



Office of Governor Christopher T. Sununu  
Press Conference  
Tuesday, July 21, 2020 at 3:00 p.m.

---

**Governor Sununu:**

I almost took down that whole wall just coming in here. So, luckily, we're okay. Well, first, great to see everybody. I hope everyone had a nice weekend. It was obviously a little bit warm here in New Hampshire, but it was a good summer weekend, to be sure.

We're going to talk about a variety of different things. A couple things I want to touch upon before I bring Dr. Chan up for a Public Health update, as I think a lot of folks saw earlier this morning, I had the honor and privilege of joining Dean Kamen and some folks from the Federal VA as we welcomed about 400,000 gowns that landed here in New Hampshire, our seventh type of flight where we've been able to help the VA not just here in New Hampshire but all across the country. And we do have more flights coming in.

The message is just very clear that we've done very well with PPE here, with our public and private partnerships that we've been able to establish. And when the Federal Veteran's Administration called on us to keeping helping and keep helping facilitate those purchases, again, not just for our region but all across the country, it was great. I talked to Dean Kamen. He talked to me. And we both agreed right away it was definitely the right thing to do.

We've been very good about being able to build up our stockpiles. And so, as these planes continue to come in, we will be there to continue to support the Veteran's Administration. They paid for all the PPE, of course. We're kind of just a passthrough. But we've just been able to facilitate it and work with them in just a great partnership, State to the Federal Government. It's just a great all hands on deck effort and another real point of pride for the State of New Hampshire.

Also earlier today I wanted to make a quick announcement that is somewhat COVID-related. I signed House Bill 1623, which expands telemedicine in New Hampshire, a very important piece, not just with what's been happening through the COVID crisis, but being able to take what we've learned, what we understand, and the opportunity that telemedicine has created for our citizens here and really making something that's lasting and long-term.

Expanding telemedicine opportunities was one of the first actions that we took here in the State during the COVID crisis. We knew right away that a lot of individuals would have anxiety about maybe going out. We knew that the healthcare workforce in some cases may be limited.

And so, allowing that access for citizens to have access to some telemedicine, that is, allowing the better and ease of us of it, as well, and really expanding those opportunities was a huge benefit for the State of New Hampshire, in terms of allowing people to, again, get assessed, understand what their symptoms were early on for things that were not COVID-related, using the telemedicine option for that, as well, and just to make sure that people are getting their medicine or whatever it might be.

So, it was a huge opportunity for New Hampshire. And House Bill 1623 really allows us to codify that, permanently expanding telemedicine so that Healthcare Providers are now going to be reimbursed by the Insurers for telemedicine services at the same rate as if you were to go into the office. There was a

bit of a financial disincentive prior to this. But we've put everything on par so that the services that you're receiving over the phone, or over the internet, however you might use the service, are on par from a financial standpoint.

So, again, it's been critical. And now the fact that we have these permanent types of opportunities for our citizens going forward with today's legislative signing, I think, is just a great opportunity for New Hampshire. With that, I'll turn it over to Dr. Chan for a Public Health update.

**Dr. Chan:**

Great, good afternoon, everybody. Thank you for being here. I will keep this relatively brief. There are not any huge change in the numbers for today for New Hampshire, which is a good thing. But we know COVID-19 is still out there in our communities. And so, people need to be continuing to take the appropriate public health precautions.

There are now more than 14.7 million cases of COVID-19, more than 14.7 million people infected with COVID-19 globally. This includes more than 3.8 million people within the United States, involving more than 140,000 people who have died from COVID-19. And the numbers continue to rise in the United States overall.

New England and New Hampshire continue to do pretty well. We have 16 new people with COVID-19 infection that we are announcing today for a total of 6,262 total people confirmed with COVID-19 in New Hampshire. There are four new hospitalizations to report, for a total of 677 people who have required hospitalization with COVID-19.

And then, unfortunately, two new people who have died from COVID-19 that we're reporting today, for a total now of 400 people who have died with confirmed COVID-19. Both of these new individuals were associated with long-term care facilities, which has borne the brunt of much of the transmission of COVID-19 within our communities. And we continue to work with long-term care facilities to control outbreaks, which the Commissioner will update you on in a minute.

So, many areas in the rest of the country are seeing increasing COVID-19 transmission. New Hampshire is continuing to see stable low, but persistent, levels of community transmission throughout many areas of the State. Most counties throughout New Hampshire have ongoing, active cases that we are monitoring.

And so, the tools that we have to prevent another surge in New Hampshire like we are seeing in many other States around the country require people to continue to apply the community mitigation measures, this package of recommendations and steps that people should continue to take to help prevent spread of COVID-19 within our families, within our communities, within our State.

And so, we continue to recommend that people limit public gatherings, limit and avoid large gatherings of people. When people are out in public places, they should continue to try and stay at least 6 feet from other people, continue to wear cloth face coverings. Again, there's more and more evidence that cloth face coverings, or cloth facemasks are effective at preventing spread of COVID-19 within our communities. And continue to practice frequent hand cleaning and hand hygiene.

We continue to try and make testing available to the extent possible. We want anybody with symptoms of COVID-19, even if they're only mild symptoms, to go get tested with a nose, or nasal, swab. And certainly testing remains available for people that might not have any symptoms, who are asymptomatic and wanting testing. Testing remains available in many different areas of the State. And of

course, going forward, we will continue to work with all of our local and community partners to try and continue to control and prevent transmission of COVID-19 within our communities. Thank you.

**Commissioner Shibinette:**

Good afternoon. A long-term care update, today we will be announcing one new outbreak facility. That is Evergreen Place in Manchester, New Hampshire. It's an assisted living facility. They have 17 residents that are positive for COVID-19 and three staff, for a total of 20.

So, oftentimes, when we have these outbreak statuses, and Evergreen is no different, when, during our surveillance testifying, we may identify a resident in our surveillance testing. And then, we take our time and our team to go in and test all the residents. And that's usually when we can move them from kind of an investigatory status into an outbreak status. And we did that in the last week with this facility. And like I said, 17 residents and three staff member, for a total of 20.

I don't have anybody to remove from the list. So we have a total of four facilities right now that are in outbreak status: Birch Hill, Evergreen, Greenbrier, and Hillsborough County. They're the remaining ones. We've closed 27 beginning of COVID-19, so definitely seeing our overall outbreak status and our cases in long-term care starting to steady off and go down. That's all I have. Thank you.

**Governor Sununu:**

Great. Thank you, Commissioner. Thank you, Dr. Chan. A few other items that we want to discuss and then we can open it up for questions, so we've touched upon it a little bit before. But, today, we're announcing what I guess you'd call a multifaceted public service announcement campaign, a PSA campaign to encourage mask usage across the State, primarily targeted in the younger range, maybe the 15- to 40-year-old type demographic. This is the demographic that tends to have slightly lower mask usage, when you look at some of the data across the country. So we want to be targeted in terms of what we're doing. But obviously the campaign will run a breadth of different opportunities for people to see and engage with what the messaging is.

It's really about keeping that elevated message. We're putting a lot of resources behind this campaign just to start, primarily on a social media platform and other messaging around that demographic. And then, we will likely be expanding it from there. But we really work with not just the Department of Public Health, our office here, the other folks within the Department of Health and Human Services, the folks at the Department of Business and Economic Affairs, who does a lot of the PSA developmental for us, in terms of really understanding the demographics and how to reach out to folks.

But it's a great effort. It's a joint effort across a variety of different spectrums. And I think we're highlighting just a few of the many different types of campaign messaging that you'll see there. So, again, we want to make sure it's elevated, people take the mask wearing very seriously. Just in the past week, we've seen the number of people wearing masks in the State absolutely go through the roof, which is a great, great sign. A lot of retailers are taking that responsibility on, which is absolutely terrific.

So we feel like we're still continuing to elevate it, not just in terms of the messaging, but we're getting the result. And I think that's what's going to give us a lot of confidence that, in the long-term, we can keep ourselves in a fairly good position in terms of the number of incidents of COVID.

I've always said and I still very, very much believe a second and third surge is likely coming, very much so. It would just be very naïve to think that we would somehow be immune from the surges you're

seeing in the rest of the country, primarily as it gets colder, as folks come back indoors, as you get larger gatherings, whether it's in the university system or whatever it might be, more social gatherings that can build around that, as well, as you'd hit the fall season.

So, we're going to hit some higher numbers here. But, again, as Dr. Chan was saying, everything is within the framework of being managed, right? We want to make sure we have the tools to manage it, we have the capacity to manage it, we have the testing, we have the PPE, all of these things we highlight really a couple times a week. We know the numbers will increase. But we feel very confident that we're in a very good position.

I had a great conversation this morning with Dr. Birx down in Washington, D.C., just talking about not just where are our numbers today, but leading data indicators, what they're seeing around in other parts of the country, what else we can be doing, sentinel testing in our long-term care facilities. We talked about a variety of issues, but all under that guise of we're in a good shape today but we have a long way to go. And we want to make sure that we're staying on top of it as much as possible.

And so, we talk about this raising of awareness with wearing a face covering, whether it's a disposable surgical mask or a cloth face covering, whether it's something you buy at the store or make at home. These are all very critical steps that we understand what the opportunities might be for ourselves and our community. We know an overwhelming majority of New Hampshire residents do have, and currently use, a reusable face covering already, whether they're purchased or homemade.

But as more and more essential businesses are requiring these face coverings, as you're seeing more and more of that in our communities, and most importantly as schools begin to open, we want to ensure that that opportunity for some type of face covering is truly available to everyone to access them on their own.

And so, through our procurement process, that State currently has an inventory of hundreds of thousands of reusable face coverings. So therefore, very similar to the program we did with our disposable surgical masks, where we provided them to businesses early on before then just allowing them to be purchased, I think, currently through our liquor stores, but we're kind of going to take a similar track with many of the cloth face coverings that we have. We're going to be procuring more.

But we will be putting a couple hundred thousand face coverings out in the next couple weeks through a couple different areas. First, primarily through our CAP Agencies, they provide a lot of the different types of services to families in need with a variety of different needs. And so, there are five CAP Agencies across the State that do a tremendously good job of connecting with those in need. And so, this is kind of an obvious outlet for providing these types of cloth face coverings.

Also through the local Health and Human Services District Offices, many District Offices across the State will also be able to distribute these reusable cloth face coverings. And finally, School Districts, we're going to provide a lot of the cloth face coverings that we currently have and will be purchasing in the future to our School Districts. And so, again, just want to make sure that initially, especially as the schools start to open, we have that program moving forward. We're providing the opportunity to those that are specifically hit the hardest.

But I don't know. I was out this weekend. And I was in Lowe's. I was in Target. I was in a local hardware store. I guess I got lost in Lowe's and could not find what I was looking for. Somehow I always end up going to the smallest store. I know right where everything is there. But everyone really was out there wearing masks. It was very positive to see. And every week that I think a lot of us go out, it's definitely increasing more and more. And I think that gives us, again, a lot of confidence.

And then, finally, the last two things I want to talk about have to do with our CARES Act funding. So, once again, a bit of a reminder, the GAP Program, which is the Business Finance Authority's program to provide business relief funds, similar to the Main Street Relief Fund that went out, but for businesses that either, for whatever reason didn't qualify, or maybe had filled out the information wrong, or whatever it might had been that had fallen through the gap, that's why we call it a GAP Program.

These are our businesses that kind of fell through the cracks of our initial program can get picked up by the Business Finance Authority's program, which currently has \$30 million in it. They have a little more discretion. That application process is open now. So if, for some reason, as a business, you did not qualify, or you didn't get funds for some type of reason, again, maybe it was something that was mistyped or bad information that was put in, we've kind of designed this with a backup system and a backup system. We want to make sure that everyone has those opportunities.

You can go to GOFERR, [GOFERR.nh.gov](http://GOFERR.nh.gov) to apply to that fund. Again, it's a very simple process. I was talking to some folks actually last night that already jumped into it. And that application process will be open for a couple weeks.

And then, finally, our second business fund that is currently kind of coming towards an end in a way, the SELF fund for those under self-employment that did not qualify, we didn't allow those that were self-employed to qualify through the first Main Street Relief Fund. We created their own fund. About 8,500 individuals that were self-employed applied to the SELF Fund.

The Department of Revenue Administration is reviewing those applications now, making sure that they're legitimate, making sure that we don't have a fraud, waste, or abuse of that system. We're going to use a very similar formula that we took under the Main Street Relief Fund formula.

They're taking batches. It's a little more complex, because there's a lot more actual certification, if you will, of those individuals. Those that are self-employed usually have less documentation. So we just have to make sure that those are true individuals that are truly self-employed. They're taking them in batches. But that process has already begun. And we think that the initial dollars should go out if not late this week, then early next week. So, again, a very, very fast program from inception to getting the checks out; about 8,500 applications. They'll verify how many are true and can be certified. And then, the money will roll. So that's a great opportunity. With that, I guess, we can open it up for questions.

### **Q&A Session**

*Governor, what's the current turnaround time on a COVID-19 test here in New Hampshire? We're hearing from some people who are saying it's taken more than a week.*

#### **Governor Sununu:**

Yeah, so depending on who does your tests, if your tests were to be performed by the Department of Public Health, and there's a small number of tests that the Department of Public Health can do and does, the turnaround time right now I believe is about 1.6 days, one to two days.

With Quest and LabCorp, they take on the vast majority of the private contracted tests. Right now, I believe the average is about 7.5 days. And again, the main reason being it's really nothing to do with New Hampshire. The main reason is because there's so much demand across the country. The number of people requesting a test in places like Florida and Texas, and California is just absolutely through the roof. It's driving a big demand on the system.

They are getting done. That's the good news. They're not running out of reagents. They can actually perform the tests. So that's good news. And we want to keep encouraging folks to go out and get a test if they have symptoms, or even if they're asymptomatic here in New Hampshire. Go get a test when you can.

My sense is that system is going to be under continually high demand for the next couple months, because, over the next few weeks, you're going to have students going back to college, and almost everyone going back to college needs to have at least one test upfront, before they leave. They usually get another test. Most universities are requiring another test when they get there. There could be a lot of School Districts that require tests.

So, we just know that the demand is going to continue to be high all across the country. And it's nice to see that there's some States whose massive surges -- and we've been fortunate not to have that here -- but their massive surges, like in Arizona over the past week, they're kind of leveling out a little bit. The hope is that other States will level out and that demand on testing will get back to "normal".

But my sense is it's going to be pretty high for quite a while. So we will keep working hard. We're looking to implement a program soon to do more and more of our testing here in the State, as different institutions, or organizations, or hospitals, whatever it might be, get more devices. We can do more and more. We've been trying to make those purchases since day 1 of this crisis. And we have gotten more testing.

I know UNH is looking to buy their own device to do testing and that will help, right? We want to be self-reliant, whether it's building PPE stockpiles or having testing materials here. We want to be as self-reliant as possible through the crisis.

*What is that small number you mentioned of local tests by the State of -- percentage of tests done by the State?*

**Governor Sununu:**

That are done in the Department of Public Health, it's maybe 200 or 300. About between 300 and 500 a day of our maybe 2,000 to 2500 tests that we might be doing would be done by the Department of Public Health.

*I mean, is this moment one of particular urgency, given students returning to school, the contemplation of students returning to public schools? I mean, I guess, can you be more explicit about what New Hampshire is doing to bolster testing here, as testing demand nationwide...*

**Governor Sununu:**

So, a couple things, so we've been trying to make the purchases for new testing devices since early March. And we've been fairly successful with some of that. Some of it, they're still on backlog, because every State has been trying to purchase new devices.

The vast majority of tests are done by the outside labs. Quest and LabCorp are the two biggest in the country. They have the vast majority of reagents that have gone to them. They just have the actual stuff, if you will, that you need to perform the tests. And that's why we typically go out to them. All States do. And the turnaround time is a little longer.

Like we said, the university systems and some of our other internal institutions in the State are trying to buy their own devices and their own testing materials. That'll take some of the demand off of outside testing.

The ability to do more internal testing potentially in our long-term care centers; we're one of the few States in the country that have continual testing of our long-term care center staff, one of the few places that do that. And the more that we can do that and manage those tests, again, internally, again takes pressure off the bigger system at-large.

So, it's not just the State, gee, maybe we should go buy some new stuff. We've been trying to make these purchases forever. We've had some luck. Everyone is getting a little bit here-and-there. It's slowly, gradually increasing internally. So our ability to self-manage is always getting a little bit bigger. But the demand across the country isn't just doubling. It's gone up literally 10 times in the past month. And I think that's just outweighing the entire national system of tests.

*Is there a specific class of tests that are being done at the State Lab? Or is that the long-term care? Or is just kind of random?*

**Governor Sununu:**

I'm sorry. Do you want to? Yeah. Again, I pretend to be the expert.

**Commissioner Shibinette:**

So, Public Health Lab does the outbreak testing. So that's the big part. So, our long-term care facilities that are in outbreak status, we typically test all of the residents and the Staff there about every five to seven days. So they're doing those testing. Any type of urgency-type tests that need quick turnaround, we will do those.

So there's a variety of things that we're doing State-wise to increase our capacity inhouse. So, even our Quest timeframe, like right now it's six to seven days for the turnaround time at Quest, just three to four weeks ago that was only three days, right? So that just talks about the exponential increase that we've seen over the last three to four weeks with testing nationwide, because Quest does all of the nationwide testing.

So, from New Hampshire's point of view, some of the things that we're looking at to increase our capacity inhouse is, so, for example, pool testing, which is something that nationally is starting to be recognized. And that's a process we're validating right now at our Public Health Lab. And what that does is for like a surveillance test, you're able to put five samples together, test it on one reagent. And if everything tests negative, then all five samples, all five patients are negative. If it comes back positive, then you have to go back and retest each individual sample. But with a 2% positivity rate, you're going to save a lot of time, a lot of supplies by doing pool testing. So we're currently in the process of validating pool testing at Public Health Lab. So some of those things are the things that we're doing to look at increasing our capacity statewide as we go into the fall months.

*Commissioner, I know that you were off last week. But my understanding is you said that the Commission on Aging, you were surprised when you came back to find that more facilities hadn't dropped off the list. And I think you indicated that there were, in fact, four new outbreaks. How do you kind of square that with what you said earlier?*

**Commissioner Shibinette:**

So, when I initially looked at that list, which was generated earlier last week, a couple had dropped off the list that I was not aware of. We do have a couple of facilities -- so you go through many stages of getting from a positive test to outbreak. We do have a couple of facilities in the in-between stage where they may have had one positive test. And we're investigating right now. So we go in and we retest, and then we test everybody.

What we have found that a couple of those facilities that I thought may be on the list are not. They had an isolated case. So, yesterday, I was discouraged. Today, I'm much more encouraged because those people did not get to the outbreak status. So the only new outbreak is the one that I listed today. And we are only at four. So, I'm much happier today than I was yesterday.

*That's good to know. But I mean, given you're obviously paying attention to this, is it sufficiently murky that somebody in your position could be surprised by the spread?*

**Commissioner Shibinette:**

Yeah, if we have additional outbreaks, if we start to see two or three facilities, four facilities come back on outbreak status in a week, yeah, I would be surprised for sure. And that's what I had said yesterday. And then, as we drilled down into the information, the testing over the weekend, getting the results back yesterday afternoon, we had found that a couple of the facilities that were kind of in the suspect case had turned out to be negative or not an outbreak status, that it was an isolated case.

So there are always a couple of days in between the first positive and declaring an outbreak that are murky, because we don't know if that is one resident that's positive and it's an isolated case, because maybe they had a trip out of the facility, or we're going to go in and retest, and, in our recent outbreak, find 12 new positives. So, yeah, there's about three days where we hold our breath. And we really hope that this is an isolated case. And so, in a couple of those facilities, that's what we found. And one that we announced today, it is outbreak.

*One metric that we don't get in our normal information but Maine does is out-of-state residents who are visiting. Say if I'm from Massachusetts and I'm staying in Weirs Beach, and I go to get a PCR test in New Hampshire, does that come back as information that we can have as State residents? And is that something that is already there that I'm just missing?*

**Commissioner Shibinette:**

We do get that test back to Public Health Lab, because we're the person conducting the test. But our first instant is to contact the Public Health Lab in their home State. Those conversations need to happen to understand that the person that was tested is still residing in New Hampshire and we need to



do contact tracing. But a lot of is following the person, right? Was that person here for one weekend, got ill, and then went back to their home State? Or are they here for the summer?

So, a lot of that work has to be done once we get that positive and we have to ascertain where that person is currently located. Did they go home or did they stay? But we don't regularly report out those numbers. And I don't know that we have that data pulled as specific as what Maine is doing right now. But I can check for sure.

*That would be interesting to know, in July and August, what those numbers are and if it shows a higher than average for residents.*

**Commissioner Shibinette:**

And I would expect that if we were going to see summer residents, or summer tourists, coming to the State, you would expect to see that our numbers in like the Lakes Region in the northern part of the State bump up. And we have not seen that to-date. But that's where I would expect to see it, because that's where a lot of our travelers go.

*Would you consider working to publish that information, just because some of those towns might fall into maybe a false sense of security with their low rates, when many of those people might still be residing in their town?*

**Commissioner Shibinette:**

Sure, I can go back and look at our data tables. How easy is it to pull? Are we going through 1,000 people by hand, or is it as simple as pulling a data table to find out whether we can follow that accurately? So it's something that we can investigate in our data to see if it's something that's very easily to pull.

*Commissioner, just following up with a question from information that came out last week about the error with hospitalizations that had been adding 76 to the list from a time period when 76 hospitalizations would be a pretty significant number. Could you just explain how that happened that those 76 were either classified differently or didn't come into the system correctly?*

**Commissioner Shibinette:**

Right, and I think a lot of it is pulling the data in real-time. And there's a lot of unknowns when we start contact tracing or when we're updating our system. Someone that maybe we had been monitoring for several days that was home monitoring had a hospitalization and it didn't get updated in our files, I mean, those types of things happen.

What's important is that, right now, during when our numbers are low, so obviously our contact tracing labor is lower, we have the time now to go back and fact check, and quality review every single case. And that's what we do during these low times to make sure that we're not missing anything, to make sure, is there a trend or a pattern that, in the height of our peak, that we may have missed? Can we go back and identify that now to do preventative work for the next peak that's coming?

So, that's what we're in the process of doing now. And we've been doing that for the last several weeks. And transparency and accurate data reporting is really, really important. So you have seen several times throughout COVID-19 where we have said, we've taken a step back and say, hey, we have to correct our data, because, through our QA review, we found X number more tests, or we've had to correct hospital testing data, or we've had to correct hospitalizations. That's good quality review. And I'm happy when we're able to do that.

I've said this before. COVID-19 pandemic is like building the plane as we fly it, right? We're working in a system that didn't exist before. So, as we work within that system, we see tweaks that make it better. And that's what we're doing. And during our times when our cases are low, that's exactly what Public Health should be doing and it's exactly what the Department should be doing.

*We have outbreaks at long-term care facilities. But are there restaurants', factories' outbreaks that aren't in the metrics that we have?*

**Commissioner Shibinette:**

Sure, we do have occasional employer-based outbreak that may involve five, six, seven, 10 people. We don't often announce those. And we will only announce those types of outbreaks if there is a need for the community to know. So if it is somewhere that the public often goes to, to obtain services, or they have close contacts with the public on a regular basis and we think that there is a risk to the community, we will announce those outbreaks. And we've done that a couple of times early on in COVID.

The outbreaks that we're seeing with employers now maybe are self-contained, meaning that there's no risk to the community, or minimal risk to the community, those types of things. So the only time we would announce a nonhealthcare-related outbreak would be that we have to warn the community, or we have to inform the community, so people could come forward, if they had had contact or close contact with that organization.

*I mean, roughly speaking, like how many such outbreaks exist like that, where the determination has been made?*

**Commissioner Shibinette:**

Like today?

*Well, I don't know. I mean, have there been thousands of these since the pandemic began?*

**Commissioner Shibinette:**

No, a handful, less than 10.

*Can you tell us the differences of long-term care? How many are nursing homes? How many are assisted living? And what the capacity is and the percent of occupancy?*

**Commissioner Shibinette:**

The percent of occupancy, I don't know today. That is a fluid number that changes every day, right? So there's about -- round numbers -- about 225 long-term care facilities. 75, round number, are nursing homes. The remainder are assisted livings. The occupancy, like I said, changes daily. So there's no way for me to know that.

We have regular and ongoing contact with all of our long-term care facilities, either through our weekly calls, which we have with Public Health every week. I have a group that sends me a list of questions every single day from long-term care facilities that I ask. And I probably personally talk to at least one long-term care facility every day. So, we have regular and ongoing contact with them.

*Governor, with regard to reopening public schools, several School Superintendents today essentially said the CARES Act money they're getting is not going to be enough, that they can already see in the plans they're developing, it's not going to do the job. As I'm sure you're aware, Mitch McConnell today said their Senate Bill's going to have \$110 billion in new money for schools. Do you think that will be enough? Is there any way to...*

**Governor Sununu:**

Do I think \$110 billion?

*More would be enough?*

**Governor Sununu:**

Well, that's a national number. I can only speak. We put every dollar that we're initially allocated for education went out the door for K-12 schools. If more money needs to come into the system, whether it's through the Federal Government in their next package, or whether it's through additional CARES Act flex dollars that I have here, the dollars are going to be there.

*So, Governor, on the mask front, the Legislative Facilities Committee issued a Policy today requiring anyone entering the State House campus to put on a mask and said that a mask will be provided.*

**Governor Sununu:**

There's been a requirement for masks at the State House.

*Well, the Facilities Committee voted today. But your office doesn't require them, correct?*

**Governor Sununu:**

I don't believe they're required on the 2nd Floor, no.

*No, but I mean, do you think, from a messaging point of view, you're talking about PR campaign to incentivize, encourage masks? Do you think saying, on the 2nd Floor of the State House, where I'm in charge, masks should...*

**Governor Sununu:**

Yeah, my staff has been at the State House since March. We do everything from wearing masks to social distance. We've been in this since the beginning. And we've done, I think, a great job. So, I can just speak for my office. I think we do a great job with mask wearing and social distancing, everything that needs to be done.

*Have there been any cases of COVID-19 on the 2nd Floor?*

**Governor Sununu:**

I can only speak for my office, no, not that I know of.

*Governor, the contact tracing, with schools coming back and the potential for just more people gathering, will contact tracing in New Hampshire be enough to meet the potentially added demand, in terms of especially when you think about even the little slightest sniffle is going to have to trigger a departure from school during that day and a test?*

**Governor Sununu:**

Yeah, so there'll be a higher demand in terms of testing, a higher demand in terms of PPE, and a higher demand in terms of contact tracing. And we're gearing up for all of it. Yeah.

*So, Governor, just back to the masks for a second.*

**Governor Sununu:**

Sorry, if you'll give me...

*My understanding is the...*

**Governor Sununu:**

Yeah, just give me 30 seconds. Yeah, I just want to be...

*Just on the test turnaround times, a lot of colleges and universities have built their plans and the safety of their students, faculty, and local residents around effective contact tracing and quick regular test turnarounds. Given that you expect those delays to continue and that seven days could be a huge outbreak on a college campus, should those schools be reconfiguring their plans?*

**Governor Sununu:**

No, I think the schools have done a terrific job. Almost all the universities and all the schools that we know of that are opening are creating relationships in the State to do a lot of their testing for them. Like I said, UNH actually is trying to get their own devices, because they'll have probably the largest burden, if you will, of testing and the largest demand of testing. They're going to try to do a lot of it inhouse. I think that's great.

So, no, I think they're building a lot of their relationships. And I think they understand that there's a high demand on the testing nationally. And everyone's trying their best to do what they can at a localized level to manage those turnaround times.

But there's no guarantee that there's going to be a 24-hour turnaround time for every test in the university, not at all. There's going to be delays, which is why having an elevated masking messaging campaign and really pushing the social distancing issues with the college students, understanding what's happening, whether it's dorms and fraternity parties and what's happening in the restaurants and all that. All of that interaction really comes into play in terms of the messaging, where we need to go, and the responsibility that the students and faculty really have to take.

And we feel very confident that most of the plans we've seen so far, I think, have done a very good job of making sure that it's an elevated message. They have not just a messaging, but how it's going to be managed, right? I mean, there's no guarantees to anything, especially in the world of COVID, but how that's going to be managed. Sorry, Josh, go ahead.

*My understanding is, though, that this new Policy affects shared spaces on the 2nd Floor, including hallways, anything that's essentially not your office, the Council Chamber, the Secretary of State's Office. You've now got to wear a mask in all of those places.*

**Governor Sununu:**

Yeah, to be honest, I don't know the Policy you're referring to. Is that something they did today?

*That passed today.*

**Governor Sununu:**

Yeah, I've been in the office. I don't know. I haven't seen it.

*So do you think that's a good idea? Do you think people should be required to wear masks, even your office?*

**Governor Sununu:**

All I can tell you is that our office has been incredibly, I think, responsible and safe in terms of what we do.

*So everyone in your office wears a mask all the time at the State House?*

**Governor Sununu:**

Or we social distancing. Of social distancing isn't possible, then we wear masks.

*Will there be any financial incentive for Substitute Teachers to return to try to boost that workforce?*

**Governor Sununu:**

Financial incentive on top of just getting paid for Substitute Teachers?

*Right.*

**Governor Sununu:**

Not that we've contemplated, no.

*Just similar, though, a lot of Districts are concerned that their sizeable groups of Teachers above 60 are going to choose to retire rather than put themselves at-risk teaching in-person, or continue remote learning. What guidance do you have for schools that are worried about that?*

**Governor Sununu:**

Start getting a big list of Substitute Teachers. Yeah, I mean, we've been pushing that all along. I mean, we anticipate there'll be a very high demand. I understand, I mean, folks could retire. They could go out because of COVID. They could be quarantined. There's a variety of different reasons why not just Teachers but Staff, Bus Drivers, right?

One thing that we've really been telling Districts are be very cognizant of making sure you have a good and healthy list of those Substitute Teachers, how they might work not just as a Substitute Teacher in a traditional classroom, making sure that you can handle a remote learning, or hybrid-learning opportunity that a lot of the School Districts are going to be utilizing.

*Governor, can you just describe who's going to manage that contact tracing at the schools? Is this going to be a outsource, or is this part of the -- I mean, since the National Guard is kind of moving off of that beat, who's going to be in charge of...*

**Governor Sununu:**

So, we have a private contractor that's come in and is handling a lot of our contact tracing now. There's a lot of them. There's a couple hundred over there. So it's a very robust program. It's going to be going on for the next few months. And we will lean on them. And we've kind of trained them up to our standards of contact training. Many of them are already in place. And we will make sure that we have enough to handle the situation.

*So, are you anticipating the need to hire more if schools open? I mean, what...*

**Governor Sununu:**

More contact tracers?

*Yeah.*

**Governor Sununu:**

As the need demands, we could bring in more people, as the need demands. We've always been very good in New Hampshire about being very flexible. As the demand starts increasing, we can bring folks on. We can bring other State Employees on. We can train up. I mean, you could always bring the National Guard back. I guess, theoretically, you could always do that. They were phenomenal at what they did.

*So, I mean, is it the ConvenientMD and/or ClearChoice would be doing these? Or these are State Employees or a mixture of those would be...*

**Governor Sununu:**

Yeah, ConvenientMD, no, the...

*Well, they have the contact tracing contract?*

**Governor Sununu:**

They do some of it, yeah. Maxim does a lot of it, as well. So, let's go to the phones. I don't want to ignore our friends on the phones that couldn't be in person. Hi, Kathy, are you there?

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

*Hi, thank you.*

**Governor Sununu:**

Hi.

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

*Hi.*

**Governor Sununu:**

How are you?

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

*I have a question about one of the funds set up through the CARES Act. It's the \$50 million Emergency Broadband Expansion Program. The program says the projects must be complete as early as possible and no later than December 15th of this year. I was just wondering. Have there been any concerns yet about projects that may not be set up in time for this deadline? And would there be any room for flexibility?*

**Governor Sununu:**

Yes, so the flexibility, we want to be as flexible as possible. The flexibility restrictions are really from the Federal Government in terms of how the CARES Act dollars are spent. So what we've been asking the Federal Government to consider is at least, as long as the projects are getting started, knowing the projects are being put into place to expand both remote learning, working from home, and opportunities like that that are truly driven from COVID. We want to make sure that those projects can go forward.

So we've been constantly pushing the Federal Government for more expansion on those projects, making sure that they can meet certain deadlines, because they are going to fulfill a very important CARES Act need. And that's the fundamental purpose of those CARES Act flex funds. So we've been making the case. We're moving as fast as we can, regardless. But hopefully they'll give us so more time. That's a great question.

***Michael Graham with New Hampshire Journal:***

*Yes, I have several questions for Dr. Chan, if you have a second, please?*

**Governor Sununu:**

Sure.



**Michael Graham with New Hampshire Journal:**

*So, I'm trying to process through the information that you've been sharing with us today about the slowness of testing. I'm trying to figure out how it helps at all for schools to do testing that there's certainly a week delay, but even two or three days' delay, because you now know something that happened three days ago. That means nothing for the current status of being tested today. Also, all information shows that the younger kids are, the less likely they are to either be infected or to transmit the infection. In fact, you and the Governor have left daycare centers open throughout the entire COVID pandemic, even when things were the worst. There were still daycare centers open for First Responders, etc. We had up to 6,000 kids in daycare centers at the peak. And yet, according to your office, there have been no significant outbreaks at all at the daycare centers or with the daycare workers. So I'm trying to figure out why a six-year-old in daycare would be safe, but a six-year-old who goes to elementary school will have to take Zoom learning, which has shown ineffective, because they attend an elementary school, and how that matches the data that we have about the incredibly low rates of infection and illness among young people, particular as you get younger.*

**Dr. Chan:**

Yeah, so a few questions in there. Let me just clarify that the K-12 return to school, or back-to-school guidance is published and it does not specify that elementary school students need to do remote learning through Zoom. To the contrary, it, I believe, asks schools to develop plans for multiple models of learning: in-person learning; hybrid learning; and remote learning, and to have the flexibility to be able to move between those different models depending on what happens with the pandemic in different communities, in different areas of the State. And so, there's a need for schools to have the flexibility, I think, to be able to adapt to multiple different potential situations for what happens in this pandemic.

But certainly there is the goal of trying to get students back to in-person learning in some capacity. We believe that's possible, given where New Hampshire is right now in the course of this pandemic. Our numbers continue to reflect positively, or well, in terms of us being able to limit transmission within our communities.

Regarding your comments about children and the likelihood of children becoming impacted, as we have said all along, anybody can become infected with COVID-19. Anybody can have COVID-19. That includes children: young children; old children; teenagers; young adults; all the way up through the age spectrum. And we believe anybody can transmit COVID-19.

How likely, or whether children are less likely to transmit COVID-19, still is an open question that's being studied and researched. So potentially the risk may be less in younger children. We don't know that for sure. That's something that is still actively being studied, but I think highlights the need for everybody, young and old, to continue to take the necessary steps to prevent transmission and try and maintain physical distancing, whenever possible; cloth facemask use; good hand hygiene; trying to limit group sizes. All of these become important in all settings, school and community settings, to try and control the spread of COVID-19.

Regarding your question about testing in schools, the area where testing is being rolled out in a more extensive way really is, I believe, in colleges and universities, right? There's no requirement for broad testing in the K-12 population. So I think where we have talked about testing for COVID-19 really is in students coming back to colleges and universities, where they're in a congregate living setting,

where they're coming in from multiple areas throughout the country, possibly internationally, a potentially much higher-risk setting.

The turnaround time for tests, as you've heard, varies by lab, right? So you heard the Commissioner mention that the turnaround time right now, if you send a test to Quest, that's a national laboratory, is on the order of seven-plus days. If you send the test to the New Hampshire Public Health Laboratory, their turnaround time is one to two days.

We have the capacity within our New Hampshire Public Health Laboratory to test between, as the Commissioner mentioned, 300 to 500 people per day. We also have a partnership with Dartmouth-Hitchcock Medical Center Laboratory that performs overflow testing. They have the potential to test hundreds more per day. Dartmouth-Hitchcock Medical Center's turnaround time for testing is less than 24 hours on average.

And so, these blanket statements about the turnaround time for tests really it's so variable that it's hard to give one blanket statement, right? And I think highlights the need to increase, as the Governor mentioned, local capacity, because our capacity to turn around a test quickly in New Hampshire is much better if that test gets sent within State.

So, we're looking at building up testing capacity in our Public Health Lab. Some of our hospitals, like Dartmouth-Hitchcock Medical Center are looking at building up capacity. As you heard, the University of New Hampshire's looking at bringing on testing.

Testing in these settings becomes much more useful and feasible when we can build up local capacity. And that's absolutely something that we're attempting to do, and it's focused right now in school settings, really more in colleges and universities, because of the much higher-risk setting that these present, given students potentially coming in from different areas of the country. Thanks.

**Governor Sununu:**

Great answer, great job. Thanks.

***Harrison Thorp with Rochester Voice:***

*Yeah, good afternoon. The first question's for Dr. Chan. I'm not sure if the second one is for Dr. Chan or Commissioner Shibiante. But, Dr. Chan, I spoke with you last week about discrepancy between State and local City of Rochester case numbers last week. And Rochester's Emergency Operations Center Chief is very concerned if he is not getting the addresses of confirmed COVID case, since he has been using the list that he gets to alert First Responders to the presence of people who have the virus who may have service calls at those addresses. So, on Monday, he said he had no current addresses or cases listed in the City from his sources at, I believe, the Federal or State level. And DHHS continues to say that there are eight. So, are we putting First Responders at-risk due to privacy concerns? And my other question is just briefly the rising number of young positive cases. Can you give us a sense of what is driving this? Is it parents bringing their kids in to be tested around the State? Or is it kids looking to go to summer or day camps, or overnight camps? And also regarding this phenomenon with the young people, can you say the typical percentages of kids that are representatives are asymptomatic? And can you give me the positivity rate regarding that population? Thank you.*

**Dr. Chan:**

So the question with the numbers relative to the Town of Rochester came up last week. And I would encourage the Emergency Operations Chief to reach out to Public Health directly if there's questions about the numbers he's seeing, versus what's reported on our website. I can't speak to the discrepancy currently. I'm not sure why the numbers are different.

Certainly, we take the confidentiality of people reporting to us very seriously and we keep that confidential. We keep that information confidential. There is the ability for EMS, to protect EMS, to have some access to that information, so that if they're going out to a scene, or a site, they know who they're encountering, possibly for emergency medical services, could have COVID-19. But, we keep and take very seriously the need to keep personal information confidential.

Regarding your second question about increasing numbers of children that are positive for COVID-19, I'm not sure what numbers you're looking at. We have not released any trend data specifically separating out age groups. Certainly, we report current numbers of our cases on our website broken out by age.

We are in the process, I hope tentatively by next week, going to be updating our data dashboard online, where we will be able to look at some of this information in more detail, for example trends by age group. But I am not aware in New Hampshire of increasing trends in young people. But certainly that's something we're continually monitoring and looking into. And hopefully with updates to some of our data dashboards in the coming week or two, we will be able to assess that more readily. And that information should be more readily available to all of you in the public. Thanks.

**Governor Sununu:**

Oh, great, that's it for the phone. Any other questions?

*Could we bring up Dr. Chan? Give him some more exercise back up. I just have a question about School Nurses, some of the guidance that was released, and sort of the parameters that went into that, and to what extent they're going to be the eyes and ears for a lot of Medical Professionals in the months ahead.*

**Dr. Chan:**

Yeah, so I think one of the important things to understand about responding to any infectious disease threat, or any health threat, is really that public health is a partnership, right? Any time we are in a situation like the COVID-19 pandemic, or investigating any disease, we work very closely with our affected partners. And in this case, that's going to involve the schools. And the School Nurses are going to be one of our critical partners on the ground who are seeing in real-time what's happening in schools, who are trying to assess and manage any symptomatic, or sick, kids that come to schools.

Oftentimes, School Nurses serve as a point of contact for Public Health to conduct our Public Health investigations. And so, since the release of the K-12 back-to-school guidance, we have been reaching out and engaging some of our partners in this. The most recent example are School Nurses to make sure that they have the appropriate information, they have the necessary personal protective equipment. They feel comfortable knowing what to do, if a sick student, or maybe even a sick Staff Member is sent to their office.

We held a call with School Nurses this Monday. And a lot of it really was simply reiterating a lot of the information and guidance that's already out there from a national level, and guidance that you can find in the K-12 back-to-school guidance, helping them maybe operationalize a little bit more.

There were dozens, if not hundreds, of questions, I think, that came in during that call. And so, we're certainly going to be following up with schools and specifically School Nurses to help address some of their questions and concerns, because it's going to be an ongoing process in building the relationship between Public Health and schools, and School Nurses to make sure that they feel confident and comfortable in addressing COVID-19 concerns that may come up during the school year.

*Governor, what would you say to some of the parents of these kids going back to school who frankly may be very stressed of all this, just about managing the transportation and remote learning, or in-class learning, or getting them to-and-from school? Just they have anxiety.*

**Governor Sununu:**

No, it's a great question. And I'm going to speak a little bit as a parent, myself. There is a lot of anxiety. I have two kids in high school. I have a 2nd grader, as well. There's a lot of anxiety around it. Parents are right to have that anxiety.

I think a lot of the Districts are reaching out, getting some parent and stakeholder input a little bit, using our guidance document as the framework. You see a lot of Districts are finalizing kind of exactly what their classrooms will look like. They're working with the Teachers and whatnot.

So, I guess the confidence there is that the documents and the guidance are in place. The Districts are doing right. We have the tools and the resources to make sure that kids can go back in a very health [sic] and safe way.

The caution I would throw out there is that I do believe cases of COVID are going to go up in this State. They just are. And whether it's schools or university, or other drivers that could be out there, we're trying to mitigate those and learn from other States. But we know that that could be.

If your child has an underlying health condition, it's something very serious. You have to take that very seriously and consider your options. And that's I think one of the most powerful things our statewide education guidance document did was create options for School Districts and for parents so that, again, it wasn't just an interruption of learning for a couple kids, if there are kids that are going to be out, and maybe going back to school right away just isn't for them, whether it's homeschooling, or remote learning, or a variety of other opportunities out there. We want those opportunities to be available.

But again, parents with students with underlying health conditions should be concerned and weigh those options especially. But kids can go back to school in a very health [sic] and safe way. Getting back the kids back to school on day 1, that's not the hard part. Making sure kids can stay in school in October, November, and December, that's the real challenge. And that's why the flexibility comes into play. The contact tracing comes into play.

All the guidance and the document and I think what the State put forward would not have been put forward the way it was if we didn't have such great tools and resources at our disposal. Other States don't have that. They just don't. Other States don't do the contact tracing we do. They don't have the access to PPE that they [sic] do. Because our numbers are low, we do have the ability to do more testing here and whatnot. So we just have a lot of other tools in our toolbox and that gives us a lot of confidence going forward that it could be managed. It's all about management at the end of the day.

Okay. Well, thanks, everyone for joining us. A lot going on, busy week, there'll be a lot more. And we likely will be back on Thursday with another update. Thank you, everyone.