



Office of Governor Christopher T. Sununu  
Press Conference  
Tuesday, June 9, 2020 at 3:00 p.m.

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**Governor Sununu:**

Well, good afternoon. Thanks, everyone, for joining us on this Tuesday afternoon. Little different, we're changing things up a little bit. But, let's first kick it off with a public health update from Dr. Chan and Commissioner Shibinette.

**Dr. Chan:**

Great, good afternoon. Thank you for being here. So, we are now at more than 7.1 million cases of COVID-19 globally, and approaching 2 million cases of COVID-19 within the United States, as a whole. We are reporting an additional 53 individuals in New Hampshire today who have been diagnosed with COVID-19 for a total of 5,132 residents of New Hampshire, over the course of this outbreak, that have been diagnosed with COVID-19.

There are four additional people that have required hospitalization for a total of 496 total individuals who have been hospitalized at some point in the course of their illness for COVID-19. And sadly, there are eight additional deaths to report today. Six of these people have died as a result -- or have been residents of long-term care facilities. And overall, as we look at the course of the pandemic in New Hampshire, we continue to be at about 80% of the COVID-19-related deaths that have occurred in residents of long-term care facilities, again highlighting where really the burden of the outbreak currently is.

Overall, we've tested more than 88,000 people for active COVID-19 infection with PCR-based tests. We continue to average around 1,800 tests per day. Overall, I think that the data that the Governor showed last week continues to show improving trends. So the number of hospitalizations, the number of people requiring hospitalizations continues to show a decline overall. The number of people who are being diagnosed with COVID-19 continues to show a decrease. And the percentage of tests that are positive continues to slowly decline over the last several days to week. We are currently at about 2% to 3% of tests for COVID-19 that have been positive.

This shows ongoing, we believe, decrease in community transmission. But it's important still for all of us to continue to take precautions to try to prevent a resurgence of COVID-19 in our communities. The primary way still to help prevent and control spread of COVID-19 is to follow the social distancing recommendations and to wear cloth face coverings when people are out in public places where social distancing may be difficult.

We continue to work very closely with our long-term care facilities to try and prevent and control outbreaks and protect those in our population who are more vulnerable to serious illness from COVID-19. With that, let me turn things over to Commissioner Shibinette. Thank you.

**Commissioner Shibinette:**

Thank you. I have four outbreak closures to announce. So, All American Assisted Living in Londonderry, Aurora Assisted Living in Derry, Bedford Falls, and Community Bridges of Belmont all closed for their outbreaks as of today. That means that they've gone at least 14 days between their last positive or symptomatic person to today.

In addition, I'd like to announce that we have developed a work group. We have representation from the long-term care community, including assisted living and nursing homes, and a variety of people at the Department of Health and Human Services to start working on developing guidance on opening up for outdoor visitation.

So, we will be meeting this week and early into next week as a group to really drill down and figure out what that guidance should look like, so that we may be able to open up for some outdoor visitation in non-outbreak facilities. Obviously, any facility that is active in an outbreak would not be having visitation. But in our non-outbreak facilities, be able to look at doing outdoor visitation by appointment. So, we will be really drilling down and developing that guidance later this week and early next week. Thank you.

**Governor Sununu:**

Well, thank you, Dr. Chan and Commissioner Shibinette. So, a couple things we want to go over, and then we will open it up for questions. I mean, one thing is just the fact that we're doing this on a Tuesday. So we are kind of trying to shift from a Monday-Wednesday-Friday press conference to a Tuesday-Thursday press conference schedule. If anything, just keeps the press on their toes, I suppose. But, I think that way we can keep more in tune with some of the bigger decisions.

One thing that we've been kind of reflecting on a little bit over the past week is the fact that we're at -- tomorrow, I believe, is day 100 of this epidemic. A hundred days ago, on March 2nd, is when we learned of our first case. So, consider where we've come through quite a lot. But it isn't that we aren't having to make still some very tough decisions in terms of opening up and testing, and PPE, and what's happening in long-term care, but just adjusting the press conference schedule a little bit to be a little more convenient for folks, frankly.

Also, just a reminder, we're still encouraging everyone to go get a test as part of our ASAP, the ASAP testing program that we've put together, which is our Asymptomatic Spread Assessment Program. Basically really encouraging anyone that might either have symptoms or not have symptoms. We just want everyone to go get a test.

I got my test this past Sunday. It was shockingly easy. I was told it was going to be easy, but it was even easier than I imagined. It took about 10 minutes on my cellphone to put my name in and schedule an appointment. Drove up to the Rite Aid and from the time I drove up to the time I drove away was about two minutes. That was it; painless, easy, fast, done.

So anybody who wants a test can go get a test. And we just want to really make sure we're encouraging folk to take advantage of that opportunity to find out if you are COVID-positive and potentially asymptomatic, because we do want to make sure that you're not transmitting the potential COVID virus to loved ones, or your parents, or the elderly, or those with other underlying health conditions.

It's important to know what those risk factors for yourself and your family are. So, again, the tests are available. And you can go to [nh.gov\COVID-19](https://nh.gov/COVID-19) to schedule your test. And my personal thanks to the folks at Rite Aid, it was absolutely great. They've been a great partner, as have a lot of different partners across the State in doing our testing.

Also, we received some questions this morning on the Main Street Relief Fund. So the Main Street Relief Fund began their final grant submission process last Friday. All those 13,000 businesses who submitted an early Application prior have received their emails. And all of them are encouraged to go online, verify their data, verify their financial information, and submit that final grant submission. And those are due this Friday at midnight.

So, it only takes about five or 10 minutes to verify your information. Again, for once, Government got it right with a super streamlined, fast-track process with the hopes that, again, the initial funds should be distributed sometime next week, which is, I think, very exciting.

We've heard a lot of folks out there that maybe they haven't opened their doors yet, if they're a small restaurant, or they're trying to work out payment schedules with their Landlords, or make sure they can pay their property taxes, their utilities, whatever it might be. That's exactly what this fund was designed to do. And again, we're on schedule and look to have some of the initial funds out next week.

But, again, the deadline to get that final grant submission in is this Friday. It only takes about 10 minutes to complete. So, we just want to encourage everyone to check their emails, go online, and get that final information into the team.

And I guess we can take it for questions. I'm thinking again about this 100 days. It was a press conference. It's a great story. If anyone ever writes a book about all this in New Hampshire -- I'm not a writer. I'm an Engineer. But the fact it was a bit of a coincidence in that we had a press conference scheduled with Senator Hassan, Senator Shaheen, Congresswoman Annie Kuster, and Congressman Pappas.

And about 20 minutes before that press conference, we all found out that the first case of COVID had been identified. It was a bit of a coincidence, but we're there to talk about COVID. Had been identified in the State, and the fact that that's literally been 99 days since today, 100 since tomorrow, it's amazing. It almost seems like 100 years. But it's only been 100 days.

And the fact that we've come through the State of Emergency, the Stay-at-Home Orders, what we've done with remote learning, what we've done with testing, having virtually no PPE to bringing in some of the largest PPE shipments in the country. I mean, some of the amazing successes here: what we've done with an unemployment security, expanding the program; getting a hire percentage of unemployment applications fulfilled than almost any State in the country and already now we're on the backend, where our unemployment is dropping at twice the rate of the rest of the country.

So, it's amazing what has gone on in the last 100 days here. Let's hope the next 100 -- and I firmly believe the next 100 will be better than the last 100. We've gone through a lot through 2020. Then, you add on top of that, obviously, the civil unrest and the riots that we've seen, the very important protests which are out there, the strong message, and hopefully a good inflection point for the entire country in terms of not just talking about but having real action behind some of the social injustices that have gone on just far too long here across America, and making sure New Hampshire's a part of that.

We're not Minneapolis. But we have a very important role to play for our own communities. And I think that's an important message. So, I guess the only good side is the murder hornets never showed up. That's what someone said to me this morning. So, I guess if that's a win, we can all take little wins in our lives nowadays. So, with that, we can open it up for questions.

## Q&A Session

*Governor, the First Responder Stipend, the last check-in at the dashboard it looked like a pretty significant amount of that had been spent. Are you going to replenish that? Is that going to continue? And give us a sense of how much money within the CARES Act still needs to be allocated or spent.*

### **Governor Sununu:**

Sure, so we have not allocated about \$350 million to \$400 million. So there's still a good chunk of the CARES Act funding available. Our hope is to get that allocated probably over the next week. We have some ideas. The Legislative Advisory Board has given us a few more ideas. The folks at GOFERR have given us a few more ideas.

It doesn't do anyone any good to have that money sitting at the State level. So, one thing we've tried to do is get the vast majority of it out. And I think, with the Main Street Relief Fund, we will be able to do that.

Have a little bit in reserve, because you just don't know what's going to happen. I've always said there's a second surge coming. I hope I'm dead wrong. I really do. But we are planning for a significant second surge. It could be August, but I'm thinking in the September/October range. We all have to be prepared for that potentially.

This is not the flu. We all know that. But, as flu-like symptoms might come on, kids start getting colds. Kids go back to school. University, hopefully, comes back with new guidance, of course, and all under the guise of trying to minimize those impacts. But, I'm a firm believer there could be a second surge. And so, that's one thing we're going to be preparing for, for sure.

I apologize. I'm not answering your main question. I missed it. The First Responder Fund, yes, thank you. So, right now, we aren't planning on reupping that First Responder Stipend at this time. It doesn't mean we can't now or in the future.

We're just making sure that we're getting financial allocations out to a lot of the programs that may have fallen through the cracks, or may not have had an opportunity at some of the initial funds. So right now, no programs, with the exception of maybe the Hospital and Healthcare Fund we will be looking for a second round on. And we're kind of exploring that opportunity now, as well, in terms of hospitals and healthcare.

They've gotten a lot of money from the Federal Government. It's been great. There's more to come, which is also very good news for our hospitals. Tens of millions of dollars more will come into the State for our hospital and healthcare system.

But there's always something that slips through the crack. And so, one thing we're looking at is how we do a second round to make sure that we're filling in some of the gaps that the Federal Government might have missed.

*With regard to Main Street Fund, Governor, are you confident that you've gotten Applications that are representative of really small business? I know that's something you want to focus on versus other programs.*

**Governor Sununu:**

Yeah, so I don't have it today. But may be something, once we get all the final submissions in is we will show. We did a preliminary graph. I'm going to use my finger, so bear with me. If you look at a histogram, that really shows the distribution of the folk that will get kind of the smaller amounts, or the smaller losses, the smaller businesses, versus the larger businesses on the far end of the histogram.

The vast majority, I want to 65% or 70% of those that applied are on that lower end, which give us a lot of confidence that it was designed the right way and it really did approach and focus on those tiny businesses that typically didn't get a lot of other Federal support. So we will show a final graph when it's all said and done. We want to give people a final chance to go in and double-check their numbers and make sure that their allocations are correct.

But, on the preliminary review of the data last week, I was told that the histogram, in terms of the distribution, was right where we wanted it. It isn't really in the middle. It's really focused on that lower end and that smaller business. So, that was a good sign.

*When the Stay-at-Home Order is lifted, what's that going to mean, I guess, when you said you wanted to scale back to an Advisory? What are the practical impacts of something like that?*

**Governor Sununu:**

So, a couple things; so it's still our intent, as the question is posed, to let the Stay-at-Home Order sunset this coming Monday, on June the 15th. The State of Emergency will still stay in place. Just a reminder, those are two very different things. And I think the State of Emergency will likely have to continue on indefinitely for some time, knowing that we're going to be dealing with COVID. There's a lot of Orders attached to it, a lot of flexibility attached to that that are going to be needed, as we go through this process.

For just a quick example on that, the additional Orders that will likely have to come, as we open up schools, allowing schools more flexibility to adjust to the guidelines that they're going to and should be abiding by to ensure physical distancing, or whatever it might be; maybe some more Orders that have to go around the University system, right?

There's still some big, not just on the business side of things, but there's some big systematic challenges that we have ahead of us, specifically around education. So, the State of Emergency will likely continue for some time.

The Stay-at-Home Order looks at essential versus nonessential businesses, are primarily attached to that Order. And given that most businesses, by the 15th, are going to be open or at least scheduled to be open, we will probably have to adjust that a little bit. It isn't you're essential. You're not essential. It's really looking at and talking to Public Health, trying to create some type of overlying guidelines that a lot of the businesses can adhere to.

We've done, I think, a very good job of looking at individual. Golf courses, this is your guidance. Childcare, that is your guidance. I think we obviously, over time, knowing that we're going to be in this



for some time, we're all trying to evolve to a more generalized guidance document, so it's a little easier to manage.

And again, we have more tools. We always talk about this. Now that we do have more testing, we do have more PPE, we have more tools and flexibility, and understanding of the virus, which allows us, I think, to make not more generalities amongst those guidance documents, but assurances that everyone can live more by the same rules as opposed to picking individual pathways here-and-there.

So, the essential versus nonessential will likely go away. Also, the guidance that says, look, we want you to stay within groups of 10-or-less, it is my intention that that would go away in some form. Maybe it evolves to a higher number. Maybe it goes away altogether.

We're trying to, again, match that a little bit with some of what we're seeing out there, in terms of large group gatherings, asymptomatic transmissivity. One question that we always have is, well, what's the difference between 50 or 100 or 500? They're not arbitrary numbers, by any means. But are they manageable? Whatever we do has to be manageable.

So, all these are kind of part of the discussion, just to be transparent about the discussion we're having about the practical implications. But, the size of groups is one of the attachments, also unemployment insurance. So, some of the broadened unemployment insurance benefits that were able -- and I believe was the right thing to do in providing, even before the Federal Government came in with their expanded unemployment insurance program -- we expanded ours. And it was the right thing to do. But, again, that's more tied to the Stay-at-Home Order and a lot of those opportunities ultimately will come back to normal, if you will, once the Stay-at-Home Order would sunset on Monday.

I think those are the three biggest areas: size of groups, essential versus nonessential businesses, unemployment insurance. There could be a couple others in there. I'm doing this off the top of my head. I apologize.

*Can we hear from Dr. Chan just about the impact of -- now, we should see by now, if there was going to be any impact of some re-openings in early-May. Has contact tracing revealed any kind of increase in viral transmission from those re-openings that happened five or six weeks ago?*

**Dr. Chan:**

Yeah, great question. So the question is about whether we're seeing an increase in community transmission at all, related to re-openings. I think this is going to be a challenging space to operate in, right? We continue to do our contact investigations, or our contact tracing, Public Health investigations on each and every person who is identified with COVID-19. And that involves reaching out to the individual who is identified to be positive with COVID-19, asking about their close contacts so that we can reach out to them.

And just as an aside and taking a little tangent here, it is important for the public to, one, pick up the phone when Public Health calls and to engage us in those conversations, because this Public Health contact tracing is one of the key tools that we have to try and contain spread of COVID-19, right? So it's not just testing. It's not just identifying people with infection.

It's also important to identify people that might have had close contact with someone who is potentially infectious to prevent COVID-19 from spreading to others. And that involves a lot of Public Health Personnel on the phone talking with people. And it's important for people in the community, if

they get a call from Public Health, to engage with us, answer our questions, because those processes are really important for helping us to control the spread of COVID-19.

Getting back to your question, though, have we seen an impact from reopening? And I think the short answer is that we believe community transmission is continuing to decrease. As we relax different sectors and different businesses in society, there is going to naturally be more contact between people. And so, we're going to naturally identify more people that come into contact, close contact, brief contact, even, with someone diagnosed with COVID-19. And so, those are the types of investigations that we're conducting currently.

We have not yet seen an increase in the numbers that we're tracking. I mentioned those in the beginning. The number of people testing positive, the percentage of all the tests that returned positive continues to go down. We're still at about 2% to 3% of tests that are positive for COVID-19. Hospitalizations continue to decrease.

Right now, a lot of the burden, honestly, is within our long-term care facilities associated with long-term care facility outbreaks. But we do still believe that there is some level of widespread community transmission, certainly in the southern and southeastern parts of the State. We haven't seen the numbers go up. But, as the Governor mentioned, as we begin to reopen different businesses and areas in society, I think there's a high risk that it will.

There's expectation that they very likely could go up in the future. We're seeing this play out in other areas of the countries, other States that are beginning to see some increases. We haven't seen that yet in New Hampshire. But, part of the reason for us to be doing more testing, doing the public health contact tracing, why it's remains imperative for people to continue with the social distancing to try and prevent those numbers from going back up. Thanks.

**Governor Sununu:**

Great, do we have some on the phone?

***Kathy McCormack with Associated Press:***

*Yes, thank you. Regarding contact tracing, can you give us an update on the number of people employed, whether there are plans to hire even more? How is that funded? And is the State considering the use of an app or other technology to trace people and symptoms?*

**Commissioner Shibinette:**

Thank you. So, our contact tracing team ranges. So, the entire team just there's multiple levels and teams involved in contact tracing, from the Investigators to the Monitors. So, we range anywhere from 110 to 135 people that work within that unit to do contact tracing.

We're keeping up with our numbers. And even when our numbers were higher than what they are now, we were doing a fine job. The transition that we're looking at in the coming months is our National Guard partners are supporting us in a lot of different areas of the COVID-19 response. So what we're planning for is a Contract to begin to transition National Guard partners out and some contracted employees in to continue to assist through the end of the calendar year with contact tracing.

We have looked at the different apps and technology to do tracing. You download an app to your phone and it allows people to see when they're around someone with COVID-19. And we just didn't think that was the right fit for New Hampshire.

***Paula Tracy with InDepth:***

*Yes, good afternoon, Governor and everyone. I have a question about adult day centers. These are facilities that primarily help elderly who have dementia who live in homes but are not in long-term care facilities. I know that the Open Up Committee has looked up and sent Dr. Chan recommendations to allow these to reopen. And I've been hearing from families that they have seen significant cognitive decline since March in their patients. But obviously this is a elderly population that is most at-risk for adverse consequences from COVID-19. I'd like to have Dr. Chan to answer the question about when we might expect to see these centers reopen and how, if that was the case. And also, I'd like to ask Commissioner Shibinette about the nursing home baseline information and whether we have any idea of how many patients, or residents, I guess, and staff are asymptomatic, or were asymptomatic, from the baseline tests.*

**Governor Sununu:**

Sure, okay. I'll have Dr. -- I almost said Dr. Shibinette, sorry.

**Commissioner Shibinette:**

So, thank you. And I'll take both of those questions. The adult daycare center's vitally important to our seniors that get to stay in the community, and vitally important to the family members that take care of those seniors. And absolutely, when we look at our seniors that are in the communities, or even the seniors that are in long-term care centers, COVID-19 has created an environment where they don't have those social interactions with their peers and with their families. So there is always a concern about a cognitive decline in our seniors, especially those that have a dementia-type illness.

So, we do know that the guidance was being developed and is coming to Public Health Department for review. We're hoping to review that in the coming week. It's a difficult sector to open, without a doubt. You're bringing seniors from all over the community and putting them in one space.

But I'm very confident in the Providers of adult daycare services, or any long-term care senior services that they're able to create the social distancing that is required. So, we're still reviewing those documents at Public Health. Very important sector, but definitely an area that we're going to be very, very cautious with.

Baseline testing for all nursing homes, both staff and residents, was done last week. It's complete. How many people were asymptomatic? It's not something that we track. We don't track asymptomatic versus symptomatic. We know that someone that's symptomatic shouldn't be at work. So, any of the staff that tested positive would have been asymptomatic.

I don't have numbers specifically. We definitely know that we caught a couple of positives that we weren't expecting at different facilities around the State, mostly staff, not residents. The surveillance testing is ongoing and we're doing that every week. Our contract is set up. And we're supplementing a little on our end, while they do the data entry. But it's up-and-going. Thank you.



**Michael Graham with Inside Sources:**

*Thank you. For either Commissioner Shibiante or Dr. Chan, the new report from the World Health Organization that asymptomatic transmission what they first said is it doesn't happen, then they said it was extremely rare. How does that affect your strategy going forward? For example, the ASAP program, if there's no asymptomatic spread, seems to not -- well, since it's available, you mentioned last week, Commissioner, about this, to your surprise of the number of asymptomatic people in the nursing home. So if asymptomatic rarely spread, what's that do to your strategy? And then, Governor, you continue to encourage people to attend protests of large sums of people, because you believe in the cause that they're protesting on behalf of. What specific beliefs reforms are you backing today? And how do you feel about the message at the rallies in Portsmouth and Manchester calling for defunding of the Police?*

**Dr. Chan:**

Great, thank you for your questions. So, let me take your first question there about the WHO. That's the World Health Organization comments about asymptomatic spread. And I just want to be clear that we believe asymptomatic spread does happen and that people are at-risk for transmitting COVID-19 to others, even when they are asymptomatic.

I think the WHO comments and the questions that have been posed are really around how common that is. How common is it for someone who is without symptoms to spread COVID-19? And I think the bottom line is, we really don't know, right?

This is a new virus. As the Governor mentioned, this is coming up on 100th day of dealing with this virus in New Hampshire. There's a lot that we have learned about this new Coronavirus over the last few months. But, unfortunately, this is one of the areas that is still being actively studied.

But we absolutely believe that asymptomatic transmission, that is spread from a person who is not having symptoms but infected to another person, is certainly possible. And that is one of the things that makes this virus so challenging to control and prevent spread of it within our communities.

But let me maybe summarize what we do know, right? We know that this is a new virus. We know that this is a virus that people can be infected with and not have any symptoms. The CDC has estimated that around a third, of not a little more than a third, of people will be asymptomatic. That is without symptoms, and have this virus. And we know that people can shed this virus in very high amounts and very early in the course of their illness.

Now, we also believe that a lot of people who are initially asymptomatic when they're tested will eventually go on to develop symptoms within several days after diagnosis of their infection. And many people will have more mild symptoms.

But, this is all part of the uncertainty around this virus and what makes this virus challenging and difficult to control. What does that mean for how we prevent spread? Well, I think it comes down to a couple different strategies.

One is the testing that we frequently talk about here at the press conferences and the importance of testing, certainly the importance of testing people that are symptomatic. There's also a role for testing people that are asymptomatic. Certainly, in outbreak settings, we go in and we test people who might not be having symptoms, but might be exposed, as a way to control spread of this virus.

But, at the end of the day, there are still going to be people in our communities who are potentially infected with this virus and not showing symptoms, which makes it challenging for controlling the spread

of this virus. And that gets to sort of the second general way that we prevent spread of this virus, which is through the social distancing recommendations, right?

We don't yet have a vaccine. We hope there's one in the future, but that's going to be months away. We don't yet have any medication to prevent infection like we do with other types of viruses, like influenza.

And so, some of the key control measures come back to the social distancing and why we keep saying over and over that it's important for people to continue to maintain a safe distance of at least 6 feet from other people when they're out in public places, minimize large gatherings, wear cloth face coverings when they're out in public, practice good hand hygiene.

These are all layers of interventions and methods to try and prevent and control spread of this virus within our community, because we do believe that transmission can happen from a person who is infected but asymptomatic to other people around them. Thanks.

### **Governor Sununu:**

Great, thank you, Dr. Chan. I think the second part of your question, Michael, had to do with specific changes or actions that we're looking at in terms of law enforcement. Is that right? Is he still there? Michael, was that the question? I apologize. Could you just repeat the question just to make sure I'm answering what -- or not. I'll just answer what I think I heard.

So, I believe there were two parts to that question. One was potential changes that we're looking at within our system. Well, we've already begun the discussions of looking at what we do with Police Standards and Training, as we talked in our last press conference on Friday. We're in a fortunate position in that we have one centralized Police Standards and Training facility for both local law enforcement, State Police, other aspects of enforcement, whether it be Corrections Officers or various folk that have arresting powers in the State.

They all have some of the basic training done in a centralized location, which gives us the opportunity to make sure that, when we're looking at the training protocols that go into place, as they relate to whether it's processing procedures or protocols, in terms of how to make an arrest, how to have kind of the skills and the management techniques that are required on situations that may be of a racial nature.

We talk about implicit bias. We talk about the idea of making sure that all the law enforcement communities across the State understand those issues, in terms of how to deal with them. We created the Civil Rights Unit at the Attorney General's Office. There's probably more we can do there in terms of just amping up that Unit to making sure that they have all the resources that they need.

But I think it all starts with training. And I think that's where a lot of our efforts are going to be focused to make sure that we're training right, and then going out to all the different law enforcement communities across the State, not just the large ones in the cities. It's really even those small towns that you wouldn't think of, and really making sure that they understand these issues, what we mean when we talk about implicit biases.

Or do we have systematic racism throughout our law enforcement community here in New Hampshire? No, not systematic. But there are elements of racism in our entire culture. And that's something that I think these protests are talking to all across the country. And whether it's working in our schools, or our communities, our neighborhoods, law enforcement, all those different areas really

need to be addressed, I think, to take the first appropriate steps. You really can't leave any stone unturned.

I think the second question was about defunding the law enforcement. Of course not, I am not supportive of defunding law enforcement in any way. Again, we don't have systematic problems here. There may be elements of racism and elements of bias in a lot of different aspects of our communities. And we can tackle those and manage those, as they come up.

We don't turn a blind eye to anything here. But that doesn't mean you go through and systematically defund a Police Department that has massive repercussions to it, obviously. So, I think that answers that question.

**Todd Bookman with New Hampshire Public Radio:**

*Thank you. Governor, some recent data released by CMS shows that nursing homes in New Hampshire are still facing some pretty serious shortages when it comes to PPE and staffing. Specifically, this survey found that 43% of New Hampshire nursing homes reported that they don't have a week's supply of medical gowns on-hand. 32% told CMS they didn't have a week's supply of N95 masks on-hand. And more than a quarter said they were seeing staffing shortages. What is the State doing to address these issues?*

**Governor Sununu:**

Okay. I'm going to have Commissioner Shibinette talk about the PPE.

**Commissioner Shibinette:**

Thank you for the question. So I'm not sure the date of that data. We do not have a shortage of PPE in New Hampshire. The only item that I would say we're not flush with are N95s. But we still have plenty.

We have a variety of groups that are communicating with the Department around PPE shortages. We get reports every day of facilities that have made requests in the last 48 hours. We fill those as soon as we see them. There is no facility that should have any shortage of PPE in this State, any nursing home. So, if they do, they should contact me directly or put an order in with the Emergency Services Unit.

The fact that 25% of long-term care facilities are reporting staffing shortages, none of that is surprising. Before COVID-19, there were staffing shortages in long-term care facilities. I think COVID-19 probably made that worse in most facilities. And I know in the facilities that have had outbreaks, they have had significant staff shortages.

The Department is undertaking a variety of methods to help with those staffing shortages. We've set up an online portal through Employment Security. We've engaged the Veteran's Administration to be able to use some of the staffing through FEMA. We have our Medical Reserve Corps. which placed volunteers in a variety of nursing homes early on in the crisis. We've engaged temporary staffing agencies to bring in different groups to help.

So, there's been a variety of measures taken. Every week, we probably get a report of a facility that needs crisis staffing. And the Department works very hard to help them get through those staffing issues for that week.

And I have not heard that anybody has had a critical level of staffing to the point where they would have to start discharging their residents. We've surveyed, if not 100%, very close to 100% of all facilities,

nursing homes in the State around infection-control practices and staffing, and things like that. Nothing, no patterns, no trends for facilities; thank you.

**Tony Schinella with Patch:**

*Thank you so much. For either Dr. Chan or Commissioner Shibinette, we are at, let's see, a month and a half from the first Reopen Rally. And it looks like May 2nd, so we're at a little more than a month for the second rally at the State House. Both of those rallies had somewhere between, like, 400 and 800 people. Do you know of any -- from your contact tracing, as a general sense, do you have any cases of outbreaks, clusters-associated outbreaks, or anything of that nature that you know of, when you're contact tracing, based on those two rallies? Thank you.*

**Governor Sununu:**

The quick answer, Tony, is no. Yeah. No. The State is not aware of any as of yet.

**Harrison Thorp with Rochester Voice:**

*Yeah, hi. Thank you. Two questions; first one for the Governor. I think late-last week we found out that New Hampshire's Chambers of Commerce would not be getting any funding through CARES Act, because they are 501(c)(6), instead of 501(c)(3). And I was wondering if you might some funding with the money you have left from somewhere that might be able to help these nonprofits that have seen a huge decrease in revenue through sponsorships, renewals of old members, and a decrease in new members? And then, for Commissioner Shibinette, if someone goes out and gets tested and is positive, and they're asymptomatic, are they told to quarantine for 14 days? And then, if they're still positive, another 14 days? So, how does that work? How does someone get off that merry-go-round?*

**Governor Sununu:**

Sure, so let me take the first question about Chambers of Commerce. They are 501(c)(6)s. So they don't technically qualify under the Main Street Relief Fund, because that's for private businesses. And I don't believe they're going to qualify under the Nonprofit Fund. We were hoping they would. But I understand the problem with allowing 501(c)(6)s to qualify under the Nonprofit Fund.

So, unfortunately, they're in that funky area. So, the quick answer's yes. I think there are funds available and there is an opportunity to help the Chambers of Commerce out, and frankly use them. The Chambers of Commerce can be great sources of data and information. And so, I think one of the strategies we're looking at is how do we bring them more into the mix of what's happening at the State, with business development and enterprise, and using them as kind of a resource and a partner, which I think can also help them with some of their financial viability, as well.

So, the answer there is yes. We can definitely do something for them. And hopefully over the next week, we will be able to identify a couple pathways that will work out to make sure that these very important organizations are not just funded but I think utilized to their maximum potential and capacity. I'll have Dr. Chan answer the health question.

**Dr. Chan:**

Thank you. So the question is around how long someone needs to stay isolated for, after they're diagnosed with infection. And just to clarify terminology, we use the terms "quarantine" and "isolation" to mean two different things, or apply to two different groups of individuals.

Quarantine is what we ask people to do if they have been exposed to someone with COVID-19 but are not yet known to be infected, right? So, anybody that's exposed to COVID-19, we ask them to quarantine, meaning stay at home. Stay out of public places for 14 days, because that's what we call the incubation period, the period of time when someone's exposed until when they could potentially come down with illness and show signs of infection.

When someone is diagnosed with an infection, we isolate those individuals. So think of infection starts with I. Isolation starts with I. So, we isolate individuals that are infected. And that includes individuals that are symptomatic and tested, and end up being positive for COVID-19; or people that are asymptomatic and tested, and diagnosed with COVID-19. Both of those groups get isolated.

And there have been a change in recommendations over the course of this pandemic. There's actually two different criteria that have been used for when to remove someone from isolation who has been infected.

I think your question pertains specifically to someone who's asymptomatic, if they test positive, how long do they need to stay isolated for? And the recommendation is there's two strategies, really. One is to keep testing someone until they turn up negative. But we're actually moving away from a test-based strategy to remove someone from isolation, just because know that some people can shed particles of the Novel Coronavirus for weeks, potentially longer than a month.

And so, what we've learned over the course of this pandemic is that when we continue to test people, they continue to test positive. But we don't believe that that necessarily means that they're able to transmit live virus to other people. We believe that a lot of these tests are picking up fragments of dead virus, meaning the virus is not able to be transmitted between people.

So, the recommendations currently are that if someone is not symptomatic and they test positive, that they need to stay isolated for 10 days. And then, obviously, they monitor their health. They monitor for symptoms. And they monitor their temperature.

If they end up developing symptoms of COVID-19 within that timeframe, the criteria may change. They might need to stay isolated for a little bit longer. But in general, if someone is without symptoms and they test positive, the recommendation is to isolate, meaning stay out of public places, for at least 10 days. Thanks.

**Governor Sununu:**

All set? Great, I think that's all set on the phone. Yeah, sure.



*Governor, do you have any estimates about the loss of revenue from DraftKings, both the online and physical locations?*

**Governor Sununu:**

I don't. In terms of specifically the loss of revenues for online gaming and sports betting, I don't have any updated numbers for you. I think we're all shocked that, is it Russian ping pong, I think, was taking off, in terms of betting here. But I don't know if Russian ping pong was going to make up the potential lost revenue.

In a way, you got to be careful, because it's all found revenue. It's a new thing. So it's nothing that we've had historically. So, we're probably just getting less of what were the anticipated future revenues that we were hoping for.

It went off without a hitch. I mean, it went off really, really well in the beginning, but unfortunately has come to a grinding halt. And my sense is it'll pick up, actually, if some of these major sports do actually get underway, which we all anticipate.

*Governor, we're hearing from the State Employees Association that certain State employees say they're being threatened with termination, even if they have a Doctor's note saying that they shouldn't return to work. Is that your understanding of how certain things are moving forward? And is there a wider policy there in terms of State employees, if their Doctor tells them not to return to work? Is that okay?*

**Governor Sununu:**

So, I guess I would question. This is kind of the first I'm hearing it. If State employees that have a Doctor's note that say don't return to work because of underlying health conditions, or do you know why?

*I think it's for fear of COVID-19, essentially.*

**Governor Sununu:**

Well, I'll say this. I don't know those specific examples and why a Doctor might write a note like that. I suppose if someone has some underlying health conditions and there's additional risks onto that individual.

I will say that individuals are working. People are going back to work. And whether you work for the State or work for any private business, if the job is available, you're expected to work. And if you choose not to work, sure, you can get the unemployment. But the business has to move forward. And that goes for a flower shop, or State Government, or whatever it might be.

The business has to move forward. And so, employees just deciding not to show up for work can't put the entire business at-risk. And so, some business owners are going to have to make the decision of whether to replace those staff or not.

I don't know the specific cases here in the State. And I haven't dealt with them directly. I can say that. If there's a couple individuals with different Departments, I'm happy to look into it. But, business

does have to go on. Businesses are opening up. They are flexing open all across the State. And unfortunately, some tough decisions do have to be made. Yeah.

*Governor, you hadn't had an opportunity last week to hear or see the comments that the Manchester Aldermen had made, which the Mayor and a number of Aldermen thought were racially insensitive and called for their resignation. I wonder if you received any more information about that, or you have any other...*

**Governor Sununu:**

No, I apologize. I haven't seen the comments directly. I guess I would just say this, from a State point of view. If there are comments that are made by individuals that, when you're talking about racism or biases, or whatever, that doesn't have any place in New Hampshire. We've been very firm about that since the day I took office. So, that type of stuff is not tolerated, should not be tolerated, especially in this day and age. And you have to be very careful.

I have to apologize. I'm not looking at the Aldermen's social media post. But, I imagine it's something to be discussed and taken up with the voters in November, for that individual, or individuals, as it may be. I'm not sure.

*Just a follow-up on the police techniques that was addressed earlier, in some other States, Departments have been specifically looking at the chokehold techniques, the knee-on-neck techniques that cut off oxygen to people. And Departments are actually banning the use of that technique. Last week, at a protest in New Hampshire, someone actually came up to me and asked if you'd support such a ban. And I'm wondering what your thoughts would be on...*

**Governor Sununu:**

A ban on techniques like that?

*On Police Officers in New Hampshire using those types of techniques.*

**Governor Sununu:**

Sure, yeah, absolutely. I'd support that. I mean, there's got to be a better way. In those situations, if you're putting the lives at risk of those you're trying to apprehend or arrest, there's got to be a better way to do it, obviously. So, if it's determined that a chokehold or a knee on the neck, and I think it's pretty obvious it's been determined that those are very dangerous techniques, there's got to be other ways to do it, of course.

And other Departments across the country seem to have made do without them. I don't know exactly what the protocols on those specific techniques are here. But if there were a call to find other ways to do that, then of course we're going to support that. Yeah.

*Could we just have you elaborate a little bit on the importance, and maybe either Dr. Chan or Commissioner Shibinette, with this working group, the need, eventually, for some greater social contact for people in long-term care? I see Commissioner jumping up. That as dire as the situation is for COVID-19, why it's important that people in long-term care able to see loved ones.*

**Commissioner Shibinette:**

So, the concerns around COVID-19 is very much around physical health. It's our priority. It's very important. But, long-term care has always fundamentally focused on quality of life. And that is probably a foundational value in every long-term care facility in this State and probably across the country is it's not just about physical health. It's about the psychosocial quality of life, so the ability to have relationships both with your family, with your peers, and with your caregivers.

So, the fact that COVID-19 has put us in a position that we've created a very isolating environment for our seniors does not take care of that psychosocial quality of life that we want for our seniors. We want them to engage with their families, their grandchildren, their children, pet therapy, their peers; go to bingo; sit around and have dinner with their peers and talk over lunch and dinner. And all of those things aren't able to happen right now.

So, when we look at it from the point of view of quality of life, there has to be a balance. There's got to be a priority on the physical illness and the physical health of our seniors. But, very, very close behind that is the psychosocial wellbeing of our seniors.

**Governor Sununu:**

Okay. We're good? Good article coming, Kev? We will see. I don't know. I don't read the news, unfortunately. But I'm sure it's all great. Well, thank you, guys, very much again. We will likely be back on Thursday with some additional announcements, whether it's on openings, or testing, and things of that nature, as I think people have come to expect.

We're on a good path. That's for sure. A lot of things are changing on a lot of inflection points, when it comes to opening up businesses. It's good to see our numbers are still low, still on a positive trend. That's a very good sign.

But we want to make sure that we're prepared, if and when there's a second surge, how big that might be. Some of the larger decisions to be made, as we flex things open, specifically around schools and universities, those are the ones that give me the most concern. And I think we should do it, of course. I mean, I'm fully expecting kids to go back to school.

But, we got to make sure we get that guidance as good as we can, knowing not that those specific instances are going to cause the second surge, but, as we get into that fall timeframe, when we know there's just a lot more natural transmissivity of viruses in our community. I think we have to be prepared that it's likely that we're going to see increased numbers at some time.

And so, we're just working with our Departments to be prepared, working in your communities and your businesses to potentially be prepared for another surge in numbers. We're on the downswing now and that's great. But, again, unfortunately, my job is to plan for the worst and hope for the best. And if you do that, we seem to always come out on kind of an upswing, always a little better than we think we're going to be. Thank you guys very much.