



Office of Governor Christopher T. Sununu
Press Conference
Tuesday, June 30, 2020 at 3:00 p.m.

Governor Sununu:

Well, good afternoon, everybody. Thank you for joining us, another decent week ahead of us. A variety of different things to talk about today. We hope everyone had a good weekend. And then I'll ask Dr. Chan to come up and discuss a little bit on the public health update, as well as Commissioner Shibette to give us an update on some of the long-term care facilities around the State.

But, to start with, I want to talk about an announcement we made earlier this month, about three weeks ago, that we announced that we were going to be ending the moratorium on evictions and foreclosures. And that does start tomorrow, July 1st.

What we want to do is make sure that we're providing an offramp. So, we don't just want things to come to an abrupt end. We understand that families may have the needs for a little more time to work out either payment plans or structures, understanding what other programs might be out there to help them make rent or make utility payments, whatever it might be.

And we have authorized \$35 million of CARES Act funds to assist families and individuals facing housing insecurity as a result of the COVID-19 pandemic. The program has two components, primarily. It does go live today. One is for grants. You have one-time grants for households that suffered a limited short-term loss of household income, or increasing expenses, that could threaten a family's ability to pay their mortgage or pay their rent. The second is a short-term rental assistant program.

For the details on how you can apply for either of these funds and financial opportunities for your family, you can dial 211. 211 is kind of our centralized hotline. They have a lot of the information. They can put you in touch with the individuals that will help administer this.

Our CAP Agencies, we have five regional CAP Agencies around the State. And they're going to be really our frontline services on these programs. They already do a tremendous job with a variety of different programs already. And so, having them as a resource to facilitate this financial opportunity for families is huge. So capnh.org, you can just go to capnh.org to learn how to apply, or, again, just dial 211 for some of the housing and rental assistance opportunities for you and your family.

Additionally, today, we are announcing that, effective on July 15th, so about two weeks from now, we have a current moratorium on utility payments. And that, too, will sunset in about two weeks. But, again, also with the sunset of the eviction ban that's being lifted, we want to provide an offramp to those who need it. And again, it will be the CAP Agencies that we're really relying on in providing some of these opportunities.

Those who do face the inability to pay for their utility bills will have the same resources available to them as those that are facing housing insecurity. So, again, you can dial 211 or go to capnh.org. The program will help pay past-due utilities, like gas, electric, water, internet. Those are the types of things that we put the moratorium on. We're going to end that moratorium, but, again, hopefully provide a lot of financial opportunities for individuals and families so they don't just get cutoff. As the economy starts

going again, as jobs become more and more available -- and there are a lot of jobs available out there -- again, we kind of create this ramp to bridge that gap and allow families to have these opportunities. With that, we can turn it over to Dr. Chan for a public health update.

Dr. Chan:

Great, good afternoon. So I'm going to give a quick numbers update. But I also want to try and put the current pandemic in more of a national and global perspective. So, there are now more than 10.3 million cases of COVID-19 globally. That's more than a million-case increase compared to the numbers that we saw a week ago. And that includes more than 2.6 million cases within the United States.

In New Hampshire today, we are reporting an additional 22 new people with confirmed COVID-19 to bring the total so far in New Hampshire to 5,782 people with confirmed COVID-19. Thankfully, there are zero new hospitalizations to report today. There have been no new hospitalizations reported in the last at least two or three days. We're still at a total of 565 people that have required hospitalization at some point in the course of their illness.

But sadly, there are four additional people who have died from COVID-19, either directly or related to COVID-19 complications. And we have so far seen 371 total people who have died from confirmed COVID-19. All four of these new individuals were residents of long-term care or institutional facilities.

We have now tested probably close to 120,000 people for active COVID-19 infection in New Hampshire. And overall, our numbers continue to show a good trend. We're probably averaging at about 30 new cases reported out per day over the last week. Based on total testing numbers, we continue to see about 2% to 3% of all virus-specific PCR-based tests looking for active infection. 2% to 3% of the total number of these tests continue to be positive, which has been stable for the last couple of weeks. Hospitalizations, as I've mentioned, are down.

And honestly, I think we're all feeling tired of this pandemic. I want to acknowledge that fact. And tired, frankly, of the impact that it's had on our families and our communities, and our society. But COVID-19, the pandemic, is not over. There are many countries throughout the world that continue to experience an outbreak, even acceleration in their outbreaks. So thinking of Southern and Southeast Asia, Eastern Mediterranean-region countries, South and Central America, parts of Africa, and, yes, even the United States is now beginning to see an increase, or a surge, in the number of cases nationally.

There are many States within the U.S. that are seeing increasing numbers of cases, if not a new surge, or acceleration, in their pandemic. Many of these States are in the southern or western parts of the United States, so California, Texas, Arizona, Florida, Nevada, North/South Carolina. Many of these States, as I'm sure you have heard, have required -- or have put their reopening on hold, or have, in some cases, reversed their re-openings.

And so, I think that this needs to serve as a warning to us that, while our numbers continue to look good, we believe that community transmission certainly is lower than it has been the last couple of months. We are not out of the woods yet. The COVID-19 pandemic is not over. And so, while this is difficult and many of us want things to go back to normal, frankly I think we don't think things are going to be normal for quite a while.

And so, we need people to continue to remain vigilant. Please continue to stay home, if you're feeling ill. And go get tested, even if you're having mild symptoms of COVID-19. Testing is readily available. We have the testing supplies. We have the testing locations stood up. We have the necessary

personal protective equipment. Testing is out there and we want people to get tested, certainly if they're having symptoms. But testing remains available for people that are asymptomatic.

The CDC has estimated that upwards of 1/3 or more of people who are diagnosed with COVID-19 will be asymptomatic, without symptoms, at the time of the test. And so, that is part of the reason for the strategy around promoting and trying to increase testing in people that are not having symptoms.

We want people, when they are out in public, to continue to remain at least 6 feet away from other people. Please wear cloth face coverings, when out in public, and practice good hand hygiene. Our hope is that, at some point in the future, we will have a vaccine, which will help control spread of COVID-19. But there is not a vaccine that has been identified and is ready to roll out yet. Likely any such vaccine, if a candidate is able to be identified, will not be available until 2021.

And so, in the meantime, over the coming months, we need to continue to pay particular attention to these community mitigation, social distancing recommendations that still remain in place, especially as we enter influenza season and there are a number of other viruses that are circulating, not just influenza. Enterovirus, adenovirus, multiple different viruses begin to circulate in the coming months.

We want people to continue to take precautions. And certainly, we will be talking more about recommendations around influenza vaccine. That is a vaccine that we have available. And as we go into flu season, certainly that will be a vaccine that is recommended for people.

But for right now, the main way we're going to control COVID-19 within our communities, especially given the larger national and global picture, is to continue to follow social distancing recommendations and please continue to wear cloth face coverings and practice frequent hand hygiene. Thank you.

Commissioner Shibinette:

Good afternoon. We're going to do a short and brief long-term care update. We are closing out three long-term care facility outbreaks: Mt. Carmel Nursing and Rehab; Courville in Manchester; and Crestwood Center in Milford. We have no new ones to add today.

In addition to that, I just wanted to give a brief update on our nursing home surveillance program. As you know, we did baseline testing in this State back three, four weeks ago. And then, we signed a Contract with MAKO Laboratories to do surveillance testing on all Nursing Home Staff and 10% of the residents every seven days.

And so, we're through our about two rounds of that, going into our third round. And in the two rounds of our surveillance program, we have identified 15 asymptomatic-positive cases in 10 different facilities. Those 15 positive were 13 Staff and two residents. As much as we do not like to see positive cases coming out of our surveillance program, what it says is that it's working. All of these people were asymptomatic.

There were definitely some circumstances where the people that were positive were tested the week prior and were negative, and then became positive in that week. And what that does is it helps us catch it early. We're not saying that transmission does not happen. But it certainly will lessen the amount of transmission, when we catch it early and get those people in isolation so that they're not able to transmit to residents and other Team Members. That's all I have. Thank you.

Governor Sununu:

Well, great, thank you very much, Commissioner. Always good to hear that more and more facilities are coming off of the outbreak list, especially as it pertains to long-term care. We know that that's definitely where some of the highest risk of this virus really is.

I want to take a moment and talk a little bit about healthcare funding. One of the first things we did early on in this process was create some funds to ensure that healthcare facilities, hospitals and whatnot, were not closing their doors. We knew that the healthcare system could face the brunt of a lot of the economic stress that the COVID-19 pandemic would bring, and wanted to make sure the citizens knew that those facilities would be there for them in their time of need.

We've announced more and more flexibility with those systems, allowing them to go to more elective surgeries and things of that nature over time. And again, the facilities have been doing a great job. And I know a lot of folks in our communities are utilizing those services.

Well, let's start with the long-term care piece. A few weeks ago, we announced about a \$30 million fund specifically done in conjunction with the Emergency Healthcare Relief Fund that challenged and looked at long-term care facilities. We knew that these long-term care facilities that are at the brunt and really at the front-end of this crisis that are feeling the brunt of the staffing issues, as they feel the crunch there, that we're going to need them. We're going to need them to be there for the long run and be there for our loved ones.

And today, we're announcing the first 68 facilities that have applied into that fund for a total of just shy of \$11 million in grant awards and assistance relief to those facilities all across the State. And again, there's approximately \$30 million in that fund. \$11 million is being expended today. And so, we're going to make sure that that opportunity stays alive. It's always there for those individual organizations, and again, that we can provide this assistance through the CARES Act Relief funds so that they're there for our family.

Today, we're also announcing we moved the \$50 million Healthcare Relief Fund up to about \$70 million. And we're announcing another 134 organizations from that original Healthcare Relief Fund are receiving approximately \$8.8 million in grants.

Again, these are Supplemental Applications. We went back out and asked a lot of the folks that had originally applied, do you still the money? Do you still want to be part of this? Some of them said no. Some of them were on a better track, which was great. But the ones that did come forward, the vast majority of which we were able to process and move forward today with, again, 134 different healthcare organizations across the State receiving just shy of \$9 million in funds. And there's some additional monies still there, of course, for down the road. We know that, again, we're not out of the woods yet. And there'll be additional economic strains on that healthcare system.

One of our original targets was hospitals. We wanted to make sure we were there for hospitals. And today, we're announcing, of the 26 hospitals in the State, I believe, eight hospitals are receiving -- well, the following ones that you can see behind me. I'm doing some quick math. I think it's about just shy of \$20 million, something like that, so another just great opportunity -- sorry, maybe \$25 million. All those numbers there, yeah, that's great. I didn't do the math on my paper.

But eight hospitals primarily in the Manchester and Nashua areas, those are the areas that have just been hit hardest. Hillsborough County has really been hit hardest by this COVID crisis. The Federal Government did provide a lot of economic relief and support. They had a \$100 billion fund that went all across the country, has provided somewhere in the neighborhood of \$250 million into our hospital

system. But, when you add up all the losses across our hospital system, believe it or not, it's far greater than that.

So, to be able to use some of our CARES Act dollars and making sure that the hospitals that are in the most need, we're there for them. And there's still more money available. There really is. We want to make sure that we're spreading it out. We're going after the areas of the most need. But this is by no means the end of the healthcare funding relief opportunities, just kind of the next round of it, next iteration of it. And we will keep making sure that we're there for these hospitals, so that they can be there for the citizens of the State.

And finally, before we open it up for questions, people have been talking a lot about the budget, and rightly so. Tomorrow is the beginning of the second year of our biannual budget. So we've spent the last month-or-so really trying to get an assessment of where we think we are, not just today, but where we will be at the end of next year. It's severe. It really is.

We're looking and anticipating -- as you can see behind me -- at just shy, I should say, of \$540 million in a shortfall in terms of the revenues that otherwise would have been coming into the State. These are the major State funds, not the Federal funds, per se, but the major State funds being the General Fund, the Education Fund, the Highway Trust Fund, tolls, things of that nature. These are all dollars that we rely on to keep our services moving forward, to keep our infrastructure moving forward.

And one thing I've always touted from this podium is transparency. And we just want folks to understand the significant impact of this budget shortfall. I was listening to the radio the other day and someone said, oh, we might have a \$100 million budget shortfall. And I thought, my goodness, no. It's much more than that. And so, we want people to understand.

Now, we have been told, and we've been discussing with the Federal Government, that we are expecting some type of Federal Stimulus Bill to pass out of Congress. We were told it might happen in May. We were told it might happen in June. I believe Congress comes back into session for three weeks starting in July. I think it goes the last two weeks of July, the first week of August.

And all signs indicate that this will be one of the primary issues that they take up, finding some sort of balance between what the House and the Senate have proposed and hopefully moving something forward that would provide not just stimulus relief for projects, but also potentially some revenue relief for the State, for cities and towns, whatever it might be.

We're going to take this challenge head-on, again assuming that the Federal Government is there to help us in some way. We're likely still going to have to make some cuts and some tough decisions. And we're going to do it. We're going to do it. We're not going to increase taxes. We're not going to be putting the burdens of the State onto the backs of our citizens and our businesses that are already having a tough time paying their bills as-is. That's just completely unfair.

This is a big problem. This is a big hill to climb. But it's something that we can absolutely manage ourselves through. It is going to make us have to sit down and really crunch the numbers at a very detailed level.

Also out of transparency, just so folks know, we have instructed all of our Departments across the State to take some very initial and I think commonsense measure, eliminating discretionary spending at least until we see what might come out of the Federal Government, putting a hold on any new capital projects that might be beginning in the next month-or-so. Let's just put a hold on that. Doesn't mean we're canceling the projects, but we're just trying to be smart with our cash management, the budget shortfalls. And again, just making sure that we're not spending any dollars that we don't absolutely need to spend.

We've put a hiring freeze in place that's going to remain in place, with a few exceptions here and there, of course. We always want to make sure that we're providing some flexibility to areas of extreme need, or seasonal need, whatever it might be.

But we're taking some, I think, smart initial measures to take a pause on a lot of this spending, understanding the size and scope of the budget shortfall we may have. And whether it's working with our friends in the Federal Government or providing some pathways here in the State of New Hampshire to manage it, it'll be a tough hill to climb. But we can definitely manage it.

And again, over the next few weeks, I think we will all have a better sense of the opportunities that may or may not be there. But, we will see where it goes. One way or another, I think we're going to be in good shape. Paula?

Q&A Session

Yes, Governor, what percentage of the budget is that, so the average person -- because we don't know what that means.

Governor Sununu:

Sure; that's a very good point. So bear with me. I'll try not to make it too complicated, because it is very complicated. And I don't expect anyone who hasn't lived this to understand it completely. Budget has two aspects of it: the State funds and the Federal funds. We get a lot of Federal money. We get a lot of State money.

The Federal funds we assume, aside from the CARES Act and the stimulus, the Federal funds that we traditionally get year-in and year-out we assume are going to still be there for us. There's no indication that the Federal Government is going to cut any of our programs.

So, right now, we're just focusing on the State and General Funds. That is approximately \$2.5 billion. So when we talk about \$500 million out of \$2.5 billion, you're looking at just over 20% potentially of those more discretionary total funds. Now, a lot of that is everything from education to highway and things of that nature, but about \$2.5 billion total.

Do you anticipate having to have layoffs?

Governor Sununu:

We hope not. But, again, we're making no promises. Again some of these promises that have been made to us by the folks on the Federal side of things, if they come through, then I think hopefully we will be able to avoid it. But tough decisions will have to be made. Yeah.

Governor, big holiday weekend coming up here. Obviously, a couple months ago, rewind the clock. The images were out there from all of these States where we've seen major increases in COVID-19. People were gathering for holidays in large groups and things like that. And obviously the result was more infection. So, what's the message to people coming into New Hampshire and people in New Hampshire on this holiday week, as the impulse is there to congregate?

Governor Sununu:

Yeah, so, again, it's a repetitive message but it's so important. Wear your mask where you cannot socially distance. It works. It's been proven to work time and time again. You've seen what happens -- to your point -- in other States.

When you can be outside, be outside, frankly. Fresh air, it's all good. Stay healthy outside. And this isn't just for this weekend. This is into perpetuity, right, until we really find an endgame to this. As we talked about a little bit last week, some of the higher areas and these breakout areas, if you will, are areas that are indoors with bad ventilation, whatever it might be, where people are just face-to-face without a mask. They're transferring the virus.

Use common sense. I mean, really, we're really imploring folks to be smart about what they do and understand that the responsibility we're asking them to take onto themselves is a responsibility for their family or their coworkers, or wherever they might be. We really have that responsibility to look out for one another.

When you wear a mask, for the most part, you're really protecting yourself from potentially spreading the virus to someone else. You may not think you have it. But there's so much asymptomatic spread out there that obviously folks without symptoms are spreading. I mean, that's a fact, as well. We know that. So, wear a mask to protect yourself. Wear a mask to protect others. Wear a mask to protect your community, because we all have that responsibility.

And there is still a quarantine policy in place for States where there are high numbers?

Governor Sununu:

Yes, for folk that are coming out-of-state, if you're going to stay at a hotel or something like that, we're asking folks to quarantine for 14 days.

With the idea of masks, there's been a lot of concern that the President's choice not to wear a mask has essentially given a lot of Americans permission to ignore the advice of both States and the Federal Government to wear a mask. So, what are your mask-wearing habits? And how strongly do you think those impact the choices made by the...

Governor Sununu:

I'm here every day telling people to wear masks. When I'm out in public, if I'm socializing with folks and I can't keep physically distant, of course, we wear a mask. I was outside throwing the first pitch at a baseball game at the little league game the other day, which was a great event. And it was awesome. Everyone had masks. They had team masks, which I thought was a great idea. And we could keep physically distancing. We were outside. So it was fine. But any times when we were walking in or being tested with the temperature, or whatever it was, everyone put their mask on. It's not a burden, all right? We're not asking a lot here, right? This really isn't a significant inconvenience we're asking, given the severity of the situation. Yeah.

Just to follow up on that, Governor, I don't know if you're seeing the same thing I am. But just going out to the grocery store, even going to restaurants, it's kind of astounding how many people are not wearing masks in a mix of ages. Do you have any message to those people, given the surges we've seen in other States? Do you think they're going to be a...

Governor Sununu:

So I'll tell you an honest-to-God story. I was in Target. I won't say exactly where. But I was in Target over on the seacoast. I went in on Sunday morning and every single person I saw wore a mask, every single one. And it was the first time I had actually been in a place where every single person was wearing the mask. I couldn't believe it. It was earlier in the morning, but I'm going to guess I probably came across 30 or 40 people. And then, we hear stories like yourself. And I've seen it, as well, if I'm in the grocery store. Sometimes you'll have a whole slew of folks that aren't wearing masks. So it's kind of hit-or-miss.

Again, people have asked me about the mandatory mask order. Why don't you just mandate it? Well, if you look at States where you're seeing these surges, some have mandatory mask orders. Some don't. It's all about personal responsibility. People are going to do what they're going to do. We've always talked about the idea that a mandatory mask order is incredibly difficult, if not impossible, to truly enforce. So, we have to keep that elevated message up.

We will have some more details later this week, but we have a very strong public service campaign, digital and all different types of media going out in the coming weeks, really highlighting the importance of it. It's serious stuff. It really is.

And so, I do a thing on the weekends, when I'm driving, myself, on the weekends. I have one mask I keep on the gearshift in my car, just so it's always there. I have one that I keep in the pocket of a coat, if I'm wearing a coat. And Valerie has about three, four more wrapped around the house that we can just grab for myself, or the kids, or whatever it might be. And we all have our own masks.

It's not a heavy burden. It's an easy thing to do. And it does work. And I implore folks to look at the news. Look at the numbers in some of these other States: in California; in Oregon; in Washington; in Florida; in Texas. These are Red States. These are Blue States. These are States with mask orders. These are States without mask orders.

At the end of the day, it's personal responsibility. And we all have to take that incredibly seriously, because, if we do it, it works. Why did our numbers come down so drastically? Because it worked, because we had to make some tough decisions. We asked folks to really watch their social distancing, to wear a mask when it wasn't possible. And it worked.

Don't give up on that. And I know Dr. Chan hit it right on the head. We're all tired of it. Trust me. No one is more tired of this COVID epidemic than me, believe you me. But it is here for the long run. And we have to stay strong with it for ourselves and our family, and our coworkers, so important.

You've mentioned that bars seem to be an area of concern in outbreak States. Is it possible that you might limit by the hours or the capacity bars if there seems to be some evidence that there are outbreaks in these?

Governor Sununu:

I think everything's on the table. I've always said we don't want to be in a position where we pull back. But if we have to, we will. Yeah, we will. And I think you bring up a good point. It could be limiting hours, right, not just closing everything down again. I think that's kind of the real action of last resort. But if it's limiting hours or something of that nature where I think, talking to some of the other Governors, it seems like some of the late-night hours of these bars or nightclubs, or things of that nature tend to be where the virus spreads most commonly amongst young people. And if you notice the demographics in these States where the numbers are rising, it's mostly among young people.

And so, that's really where our target is. It's I'll say the 15- to 35-year-olds that are least susceptible to having severe symptoms of the virus, but can be just as much of a transmitter, or you, or I, as anybody to a family, or a loved one, or a coworker. And so, they're a big part of it. It's not a blame on that demographic, by any means. But there is an emphasis of the message to that demographic, for sure.

So, if we have to take other drastic actions, we will. I was talking to Governor Baker this morning. I talked to Phil Scott of Vermont last night, just about what they're seeing out there. All of New England is in a pretty good position right now. New York, even New Jersey, those numbers are holding okay.

So we're very fortunate to be in the northeast. But we shouldn't take it for granted. We shouldn't think that we are somehow immune from the 45 other States that are -- or 43 other States, whatever it is, that are seeing their numbers drastically increase. That very well could happen here.

I've always talked about one of my biggest concerns, if not before, is September and October, right, when the universities come back. You have a lot of young people not just from out-of-state, but just young people coming back into a more social atmosphere, dorm living, or going out at night, or parties, whatever it might be. These are the areas where I'm most concerned and where you've seen similar types of situations result in outbreaks.

We're going to have outbreaks. The key is: can we manage them? I believe, yes. I mean, we have a lot of capacity in our healthcare system. We have a lot of testing capacity available for folks so we can identify individuals, as Commissioner Shibi-nette was just outlining, that we've gotten very good at testing folks in an asymptomatic way to get them quarantined, to make sure that they're not passing the virus on asymptotically or symptomatically down the road.

We have a lot of PPE available in this State. We're going to keep building our stockpiles, so that we're prepared, as well. Just way more tools in the toolbox, frankly, and I think that gives us a lot of confidence that, when we do see these additional outbreaks -- and we may -- we're going to be prepared.

Governor, the rental and mortgage assistance program, are there income limits on that? Can anybody of any income conceivably get a grant?

Governor Sununu:

That's a great question. I know the traditional mortgage and rental assistance programs that are out there do have limitations on them. I don't know. I guess I don't know is the quick answer. If folks have questions, you can, again, just contact your CAP Agency. And they can provide some of the

guidelines. They will be symmetrical across the State. Every CAP Agency has to play by the same rules. But I don't know if the way we've structured it uses the old limitations or has broadened them, to be honest.

Governor, can you describe what mechanisms exist for sharing information between States? I know you talk about these calls with other Governors. But, how are you going to know? So if there's something that's not working in Arizona, to be able to adjust quickly here, is there a clearinghouse? Is there a way for you to get that information quick?

Governor Sununu:

Yeah, there's a couple ways to do it. So, first, the National Governors Association, as an organization, has really been a centralized clearinghouse for everything from how folks are spending their CARES Act money, data, whatever it might be.

We have a weekly call with the Vice President, or the President, whoever might be on the phone that week, where we're all talking about ideas, what has happened. And the White House, frankly, has been a very good clearinghouse of information, just because they have direct contact with the CDC, Dr. Fauci, FEMA, if we have questions of that nature. And they've been very helpful in that respect.

I do my own personal weekly calls with a whole host of Governors. Some get on the call. Some don't. But we could have two or three dozen Governors on our own private Governor-only calls. We do those about once a week.

And then, I just reach out to folks, especially in our area, or Phil, or Janet Mills in Maine. I was talking to Gina Raimondo last week, as well. We all have a very good relationship. And we're all in this together. I think we all understand that.

So, they're couple centralized clearinghouses, but I'm also, just because of the relationships we've been able to build up. And those relationships are going to be important today and tomorrow, and down the road, I think, over the next year or couple of years.

I was talking to Governor Baker about education guidance that they've released. We talked to him about the colleges coming back, right, because there's a lot of universities down in Boston, how they're handling that. I believe Boston still has a ban on bars and nightclubs. They just have such a higher number of them than we do. Most of our bars and nightclubs are all technically restaurants. We all serve food, as well. So, our system is a little bit different that way.

Talking to Phil Scott about what he was seeing in his long-term care facilities, Vermont's done a tremendous job of keeping the mortality rate way down and the number of outbreaks. I mean, they had a lot of outbreaks in the long-term care facilities. And he's just done a tremendous job. So talking about sentinel testing and things of that nature that they've put into place, we've put into place. I think we've both gotten very positive outcomes from it.

Yeah. And Doug Ducey in Arizona, I was talking to him earlier in the week. He's dealing with a lot, made some very tough decisions yesterday. So, yeah, there's always different opportunities. But having those established relationships is really critical to managing the process for ourselves.

The Commissioner described the testing going on in for long-term care facilities employees and residents. What is the policy regarding visitors to long-term care facilities?

Commissioner Shibinette:

So, visitor guidance changed about a week and a half ago so that, in non-outbreak facilities, there is outdoor visitation, along with the screening and the masking, and the 6-foot distancing. So that's still going on right now in non-outbreak facilities all over the State. And we've gotten several reports of very, very successful visiting going on at a lot of these facilities.

Later this week, probably Thursday, we will further expand on our long-term care guidance for different parts of the State. So, now we start looking at, when we get into the finer details of the operations of a long-term care facility, around communal dining and communal activities, meaning four people sitting at a table, or a couple people doing craft activities together. It's that peer-to-peer social interaction that we're going for.

When we start looking at lifting some of those restrictions, we will be definitely doing it by geography. So facilities in the northern part of the State will have restrictions lifted sooner. There's a lower rate of community transmission in the northern part of the State. So we will be looking at some of those things coming on the end of this week, but not expanding it statewide, as we're still seeing quite a bit of community transmission in the southern part of the State.

82% of the deaths are long-term care. Why do you think the percentage is so high? I think it's one of the highest in the country.

Commissioner Shibinette:

It is the highest in the country. So, the New York Times put out a report over the weekend on the States and where they ranked with percentage of deaths, as compared to the total number of deaths. And New Hampshire was up near the top at around 80%.

And what we've seen and what we've said for months now is that one data point does not make a clear picture, because, if you looked at that list, you will see that the State listed at the bottom, or the best, was New York State. And New York State has lost more long-term care residents than any other State in this union. But because their community death rate is so high, the percentage is so low.

So, in order to really get an accurate picture on how we're doing for long-term care mortality, long-term care infection rates, you have to look at several data points. And so, these are some of the data points that we've reported out several times.

And I'll give you an example. So, one of the things we've talked about is the number of long-term care death, the percentage of long-term care residents lost to COVID-19, so the total number of licensed beds and the percentage of those people that have died. So even though New Hampshire was at the top of that New York Times list, right, we've lost 2.2% of our long-term care residents in the State of New Hampshire. Rhode Island lost 12.7%; New York, 3.8%; Massachusetts, 8.7%; and Connecticut, 7.9%.

So when you look at us comparatively, when you're trying to rank best-to-worst, worst-to-best, there's no winners and losers. I've said that many, many times. But you have to look at two, three, four data points, because one data point does not tell a story.

Could we have Dr. Chan about the case of Multisystem Inflammatory Syndrome child? Is there any update on that?

Dr. Chan:

Yeah, thanks for the question about the child with MISC, or Multisystem Inflammatory Syndrome in Children. That's the official name and abbreviation. So, if you remember, we reported out a number of weeks ago one individual in New Hampshire who had been diagnosed with MISC.

There are no other individuals that we're aware of who have been diagnosed with MISC in New Hampshire. The one individual has been discharged from the hospital and is home recovering. So that's some good news.

And one quick follow-up, of the patients who've become hospitalized and died, and the patients who survive, has any clearer picture emerged yet about the commonalities that survivors have versus those who take a turn for the worst?

Dr. Chan:

So the question is about risk factors for who ends up dying from COVID-19 versus who might end up surviving from COVID-19, I believe.

Once they end up in a hospital.

Dr. Chan:

Once they end up on the hospital, yeah. So a couple of comments to that: one is that not everybody who dies from COVID-19 ends up going to the hospital, right? Some people may be older, have chronic medical conditions.

Some individuals may have wishes expressed not to be hospitalized or to undergo any type of intensive-type care, like breathing tubes and other hospital means to keep them alive. Like, we don't collect information on all of those individual specific factors. But some people likely pass away from COVID-19 because of their expressed wishes not to have more invasive medical interventions. And that's something we see across the healthcare spectrum for many different types of diseases.

So, unfortunately, in New Hampshire, we don't have that teased apart in terms of who's hospitalized and who's not hospitalized, based on complications like dying from infection. Probably the best place to point you to is some of the national numbers and the national reports that are out there, in terms of who is most susceptible to severe illness.

And unfortunately, as we learn more about the virus, the list is expanding, right? So, certainly we know that older adults are at higher risk for complications, severe illness from COVID-19, including hospitalization and death, and that there, frankly, is not a specific age cutoff above which there's increased risk. It's a spectrum. The older someone is, likely the higher risk for severe illness.

And part of the reason for that risk is because, as people age, as people get older, people develop more medical conditions. So whether that's obesity or heart problems, or breathing problems, or kidney problems, many of the common chronic health conditions we see in our society are a risk for severe

COVID-19 illness, severe illness meaning people requiring hospitalization and even dying.

And that's part of the reason, I think, going back to the earlier question about why is the percentage of deaths that are associated with long-term care facilities so high, it's because that's largely the population that has been most heavily impacted by our COVID-19 outbreak in New Hampshire. And that's where a lot of our vulnerable populations live, people that are older, people that have chronic medical conditions. And so, the risk, frankly, is higher, either of hospitalization or dying from COVID-19. Thanks.

And actually, I have another.

Governor Sununu:

Dr. Chan, I think you got one more.

Just following up on the Governor's earlier saying this elevated message towards younger people right now, just to be more concerned, as you've seen in some other States, they've also attributed these surges to younger people. Do you have any particular message to young people here in New Hampshire? And what's it looking like right now for that demographic?

Dr. Chan:

Yeah, so the question is: do I have any specific message for young people in New Hampshire? And you're absolutely right that the reports coming out of other States and nationally are that there are increasing infections of COVID-19 being identified in the younger population. Now, certainly the younger population is less likely to have severe illness, but it's not zero, right, as we've heard earlier. Even children can have Multisystem Inflammatory Syndrome that can lead to complications, including death. Thankfully, we have not identified any deaths in New Hampshire from children or teenagers. But it's certainly a possibility.

But you're absolutely right that there are reports nationally of increasing cases in younger individuals. And we're still looking at the numbers and following the numbers very closely, including the age demographic, in terms of who is impacted by COVID-19. We report those numbers on our website on a daily basis. And right now, our numbers continue to be relatively low. I mentioned in the last week we've reported out about 30 individuals infected with COVID-19 per day. And I don't have the exact breakdown of that demographic right now. But that's on our website.

But, getting to your core question, the message I have really is for everybody, not just the younger age demographic. And I want to go back to what the Governor said is that it's really about individual responsibility, no matter what the age: responsibility on the part of parents and their children, teenagers, themselves, younger adults, older adults. Everybody has a role for helping to control the COVID-19 pandemic.

And I want to expand on that. It's not just individual responsibility. It's also business responsibility, as well. We've been working hard with the Reopening Task Force and business groups around the State to try and put out guidance for how businesses can reopen safely. A lot of that guidance is not only to protect the employees and the customers, but frankly protect the business operations, right?

I mean, we have seen outbreaks occur in other States, large outbreaks in different retail businesses, restaurants, factories that have required businesses to frankly shut down, because they experience an outbreak. Part of the reason that that guidance is put out there and part of the reason that it tends to sometimes be on the more restrictive side is to protect not only the customers, not only the employees, but the business operations, as well.

And so, it comes down not only to individual responsibility, so people keeping physical distance from others when they're out and wearing cloth face coverings, but businesses also implementing the guidance that's out there to protect people coming into stores, facilities. Protect the business operations so that we can remain open to the best of our ability. Thanks.

Governor Sununu:

Great, and I think we have some calls on the phone.

Holly Ramer with the Associated Press:

Hi, thank you. The House passed several Bills today related to COVID-19. And I'm wondering which, if any, you plan to sign. So, there was one about making temporary changes to Election Laws to streamline the absentee voting process. Should I just go one-by-one, rather than...

Governor Sununu:

Yeah. So the question is about the Bills that the House passed today that I may or may not sign. And my quick answer just on top is I may or may not have an answer for you. So I have to actually see the Bills. I haven't seen them all. Some of them were new that the Senate brought in just yesterday and the House either concurred or not concurred with. So, I'll do my best to answer the ones that I can answer. So the first one, I believe, is the Voting Bill. Is that right?

Holly Ramer with the Associated Press:

Yeah, so it's about absentee voting sort of to streamline the process. And these would create only temporary changes just for this election cycle. So there would be a specific box to check that you're requesting an absentee ballot because of COVID-19. And you could request your ballots for both the primary and general election at the same time.

Governor Sununu:

Yeah, so I think if we're talking about the same Bill, it's something that our office worked on with the Legislature. It allows folk to simply check a box if they are concerned about voting for COVID-19. It allows them to check a single box to get their absentee ballot for both the primary and the general election. Those are the things that we're very supportive of. And they're temporary. They're just for this election. So, I mean, I'll look at the final Bill. But I believe I'm inclined to support that, because if it's the Bill that we really worked with them on to get done, then that would make sense for everybody.

Holly Ramer with the Associated Press:

Okay. Yeah, I think that is the same one.

Governor Sununu:

Yeah, great.

Holly Ramer with the Associated Press:

There also was another Bill that had a couple of different parts. Some related to unemployment benefits, also related to family medical leave for COVID-related reasons. And it would also require the State to provide PPE to small businesses.

Governor Sununu:

Yeah, so I don't know that bill, in particular. It sounds like there's some employment, something with paid family leave in there and PPE to businesses. We've already provided, boy, nearly 10 million masks to businesses. So I don't know that Bill off the top of my head. I apologize. But we will take a look.

Holly Ramer with the Associated Press:

Okay. There's another one that would create an independent review of long-term care facilities and also take some of the CARES Act money to create a long-term care fund.

Governor Sununu:

I have a long-term care fund. In fact, I just spent \$11 million out of it today. So I don't know what that Bill would do that I haven't already done. And a review of long-term care facilities, well, we're constantly reviewing them. So, it sounds like good ideas. But it also sounds like things we're already doing. So, again, I'd have to take a look to see if it's just redundancy.

Holly Ramer with the Associated Press:

There's two more. The fourth one would basically take your orders regarding telehealth and telemedicine and make that sort of parity permanent.

Governor Sununu:

Yes, I very much support that idea. Telehealth has been a huge asset to the State. I think the COVID-19 epidemic across the country has been an inflection point for folks to say, yes, telehealth works. It's an awesome resource. And I think, again, assuming it's the same Bill that we're talking about, it's something I would be inclined to support.

Holly Ramer with the Associated Press:

And the final one, I know I had to stop listening to the debate because I had to get on this call, but it had to do with protections for renters and homeowners.

Governor Sununu:

Okay. So protections for renters and homeowners, again, I don't know the Bill you're talking about. But coincidentally, we're providing a lot of opportunity for homeowners. If it would be a Bill that just extended the ban on foreclosures and evictions into perpetuity or for some extended length of time, that's going to be a challenge, because that's creating a problem for those who have to collect the money. There's money owed and there's money due.

So, those provisions, I'd be hard-pressed to sign in that we're providing this onramp that we discussed earlier today, a \$35 million fund, to help people -- cash actually to help people -- pay their mortgages, pay their rent, pay the utilities, pay their electric bill, get more integrated with the heating assistance opportunities and fuel assistance opportunities that are already out there through our CAP Agencies. So, we're providing a lot of financial relief there.

I don't know that exact Bill you're talking about in terms of the protections -- it sounds like the word that you used -- for the renters and the homeowners. But anything going beyond and allowing folks to just not pay is problematic, which is why providing some of these relief funds, I think, is an opportunity for not just the folks that owe the money, but also the Landlords that have to pay their mortgages, too.

Holly Ramer with the Associated Press:

Thank you. And then, just to clarify, that \$35 million that you announced today, is that just for the housing part? Or does that cover the utility? Or is there a separate amount for utilities?

Governor Sununu:

Yeah, it's a combined program for the CAP Agencies.

Holly Ramer with the Associated Press:

Thank you.

Governor Sununu:

It's combined. It's for rental assistance, mortgage assistance, utility assistance. Great.

Harrison Thorp with The Rochester Voice:

Yeah, thank you. Commissioner Shibinette, you've been testing upwards of I guess 1,000 people in the State for the past few weeks. And I know you've been saying that 2% to 3% are testing positive. Of those people that are testing positive, you said that about 1/3 of them are asymptomatic. Can you give us a breakdown as to the 2% to 3%? What percent are asymptomatic? What percent require hospitalizations? And it seems like there's a large block of people, if only 1/3 are asymptomatic. We don't have that many more hospitalizations. It's a bit of a quandary for me. And also, if you do have someone that tests positive, they're asymptomatic. You would probably quarantine them for 14 days and then test them again. And what's the

endgame on that, if they're asymptomatic and they're walking around? They're in quarantine and they just stay positive. Is that possible?

Commissioner Shibinette:

Okay. Let me try to answer some of those. There's a lot there. So our percentage of hospitalizations for positives, so we're at right around 10% hospitalization for total hospitalizations. Our current hospitalizations is down dramatically in the mid-30s. We haven't seen that low of a number since the beginning to middle of -- well, middle to end of March was the last time we saw hospitalization numbers as low as they are right now.

Dr. Chan had mentioned about national numbers is about 30%. We suspect that about 30% of positive people -- or 30% of our community are asymptomatic carriers. 30% of the positive cases are asymptomatic carriers.

So when someone tests positive, they go into a 14-day isolation. And at the end of that isolation, we expect that they could still test positive. But they're not necessarily transmitting that virus. And the reason they do that is the PCR test is so sensitive is that it still identifies, or picks up on, RNA in the virus, but not necessarily transmissible to other people.

So they can come off. We have very good guidelines from the CDC that tells us when someone's asymptomatic, and from the day they test positive, you wait a certain length of time. And they are able to safely come off isolation after that period of time.

We don't track the percentages of our positives. Who's asymptomatic? Who's symptomatic? Because a lot of times, it's a point in time. I may test positive today and I'm asymptomatic. But I actually could be pre-symptomatic meaning that, two days from now, I do develop symptoms. So we don't track a lot of that breakout of the information that you're looking for because it's a point in time in the illness. I think that covers almost everything.

Governor Sununu:

And I think it's safe to say everyone that goes to the hospital is symptomatic. That was one of the other questions. But obviously, yeah.

Michael Graham with the New Hampshire Journal:

Thanks so much for your time. I got a quick question for Dr. Chan and for the Governor. Dr. Chan, could you just talk for a second about the difference between the word "cases", which people often hear in these things about a case of the flu or case of the Mondays, versus how it's actually being used, which is positive COVID tests? And given that there's no vaccine even on the horizon, is it bad if we have high numbers of positive tests but low numbers of hospitalizations and fatalities? Or isn't that about as good a outcome as we can have? And Governor, early on, when the protests for Black Lives Matter started, you supported the protests even amid the COVID virus because of the importance of the issue. Now, Black Lives Matters has issued a list of demands for the gubernatorial candidates, including yourself. And they're asking for your response. They're chanting, where's Chris, at events. And several Black Lives Matter Activists told me today they're still hoping to hear from you on those demands. Will you be responding and do you have an answer?

Dr. Chan:

So, I'm going to take the first question there. I think there's a couple different points, right? So when we talk about cases, we're talking about people that have been infected with COVID-19. And sometimes the term "case" slips out.

But really we want to remember that any of these positive tests, whether it's a positive test or a case, these are people. These are people that are infected with COVID-19. We know that the majority of people will only have more mild illness. But a certain percentage will have severe illness and potentially end up in the hospital, and potentially end up dying from their illness. So, we tend to try and shy away from the term "cases" and want to refer to them, acknowledging that these are people, family members, community members who are infected with COVID-19 and possibly having complications of that infection.

But, I think, to your larger point, right, there is a difference between when we report out the number of people who have been confirmed with COVID-19 and the number of tests, right? And we have historically, and going back, reported the number of people on our website with COVID-19. But the number of people diagnosed with COVID-19 is a smaller percentage of the larger number of tests that are performed, right? Some people are tested multiple times.

To an earlier question, people can remain positive for days to weeks after initial infection. And for that reason, we are recommending that people not use a test-based strategy to be identified when they're not considered infectious anymore. But the CDC has put out guidance for using symptom-based strategies for removing people who are infected from isolation.

And those recommendations are that anybody who was infected with COVID-19 needs to remain on isolation -- so home and out of the public -- for at least 10 days, possibly longer, because we also want to see a few days of someone being without fever and have a trajectory of improvement in their symptoms. But for people that are infected with COVID-19, they should remain on home isolation for at least 10 days.

And I think that answers your question. I'm sorry. I got a little lost in what you were asking there. But I think the bottom line is that we report out people who are infected with COVID-19. But at the same time, we also want to give a realistic picture of the number of tests that are performed, because certainly somebody can be tested and be negative, but go on to develop infection. And so, there is potentially a rule for people being tested multiple times for COVID-19, especially if they are negative. But if they're positive, we promote a removal from isolation based on symptoms and timeframe from symptom onset. Thanks.

Governor Sununu:

Great. And Michael, to your question concerning the issues that surround Black Lives Matter, let me take a step back. We've been working constructively and proactively with issues of bias, of social injustice, since the day I took office, just over 3 1/2 years ago. And we've made absolutely tremendous strides.

So, in terms of the letter that I know Black Lives Matter has sent, we have sent them a response and they've received it. If you go through that list of things that they're looking for, for the actions for the State to take, the vast majority of things on that list are things we've actually already done or are in the process of doing.

I'll remind you that, when I took office, we didn't even have a Civil Rights Unit in this State. Not Governor Hassan, not Governor Lynch, any of those Democratic Governors, they didn't do it. We did. We were the ones that created the Diversity and Inclusion Council to take a look at all of these issues, not just in the cities but really all across the State: issues in our schools; issues in law enforcement.

We've created the Law Enforcement Accountability Task Force. And we didn't say come back with some report months and months from now. We said, give us a list of recommendations 45 days from now so that we can really address these issues head-on. And we've done it in a constructive way, because we established positive relationships with all of these different stakeholder groups early on in my administration. We maintain a very good relationship with them. And we're able to do things constructively and positively.

Which is why when the protests start, I reached right out and said, hey, we're with you. We are with that message. Let us be a tool and a resource to be that agent of change that we know has to happen. We talked about the entire country being at an infection point to make some great strides in positivity.

And you've seen some riots and some of the negative aspects that come out from some of the protests. Here, in New Hampshire, they've gone off so well. People are really being able to hear that message, understand what it means to them, or their community, and being able to be part of what we all expect will be a lot of solutions at the table.

And it's not a point in time. This isn't just, well, there was a protest in the George Floyd incident. So we're going to do something, check the box, and move on. Absolutely not. We've been dealing with this issue since we got here. We've made a lot of great strides.

They asked about legalizing marijuana. Let's remember that not Governor Lynch and not Governor Hassan, they absolutely refused to decriminalize it. And that's one of the key issues of Black Lives Matter. That's one of the first things I did. We absolutely got it done.

So, I'll put my record up against anybody's, frankly. We've done a lot and there's still a lot more work to do. But we're working constructively. We're working together, which is why I have not just great hopes. But I know that we're going to be able to keep making good strides and have it being a living and breathing discussion, document, and actions to make sure that we are constantly ahead of the game, if you will. We're taking those challenges head-on. We don't shirk away from anything. And we do it together, as a team.

Great, I think that's it for the on-the-phone questions. Anything else from folks? Okay. Well, thanks for being with us this afternoon. A lot of good opportunities being released for healthcare facilities, for families that are struggling to pay their rent, for folks that need some help with utilities, for the hospitals. Tens of millions of dollars going out to hospitals today, again, just making sure that we're taking care of a lot of the opportunities with those that are most in need on the front of this crisis, so just a lot of really good stuff. We will be back on Thursday. And we will take some next steps. Thank you.