

## **Te Tira Ārai Urutā – the Royal Commission of Inquiry into COVID-19 Lessons Learned**

### **Summaries of engagements held by the Inquiry May 2025**

*These engagement summaries highlight the key points raised by a range of stakeholders to inform the Inquiry's evidence-base.*

#### **Te Pūkenga Here Tikanga Mahi – Public Service Association**

Union representatives explained the value they saw in having strong employer-union health and safety forums to the Inquiry. They said it provided an effective pathway for information to be distributed to staff and for policies/guidance to be explained and implemented.

They discussed how disparities emerged with the provision of personal protective equipment (PPE), particularly between central government workers and community health workers. Support and care workers were said to have initially received guidance that suggested they didn't need N95 masks despite providing intimate care, leading to prolonged advocacy efforts from the union to secure appropriate protective equipment.

The Inquiry also heard that most union members were supportive of the COVID-19 vaccination programme and the lockdowns as they were seen to be necessary to keep people safe and maintain service delivery options.

#### **Chief Executives from port companies across Aotearoa New Zealand**

While ports across Aotearoa New Zealand continued operating as an essential service, the Inquiry was told that they received requests from central government that did not fully account for how supply chains functioned.

The representatives of port companies also described the difficulties they experienced with tight turnaround times for nasal testing, and the capacity pressures this placed on local medical centres. Several port companies decided to establish their own testing facilities using rapid antigen tests to fulfil their testing requirements.

On the topic of vaccine mandates, the representatives told the Inquiry that they experienced relatively low levels of staff refusing to be vaccinated. However, they did note that some workplaces experienced higher levels of tension and aggression towards unvaccinated staff.

### **General Practice Leaders' Forum**

Members of the Forum told the Inquiry that they found it difficult to access adequate personal protective equipment (PPE), resulting in some general practices independently sourcing PPE from international suppliers or 3D-printing their own face shields.

The Inquiry also heard that the rapid shift to telehealth services (appointments over the phone) overwhelmed the telecommunications infrastructure in some regions of the country – particularly impacting the senior population and rural communities.

Vaccine mandates were said to have initially made sense to the Forum members; however, they felt that mandates should have been lifted earlier since the evidence showed that the vaccines did not prevent transmission of the virus. They believe this resulted in vaccine hesitancy among health workers, particularly those based rurally, and has extended beyond the COVID-19 vaccines.

In future, members of the Forum recommended that primary care practices are included more in pandemic planning decision-making.

### **Ohu Kaupare Huaketo | Vaccine Alliance Aotearoa New Zealand**

Representatives from the Vaccine Alliance Aotearoa New Zealand (VAANZ) told the Inquiry they supported the use of the Pfizer vaccine, citing high effectiveness against severe disease and hospitalisation.

The Alliance described their own local vaccine development processes and emphasised the need for continued investment in local vaccine capability for future health crises. They also told the Inquiry that clearer communication could have been used to describe how vaccines work, possibly reducing concerns and misinformation in relation to the vaccination programme.

### **Te Kauae Kaimahi | New Zealand Council of Trade Unions**

Union representatives told the Inquiry that there was strong cooperation between the Government, unions, businesses and organisations – particularly early in the COVID-19 pandemic response. Weekly meetings occurred between the parties to facilitate quick decision-making and to share information.

The representatives explained how they strongly supported science-based approaches and the vaccine mandate since it kept the majority of workers safe. For those who did not wish to be vaccinated, the representatives told the Inquiry they advocated for workers to be redeployed rather than have their contracts terminated.

The representatives shared that they were particularly concerned for the older adults, like bus drivers and aged care workers as they faced heightened health risks.

## **Hospitality New Zealand**

Representatives highlighted a range of challenges to the Inquiry, including:

- financial strain that many businesses felt as a result of the lockdowns, particularly those in Auckland and Northland
- frontline staff, particularly younger workers, having to ‘police’ customers regarding their vaccination status (by checking their vaccine pass)
- the loss of skilled workers in some industries as they moved to other essential sectors
- how often and quickly the public health orders would change, resulting in little time for effective implementation.

The representatives shared how the sector showcased its resilience by rapidly adopting online services and expanding their service offerings where possible.

## **Tōpūtanga Tapuhi Kaitiaki o Aotearoa | New Zealand Nurses Organisation**

Representatives told the Inquiry about how nurses’ voices were inadequately considered in policy decisions, particularly considering their frontline worker status. Issues with how mandates were implemented, the medical exemptions process, and the inconsistent distribution of PPE was also discussed.

The Inquiry also heard that the pandemic exposed significant staffing issues, and this has been further compounded by many experienced Infection Prevention and Control practitioners leaving their roles following the pandemic.

For future responses, NZNO representatives recommended more consultation and involvement in emergency response and pandemic preparedness planning.

## **Organisations and associations representing teachers and principals**

Union and organisation representatives told the Inquiry that the pandemic exposed significant inequalities in access to education, particularly with rural and lower-decile schools. We heard that some families struggled with access to the needed digital infrastructure, like devices and internet connections – creating substantial learning gaps.

Teachers and principals became intermediaries, translating complex health advice for their communities while also providing education services. Some highly experienced teachers and principals left their professions after experiencing burnout, leading to knowledge gaps in the sector.

On the positive side, the Inquiry heard that stronger community networks developed, particularly involving iwi support, and professional associations strengthened member support systems during crisis periods.

### **Voices for Freedom**

Representatives from Voices for Freedom and select experts from their community shared with the Inquiry their concerns around:

- Aotearoa New Zealand's elimination strategy departing from the established pandemic preparedness principles
- human rights violations, particularly in relation to the use of vaccine mandates
- DNA contamination in the COVID-19 vaccines and adverse reactions that have occurred after taking the vaccine
- the suppression and censorship of views that differed from the Government's core messages.

### **Ambulances forum**

Representatives from ambulance services told the Inquiry that frontline staff and unions generally supported vaccine mandates, however they faced challenges implementing vaccine requirements at pace.

We heard that extended lockdowns created physical and psychological fatigue for staff who were working in uncomfortable personal protective equipment (PPE) under high-risk conditions. A reluctance from some members of the public to call ambulances or visit hospitals due to fears of contracting COVID-19 was also of note and significantly affected access to patient care.

Ambulance services also told us that they felt inadequately represented in emergency decision-making forums, with their dual classification of being an emergency service and a health provider creating representation challenges.