chosen to occupy parliament's ground to have their voices heard? Probably not, but they may have disagreed with the decision making. So I think a manifestation of those who disagreed with the decision making in that form, does that mean the decision was wrong? Not necessarily. It did mean that it had an impact on a group of individuals. That there was disquiet, certainly. But I think as decision makers we were constantly having to weigh up the competing groups. The one extra point that I would make is that yes, as the occupation presented that their issue was mandates. I've already expressed to you the groups I considered were within our wheelhouse on mandates: teachers, Defence Force, Customs workers, health workers, were those who were on the forecourt solely there because of those mandates? There were a significant portion, based on the signage that they held, who believed vaccines themselves killed people. Vaccines. So they were angry about the mandates because they fundamentally believed that vaccines killed people. And so you've asked me whether or not I could be somehow guided, when actually you're confronted with a group of individuals who

	fundamentally see vaccines in a way that is not based on evidence and science, the starting point for your conversation is difficult. Yes, they disagreed with mandates. They actually disagreed with the tool we had to deal with COVID. In fact, some of them believed themselves that COVID itself was a conspiracy. So that is in part why that was a very difficult time for New Zealand because it demonstrated that our starting point for engagement was very fraught.
GI	The point you raise is an important one, which is that you believed – your colleagues believed, and many, many people believed – that vaccines were the answer to COVID. Other people …
JA	I believe the science also supported that. And we know that 6,500 lives were saved because of vaccines and 45,000 hospitalisations were prevented. So I think it was also informed by science. But sorry, I've cut you off.
GI	No, no, but you came down as a result of your investigations with a belief that the science was right.
JA	Yes.
GI	You've got a whole bunch of people who are saying 'we don't believe that, we believe something different, we believe that COVID is a conspiracy, that vaccines are a conspiracy.'
JA	Yes.
GI	So at the root of the difference between, let's say, the majority and the minority, is a question of belief.
JA	And that's not a new issue keep in mind. It's not a new issue and yes, it is the case that we saw the vaccine as an exit strategy. It wasn't the only tool we had, but it was the one that would help us move away from the other curtailments of people's freedoms. We found no joy in lockdowns. We found no joy in public health tools that kept people away from one another. No-one wanted to see these used as a long-term strategy. And so the ability to exit from their use, yes, we saw vaccines as a key part of that. We were also aware that historically for some New Zealanders there's been a very fraught relationship with vaccines, and I talked a little bit in the first hearing that I remembered vividly the 1990s and MMR. And so we knew that we were walking into that difficult environment that often a nation's experience with vaccines will be based on their history with them, and New Zealand had a particular history that demonstrated that we did have a group of people who had a fraught

	relationship with vaccines, and that's not the case in every country. But I don't know that it was exacerbated by forces that did not exist in the 1990s.
GI	Good. The point I'm getting at is people believe things for a variety of reasons and people who occupied parliament during the period of the occupation appear to have had some fundamental beliefs that weren't based on the science that you recognised.
JA	Yes.
GI	I'll come to another question in a moment. First of all, do you agree.
JA	Yeah, I think that's a fair assumption. That's not to say that was universally the case. Because, of course, there were people who came and went, and there were certainly people who may have visited at the end that didn't agree with the way that things – the final events you saw at the conclusion. So I wouldn't want to cast in its entirety a broadbrush over everyone, but it is fair to say certainly from the signs, you saw a very strong element of people who did not agree with vaccines generally.
GI	We don't want to make the Hilary Clinton mistake and call people 'undesirables' but it seems even as portrayed in the Prime Minister movie, which I have seen, that there were people who had virulent hatred for what Government was doing during the period of time, to the point where it's very, very difficult to understand the motivation behind, it unless you accept the idea that they were believing stuff that is just totally inconsistent with the science.
JA	Yes, and so the basis – you know, I do see a role for – we talked a lot about vaccine hesitancy because we did see a role for those in leadership to be mindful of people's reluctance. Hear people out. Give people the opportunity to have conversations. If you go back through some of our press conferences, I would often be at great pains to talk about having conversation, you know, not applying judgement, giving people the opportunity to talk through concerns. But it was very difficult to see how to have those conversations with a group whose starting point was so black and white.
GI	I don't think we've come across any obvious solutions to the disinformation and misinformation.
JA	No.
GI	If you have any, please feel free to tell us.

JA	One thing I would say from living abroad is that New Zealand is not alone in this challenge. I do not believe COVID started anything, I just think it heightened something that already existed.
GI	And to what extent does social media play a role in that?
JA	I think it is part of the exacerbation. We've always had disinformation, it's been a tool of foreign espionage for decades and decades. You can trace it back to several different wars over time, but it certainly aids and abets and it's at a scale that we would probably find hard to comprehend.
GI	Is that a hint that you see misinformation and disinformation in some cases as a form of propaganda?
JA	Gosh. I think I would describe – I probably wouldn't quite use that language. We know it's used by different actors, we know it's used by certain States, and it has been for a long time, it's not new. I can't tell you to what ends those States choose to use it. This is well documented; I'm not giving any great revelations here.
GI	Right. Any questions from anyone else in the Commission concerning Question 3? I don't think it's necessary to go through every paragraph. I think we've got a pretty good indication of Jacinda's response on that issue generally, but if there's anyone …
JA	Can I pick up one, Commissioner?
GI	Of course.
JA	You had a question about potential options for less restrictive measures that allowed people to congregate safely if they were unvaccinated. We did think about that. At that time I think the thing – I asked other people. Other countries had used different testing. So one issue was, we had Delta, we were still trying to eliminate that simultaneously as we were working on some of these options. We were still using PCR. PCR testing had obviously a lag between test and result, so for the immediacy of an effect, can we declare that person to be free of COVID when they were tested three days ago. Probably not that accurate and probably not that efficient. RAT testing was the alternative. RATs had quite a high rate of inaccuracy, and countries where they were using them, they'd found that it wasn't a great regime. But we did look at it, we did give it consideration because we were mindful of trying to explore all of the options. And as I said in the first conversation, the CPF was very deliberately designed to still try and allow people who were unvaccinated to make sure they could absolutely

	access supermarkets. We put bars on where people could not use a vaccine pass despite some, including David Seymour at the time, saying it should be up to every individual business if they choose to use a vaccine pass, and we said no because there are some environments we do not want anyone to be excluded from. And we also tried to ensure that regardless of what level you were at, if you were a business owner who ran a café and you decided you didn't want to have vaccine passes, we still wanted you to be able to find a way to operate. So you can see we did try and put those in, because I did not want a situation where you just couldn't engage and you couldn't go down and get a coffee or something like that, so we tried to be thoughtful about that.
GI	And as I understand it, this comes back to your more fundamental point which you explained in the earlier interview, which is that the broad restrictive policies were mitigated by other measures that helped people to retain some measure of freedom.
JA	Yeah, we certainly tried. And keep in mind, of course, vaccine passes, even though we had the COVID Protection Framework broadly in place, vaccine passes were lifted earlier, even while the CPF still stuck around for a while longer. I know, I understand why it's been framed that there was this huge exclusion of unvaccinated people from daily life. I remember in its design thinking 'how do we not have that be the case? How do we respond to the demand we have from vaccinated individuals who are saying, "I have done my bit, I want to go back out into the world in a way knowing that I'm around other vaccinated people and that's safe to".' We wanted to mitigate against that whilst also not creating a situation where fundamentally an unvaccinated person had no engagement with everyday life. That wouldn't have been right either, so we were trying to balance those competing issues.
GI	Some people would – tell me, it would be remiss of me not to put this question to you. You divided the nation.
JA	In what regard, because if we chose not to have any of that, there would have been those on the vaccinated side who said you took away our freedoms even though we were vaccinated. So if someone could present to me a way in which we could both protect people and save their lives – as of course I believe we had a responsibility to do – and not allow anyone to feel that they were excluded, if someone can present to me the way that we could have done both of those things, I would gladly have received that advice.
GI	You're on record as saying that you had two primary objectives in dealing with COVID. One was to save as many lives as possible. Tell us about the other one.

JA	As you've just noted, it was that I wanted to keep people together. And certainly at the point – people were of course fraying with the original public health tools we had, no doubt the loss of freedoms took their toll and it was incredibly difficult, but it was particularly difficult when the tool that we came to rely on was vaccines.
GI	The impression I have is that on that second point you feel that you didn't succeed in achieving your objective.
JA	Yes. No, and I've been very clear on that. But I think the point that I'm trying to impart, it was not without effort. We did not give up on the idea that we could try and keep people together. I think some people have taken a very binary view that somehow those who chose not to be vaccinated, that we didn't have them in mind, that we weren't thoughtful about those impacts. We were, and we did. Of course, that's not to take away how people may have experienced the policy, because obviously this is a platform to ensure those voices have been heard, but certainly what I'm trying to convey is we had those conversations. We tried to be thoughtful, but sometimes your ability to balance all of those competing demands, it's very difficult.
GI	Commissioner Kavanagh, do you have any questions arising from Issue 3?
JK	Not from Issue 3, thank you.
GI	Commissioner Hill?
JA	No thanks, Mr Chairman.
GI	Ms Levy?
NL	Jacinda, given the reach of the mandates so that they're not going to cafés.
JA	It was the passes I think you're meaning to say, not the mandates.
NL	Colloquially they are considered mandates by a lot of the people that have spoken to us, but given the reach of …
JA	I obviously have to operate in the rule of not in colloquial terms, but go ahead.
NL	Given the reach of the mandates and the passes, and given the history that you had personal knowledge of, of resistance to vaccines, just looking back, was some considerable protest from some groups really inevitable? Even if not the particular form that that protest took. And just thinking about your aim to try to keep all the people together, do you think really

	that history was against that being possible, and another option might have been to plan for ways to manage the unreachable, the known unreachable percentage?
JA	I'm not sure if this is your intention, but certainly the way that question is being framed is 'shouldn't I have known we would have ended up with an occupation?' and for that I disagree.
NL	No, no, no. It's not that at all. I accept that – there's no criticism intended in the decision. I'm really asking whether maybe the belief or the intent that keeping everybody together was – history shows – never achievable.
JA	Does that mean that we don't try and find a way to – we have a duty of care when you govern, to govern for everyone. My duty was, even if someone believed that a vaccine took the lives of someone, my job is still to create an environment where that unvaccinated person is as safe as possible. And so one of the things that I even remember having a conversation about is if we are going to have a small group of people who will remain unvaccinated, my job is to get as close as we can to getting to a point where that person is still safe because we have such good coverage. And that is your job and I had that in our minds all of the time. Of course, though, we had a duty of care to still try and get that number as high as possible because if too many people fall into that camp, I can't keep them safe and well. And for the immunocompromised person or the person who cannot be vaccinated despite all the will in the world, I have a duty of care to them as well. So all of these are pieces that you're trying to design to keep that individual safe. So the question that's constantly in my mind is, you could just flip over and reverse every decision, not have a mandate for all these things, but I cannot tell you what the consequence of those things would have been. The Royal Commission in the first instance tried to quantify that. We've had others do so. They claim that we'd saved the lives of tens of thousands of individuals. You can make an assumption, had we not made those decisions that that would have been the outcome that we would have had. We may have then not had an occupation, but we would be having a very different conversation now where I imagine the people appearing before you would have been those who would consider that our negligence had led to the loss of their loved ones' lives. I'd love there to be a case where we had neither. Neither someone who felt somehow excluded by society and no-one who saw an unnecessary loss of live. Your job I guess is to find what that sweet spot was. And I've thought about it a lot and I cannot tell you what it was.

NL	Thank you. My question was not so much about those difficult decisions, it was more about whether given the inevitability of a resistant group, there could have been a plan for ensuring that that dissention or protest had somebody keeping an eye on it.
JA	How do you mean? Because of course protest is part of who we are in New Zealand. I would never want a situation where you couldn't voice dissent and you couldn't make it known. These are manifestations of where social cohesion is fraught. Weighing up against, of course, the fact that there might be 80 percent of people who agree with a decision and then you get a group who don't. But I'm not sure what you mean by 'keep an eye on.' If the question is have it in our mind that there's a group of people who feel disenfranchised, I think what I'm trying to tell you is we did try to have that in our minds. We did try and mitigate, and just to give you an example. Our ability though to communicate that to some individuals I think was constrained.
NL	Yeah.
JA	I remember going to a vaccination station to do a visit – it was a mobile clinic – and a group of protesters arrived and so I couldn't get into the clinic. I went a couple of hours later and there was a protester still there, and she was yelling at me about the mandates on children in school to be vaccinated. And I said to her there was no mandate to vaccinate children in schools. She said to me, "But I withdrew my children. I withdrew my children so that you won't vaccinate them." And I said, "We won't." And you could see that she could not – she was really struggling. Here I was telling her this piece of information and its counter to what she'd been told and believed. And I'll never know where she landed. But one of the issues I think that we have into your question, we weren't only dealing with people who disagreed with our decisions. We were dealing with people who disagreed with decisions we never made. Or impacts that didn't exist. And that made it even harder.
	[redacted]
JA	Yeah, I think you're more – were we aware of people concerns. Yes, yes.
GI	And you would of course have been aware that institutions of government were keeping an eye on such people.
JA	Well, to be honest, in order to actually give some comfort here, for the most part my understanding of those who disagreed was when I would see the reports in the newspapers of protests or where the Police might tell me when they were dealing with a disturbance. It

	was not the case that we were getting any kind of feedback on anything, actually, beyond what was already in the public domain. So do just want to give that reassurance.
GI	Alright, well moving on. I thought we were going to be within the timeframe.
JA	Sorry.
GI	No, no, no. It's not your fault, it's that we have so many questions to ask you. And can I assure you that your answers are extremely valuable in helping us to do our job.
JA	They probably don't need to be quite so fulsome, so I'll try and reign them in.
GI	No, no, no. We can always zero in on the juicy bits but having you being so cooperative and willing to tell us the whole story from your point of view is enormously valuable. So don't hold back. The decisions – we're now down to Item 4 – decisions relating to the August to December 2021 lockdown. Now I'm going to put it to you quite bluntly that the decision making process which had been, at least in my opinion, excellent, it got difficult.
JA	Very difficult.
GI	I see you didn't refer to those difficulties in your book or in the movie.
JA	Oh, I actually did.
GI	Did you? Oh, tell us about that.
JA	Yeah, the second chapter on COVID, that whole front end is about the August lockdown and the fact that that was actually things had become very fraught. Very fraught. Because we had always had this frame of elimination. It was clear that this time we may not be able to, but nothing's in absolutes, so we're having to make a judgement that perhaps we might not eliminate. But if we go out and say, 'we might not eliminate this time', then two things may happen. People may turn on the groups that they see as being responsible for that, and at that point COVID had gone into a very disenfranchised disengaged part of New Zealand. Our rough sleepers, our boarding houses and even our gang communities. We had done everything to try and reach into those communities. We were taking mobile testing clinics to gang pads. We were using networks that stretched well beyond public health's usual reach. We were doing everything we could. But if we had named that, then we ran that risk in that turning on a group of society and we didn't want that because we of course also had

	the social cohesion frame of not wanting to turn on people when it's ultimately the virus that we're up against. And the second issue is the moment say, 'we're not going to be able to eliminate', then actually people may think well what's the point. And then transmission explodes, and this was Delta. So that was the difficulty. How do you then try and keep people going when actually the usual pattern that people were used to wasn't playing out. So that was the really difficult part. All the while we're putting out vaccine and people are like, 'well actually you always said vaccine was the end point and I've been vaccinated now, so when can I get out of this', so that was the environment we were in. So the reason we created the steps was about social cohesion and managing that outbreak. 'How do we keep people going while still not increasing transmission? And we knew that actually if people were fraying then the thing they're most inclined to do is they're going to break the rules and they're going to do it in a secretive way, so they'll go around to one another's houses. And that's the worse possible thing. So the easiest thing to do would actually give people the ability to see people out in the open, and so you can see then the thinking we had for the step-downs. So we communicated these step-downs and, yes, you've already noted that people didn't quite understand what was going on, and I've given you the context for why we did it in that way – imperfect as it was. Then we're in those step-downs and we're actually of course increasing our vaccination rates. The advice we're getting is that the Alert Level System isn't appropriate for a vaccinated population, you need to move to something else. So we needed to leapfrog from one over to the other. So part-way through there was no point in continuing in the Alert Level System to go through those step-downs when actually we just needed to switch frameworks. And so that is what you see happening in the November period in particular. It's trying to decide the easiest point to flip over to a different framework. So that's the context.
GI	Right. With respect, I suggest it was a period in which some confusion started to creep into messaging.
JA	Yeah.
GI	So for example, the step-downs were actually numbered one to three. The Alert Levels were one to four, but the step-downs were effectively three down to one.

JA	I don't think the numbering was the core of our issue though if I may be so bold. I think even if we'd said, 'okay we're going to have colours,' it was the fact that it wasn't what – people were used to a straight up elimination strategy and what were we telling them now. I think that was the core of the issue.
GI	Okay. But you accept that the public became a little confused at that point.
JA	Yes.
GI	And do you accept that the transition from the elimination strategy to suppression and management etc was a different thing to communicate?
JA	Yes. Except – yes. I mean the ideal scenario would have been that you'd be in a period of elimination, there's no COVID, you're all vaccinated, and then you lift the use of the Alert Level System, you move to a framework that keeps into account that you're vaccinated and then you open up. That's the ideal scenario. That's the ideal. We, however, had the dual issue of trying to manage an outbreak, and for that you needed all your old public health tools because we had bits of the population that weren't vaccinated, bits that were. So you had two frameworks overlapping, and Delta. So yes, I can certainly – yes, it was difficult, not ideal, but also want to give a bit of grace to the people who were – and I say this, I'll always be hard on myself, but I want to give grace to everyone who was dealing with that situation, 'cos it was hard.
GI	And any ideas about how to deal with a difficult situation like that in the future?
JA	Not having a Delta outbreak in the middle of your transition. [Laughter]
GI	I guess the fundamental issue is making difficult decisions in really bad circumstances and that's something that for the most part you did extraordinarily well in my personal opinion, but things didn't go so well in that particular period of time.
JA	I think the ideal situation is before you're even in one of these environments you say, 'okay, here's our framework for how we manage it when our tools are limited to X, Y and Z. And when we have these additional sets of tools this might be an appropriate framework for management.' But then what you need to do is just bridge in between, if you are moving from one to the other, what are those certain criteria that would need to be met, how you make that transition. We were building it and transitioning. So that was certainly part of the issue.

GI	To what extent can we say that that was because the decision making architecture wasn't as good as it could have been prior to COVID, prior to all this happening? We had the old Health Act 1956 out of date. We have the COVID Response Act being stood up in circumstances where it basically everything's discretionary.
JA	I think it might be overly simplistic to say that had the decision making frameworks been better or different, that we may have avoided the complexity of that phase. No question the decision making frameworks – and you can see the work that was done on them over time. Had that existed from the outset that would have certainly eased the pathways and made things easier. Would it have helped with that particular scenario? I'm not sure it would've. And if there were any – even a pandemic plan would have struggled to manage the nuance of those particular circumstances. The particular circumstance being you're so far into a pandemic, so obviously people naturally fray a little, and yet your arguably most dangerous variant arrives, and you're also vaccinating. Very, very difficult to pre-plan for those circumstances. So yes, let's make sure that the decision making frameworks and so on are appropriate, that your broad framework for pandemic management is there. But there's a reason that no country in the world had a perfect record on COVID. No country.
GI	Any further questions from anyone else on the lockdown issue during August and December? Commissioner Kavanagh?
JK	No I don't, thank you.
GI	Commissioner Hill?
AH	No, I'm interested in the decision making system but I think if we pick that up kind of at the end 'cos it's just more of a conceptual conversation, that would be good.
GI	Ms Levy?
NL	No, thank you.
GI	And Ms Kelly?
DK	No, thank you.
GI	Right, so moving on to the penultimate issue. And we've been going for nearly two hours so sorry that we've taken up so much of your time but just finally, the availability and use of data to inform decisions. Now you've spoken about this in the earlier interview I believe.
CF	She did.

JA	Yeah.
GI	But our question is, the data that was most useful to Ministers and understanding and monitoring the impacts of lockdown decisions – especially for high needs and vulnerable populations – was there a gap in the data? How could that situation be improved in any event and what data would have been useful that wasn't available to you at the time?
JA	Two data points that at the time I remember really wanting. One is when we were trying to manage lockdowns and exit them, the thing that mattered the most was, 'do we have a good handle on the spread and reach of a particular outbreak.' And there's nothing here I can make a particular recommendation around other than to say contact tracers and the public health people on the ground were so critical. Their level of confidence that they had reached the outer extents were two things that enabled us to get out of – if we put a quick fast one-week lockdown, for instance, the thing that enabled us to get out of those was either you find the source of the infection and then you could really confidently draw a ring around it, or you don't know the source but you feel pretty darn certain that you've contained – and for that, the confidence in contact tracing data was critical. The second point, I would have loved to be able to create a framework that was super refined. Curtailing rights no further than was necessary to know that it was making a difference to transmission. But it was very difficult for modellers to say the difference between a 100-person gathering restriction versus a 200-person gathering restriction. And yet in order to create a framework that limits the amount of impact on people and business, you want that kind of refinement. So those are the two points I would say.
GI	Can I ask Commissioner Kavanagh if she has any questions about the data issue and perhaps a mention of IDI might be appropriate?
JK	Yes, I've been doing a little bit of delving into the IDI, and it seems that there was quite a lot of information on a number of metrics. It had been that it had become available in 2020 – there's always a kind of a lag to getting data into Stats New Zealand, into the dataset. But I was interested actually to find how many researchers actually were using the data that was there to try and bring up some of the impacts that were felt through 2020 that might have informed 2021 and 2022 in particular. And I haven't been able to see how that information has made its way through. So some of the notes that are in the dataset indicate that it was used to inform MSD, for example. So I'm mostly talking about social impacts and social data. And so I'm interested in how we build that more – that flow-through of data into our

	decision making, but also of course the capacity and the capability that you need to have people who are able to ask the right questions, to formulate the right equations and to be able to interpret those results in order to get you that real time, or as close to that real time information as possible. And so I guess I'm really thinking about whether it's possible to build that capability within the public service or even the broader research community, and how we get to sustain it. Because we all know that it's a good idea straight after a pandemic to be able to say, 'well we're going to build this institution and we're going to have people who know about the data' and then you know that the first time to get to funding cuts and things get bad, that that's the kind of thing that goes. So I'm really interested in the value of that kind of work and the different ways in which we can perhaps keep it going and keep it warm. I'm very interested in just maybe a kind of networked kind of approach. Because these researchers, these statisticians, these economists, they can have day jobs. They can be working at MPI on animal incursions and diseases, and we can have people working on traffic data in the Ministry of Transport and what have you, but at a point when you get the kind of crisis when suddenly you need to analyse all of this data in real time, maybe we can bring them together – and I was wondering about your views about that.
JA	I proudly call myself an evidence-based policy maker. So the more data you can give me the better. And I would almost say I had two slightly separate responses. Regardless in what context you make this recommendation, if you can reinforce the point that having consistent datasets for the use of decision makers over time, the more that we can reinforce that point the better. I was the Child Poverty Reduction Minister. Those datasets were critical to helping inform some of our decision making around child poverty, but one of the things – so absolutely agree with anything that you can recommend. However, would that necessarily have been always the most appropriate or useful dataset for some of our decision making. Maybe not. My experience of the household income survey, for instance, and for child poverty data is that their lag is enormous. The lag is enormous. And so we were always trying to figure out how to maintain the robustness of that data whilst improving the timeliness of it. So for something like COVID – and I'm being slightly general here without thinking about the specific dataset – what we might have been gathering in 2020 may not have necessarily given us the best insight for 2021 because in 2020 we had a situation where we had almost the entire, large chunks of the labour force, on wage subsidies for six weeks at a time, you had certain portions that were going back into the market – a vastly different environment that you were having in 2021 and we'd actually increased the number of different policies

	that we put in place. So all that to say how in that environment are you making sure that you are still responding to some of the needs on the ground. We very much relied on connections with the social sector. We needed real time data on whether our policies – were our implemented policy vastly different from whether or not it was being taken up, which is one of the failings I think of these generalised cohorts on data, generalised datasets. So that's one of the reasons we designed the community connector, because we actually had the right policies in place, but people weren't accessing them. People weren't getting the support. And a dataset might not have told us that but an NGO or a social worker or financial planner or a church group or a PHO could tell us that. So those networks were really important when we were in real time. So 'yes, and,' is what I would say.
GI	Anything else from anyone else? Right. So we're on to the final point and I think I'll go to Commissioner Hill. You mentioned earlier that you might have an issue about system architecture with the decision making framework. Is there anything that you would like to ask about that, Mr Hill?
AH	Jacinda, thank you, and thank you for an incredibly interesting interview. Very helpful. I would like to talk just briefly about the way the relationship between Cabinet as a policy decision maker, the Minister and Parliament worked. I liked the COVID-19 Act. There are different views, kind of thinking through, but what I liked about it was the COVID-19 Minister would make Orders having regard to the purpose of the Act which was 'stop the pandemic, fight the pandemic,' colloquially speaking, would include in, while it was Mr Hipkins side, would include in his decision making a Cabinet decision that informed the decision that he would make. So the Order would be via the Minister under the COVID Act, having regard to a Cabinet decision.
JA	Yeah.
AH	And I like that for a couple of reasons for clearly when you're interfering with the rights of a huge number of people, the right thing to do is to have the representatives of the people grappling with that, forming a view, feeding that into the Minister. The Minister then makes an Order which operates at a secondary legislation level.
JA	Yeah.
AH	To curtail the rights in the primary legislation. Now, as I've said, I think that's a really helpful mechanism because it lets you move fast and it takes into account elected representatives who are rightly thinking about some very big issues that inform that. Looking to the next

	pandemic, do you think that was the right – if you were to think about that mechanism, would you do it or think about it differently next time? How do you account – how do we maximise the speed of decision making so that you can move fast and consider some of the teachings that are evident when you've got secondary legislation overriding very important primary legislation. What do you think about what the future might look like? How did you feel about the COVID-19 Act for example?
JA	I think these are the right questions, and this is where I think you're really well placed to take that step back and look at the instruments that were used. Look at that interplay of those instruments with usual decision making process, so I think one thing I'll add to one of the reasons why I think making sure that at its core these decisions were based around Cabinet decisions was because that also brings into play your BORA – all of those inputs that are designed to give voice to all of these competing positions and issues that you would usually want Cabinet to take into account. So it was trying to create a framework that allowed all of these inputs but still gave a level of urgency to decision making as well. I want to also elevate the role of the parliamentary system as well, the Regulations Review Committee, the special committee we created to scrutinise COVID decision making whilst parliament wasn't fully operational. We still used all the old mechanisms like Question Time even when parliament was unable to gather, so we still tried to give rise to the tools and mechanisms of our parliamentary system within the decision making. Although I think probably people didn't feel that those were – I'm sure I would describe as spotlighted enough, given enough weight, and yet we didn't curtail them. So how do we ensure that people feel that there's not a curtailment of those checks and balances. How do we expose that more might be one of my questions. But otherwise I think this is where I really look to the Royal Commissions – plural – to keep inputting into the decision making frameworks.
GI	Were there any further questions, Anthony?
AH	No thanks.
GI	Ms Levy?
NL	No, thank you.
GI	And Ms Kelly?
DK	Just one, picking up on you saying elevating parliamentary decision making as well. I'm just wondering about the mandate decisions as well and whether there was any barrier to

	actually having those passed as primary legislation at that stage of the decision making. Was that something in a future – that could have been possible, or could be a possible mechanism, to elevate that parliamentary decision making?
JA	Yeah, keeping in mind a traditional process without any curtailment would take probably upwards of a year. If you're creating a primary – a piece of primary legislation in the usual mechanism. So just keeping that in mind. So I think my question is more we were utilising parliamentary scrutiny. I'm not sure that the level of awareness of that in part because the degree to which the general public, for instance, engaged in the Regulatory Review Committee is relatively limited. It's Chaired though by a Member of the Opposition, has the full ability to scrutinise our legislative tools, is fully informed and supported by the Clerk's office to look at the use of those instruments. I think just giving the confidence that that other level of scrutiny existed. But yeah, I don't have a firm and final view on this. All I know is we had to make decisions in a timely way. We wanted as many inputs as possible and we particularly needed to give people the confidence these were decisions that were being considered thoroughly by Cabinet.
GI	Alright. Well that brings us to the landing point that we have trying to get to for a little while. It just remains for me to express our enormous gratitude for you putting aside the time that you've given us. We couldn't have gained most of that information from any other source and you were holding the steering wheel for most of that period of time or all of that period of time that we're interested in, and so we just want to express our enormous thanks to you and, Christopher, we are grateful for you being in attendance for those interviews as well. So, thanks a lot.
JA	Thank you.
GI	We will come back to you on the one issue that you were not sufficiently advised about, which is that issue on the 12- to 17-year-olds. We'll dig out the Cabinet paper and clarify that issue and send it to Chris Finlayson.
CF	Thank you, Sir.
JA	The only thing I would just say on that is once I've looked at it, either way I can tell you I recall no discussion on that, and that was generally the view of Cabinet that we had never mandated for children. So just to keep that in mind.
GI	Alright, well thank you so much.

JA	Thank you.
GI	And I hope we haven't taken up too much of your day.
JA	Not at all. Go well, and good luck with your work.
GI	Thank you very much.
End of interview	