



Office of Governor Christopher T. Sununu
Press Conference
Thursday, July 23, 2020 at 3:00 p.m.

Governor Sununu:

Well, good to see everybody. Thanks, everyone, for joining us today. I know we're coming in on the backend of a big storm report. So, hope everyone can stay as dry as possible. Before we do turn it over for a public healthy update, there's a variety of things we want to talk about today.

But I want to start with two Bills, two pieces of legislation that I signed earlier today. This morning, I signed HB1264, which strengthens our clean drinking water standards, ensuring we have some of the strongest standards in the nation. This has been a priority of my Administration from the very beginning, partially my own personal bias, if you will, my background in being an Environmental Engineer. I'm quite partial to these issues.

But we do have a PFAS problem in this state. And we've always said we don't want a problem to become a crisis, which is why we created the Clean Drinking Water Fund early on, maybe about two or three years ago. Hundreds of millions of dollars from the MBTE settlement that goes to actually building pipes and ensuring that every time you turn on your faucet, you put your glass under that faucet and you hand it to your child, you got to know that the Government really did its job well. And you're ensuring that that drinking water is safe.

So it has been a priority of ours. And this bill really strengthens those standards. But also, another very important provision of this bill is it's providing financial support to Municipalities across the State for their water systems and their wastewater treatment plants that are often, if you will, the victim of some of these very tough standards. Standards are very important. But it does require a lot of upgrades: a lot of upgrades with piping, upgrades with filtration materials, whatever it might be. And so, we don't want to create an unfunded mandate. We're providing a lot of potential support for those Municipalities that are really going to be on the frontlines of this.

And obviously, I also want to take a moment and thank Senator Chuck Morris and Senator Dick Hinch. They have just led the fight on this for the last two or three years. They've been on the frontlines in making sure not just this Bill, but some of the other legislation that we've been working on has passed. They've just done a great job of really understanding that this does impact everyday individuals every time we turn our drinking faucets on.

Another Bill that I just have a real personal connection with is House Bill -- yes, it was a House Bill, 1135. I don't remember the numbers too often. There's a lot of them. The important part of this one is there's a variety of different pieces in this. But this is one that really ensures that issues like the Holocaust and genocide are built into our curriculum in schools.

I've had the honor and the privilege of this past year, not so much over the COVID crisis, but prior to the COVID crisis, I spent a lot of time with a good friend, Kati Preston. She's a Holocaust survivor. She spent a lot of her time over the past few years going to schools, talking to students about her experience, what it is. She has an amazing story in a variety of different ways, but it's one that looks to future and

always trying to build on the future. What are we leaving for our children? What are we making sure we instill? And what stories that are important lessons are not forgotten?

And this is really a big one. And to be able to sign this into law, as she put it earlier today, little old New Hampshire doing what a lot of these big States have never been able to accomplish. Everyone really came to together. The Jewish Federation of New Hampshire; Kati; a lot of Advocates from different faith-based communities came forward and really made sure that we got this into the curriculum.

This Bill also does a few other things. But two others that I want to mention are Specialist Marc Decoteau. Specialist Marc Decoteau from Waterville Valley was one of the first individuals we lost early on in the war on terror many, many years ago. And so, this Bill will allow Route 49 to be named after Marc.

Yeah, and the other piece, really, is with 125 down in Brentwood, Officer Steve Arkell of the Brentwood Police Department, who lost his life in the line of duty, boy, probably five, six, seven years now, it's been a while. I've gotten to know both those families very well. But Route 125 in that area will be named for Officer Steve Arkell.

So, they're just lines in a Bill, but they really are impactful. And I think it highlights in New Hampshire, at least, we want to not just remember individuals that put themselves on the line, but really cherish them and honor them for everything that they give, and honor those that will come after them, as well. So, with that, I think, if Commissioner Shabinette, we will do a Public Health update.

Commissioner Shabinette:

Thank you, Governor. This afternoon, we are announcing 25 new cases of COVID-19 for a total of 6,318; one new hospitalization for a total of 681; and three new deaths, for a total of 405. One of the three deaths were someone that resided in a long-term care facility.

For long-term care facility outbreak status updates, we have no new outbreaks to report. We have no closures to report of outbreaks. But today, we are announcing a new partnership with Dartmouth-Hitchcock Medical Center to take over our long-term care facility surveillance program. So, beginning next week, our surveillance program with our long-term care facilities will be transitioning from MAKO Laboratories to Dartmouth-Hitchcock.

This is part of what we talked about for the last week-or-so and that is keeping some of our testing capacity and increasing our testing capacity within the State of New Hampshire. When we do that and we support out healthcare facilities and our labs to do additional testing and increased capacity, we retain control over quality. We retain control over cost. So it's really important.

What we've seen over the last couple of weeks is that as the national picture of COVID changes, it impacts our turnaround times at our national labs. They are great partners. Quest and LabCorp have been standing next to us right from the beginning of this pandemic. But right now, their resources are going into different areas of the country. We will continue to use our commercial lab partners. But, as much as we can, we will continue to try to build capacity within New Hampshire.

The other thing that we want to announce today is something called the Support Persons Program for Acute Care Hospitals. So, for the past several months, our patients, our community members, our hospitals have contemplated the risk and benefit of allowing visitation during hospital stays. And we've heard about this both at the Department, I'm sure the Governor's Office, the individuals hospitals, of family members really having a hard time when they bring their loved one to the hospital, either to the emergency room or for an inpatient stay. And they're not able to go into the hospital with them.

So, collaboratively, the Department of Health and Human Services, New Hampshire Hospital Association, and all of our hospital partners got together to put together a set of guidelines around our non-COVID patients Support Person Program. So what that really means is that, if you are going to the hospital, or if you have a family member going to the hospital, either emergency room or inpatient, you will be asked now to designate a support person. That's a person that can advocate for you, or just be there for emotional support, be a caregiver.

And we feel it's really, really important. The hospitals, our community members, and the Department feel it's very important that people have the opportunity to have that support person at their bedside, either in an emergency or during an inpatient stay. And that designation will be for one person. So it's not going to be that a different person can visit every single day. But we're going to designate one person.

Now, every hospital, depending on what's going on in the community, has the ability to expand that program and allow for more visitation. And we also give the flexibility to the hospital that, if the picture in the community, or even in their ER, changes, they need that flexibility to pull back. So if, in one evening, they see three, or four, or six people come into their emergency room with respiratory symptoms, they need to be able to say, okay, hold up a second. We need to pare back a little bit until we figure out what's going on.

So we always want to leave that decision-making at the bedside, which is what we're doing with this program, but very much encouraging, and all the hospitals are onboard, allowing everybody to have at least one support person at their bedside during a hospital stay. So, I think that's all I have for updates. Thank you so much.

Governor Sununu:

Great, thank you, Commissioner. And I just want to thank the Commissioner very publicly. Working on that last piece she was talking about where folks can just have an advocate or somebody speaking on their behalf in those times of them going into an emergency room can bring a lot of anxiety. We've heard a lot of stories of individuals that they're under a lot of stress. Maybe they're having heart issues, or whatever it is. They forget what medication that they might be on, when they're asked questions. They forget what their other medical history is, or their situation.

So to have somebody with them there as that advocate, I think, is so important. I just want to thank the Commissioner. That was not an easy, I think, process to work through all the hospitals. And I want to thank all the hospitals for also getting onboard, understanding it, and really helping make these first steps a reality to make sure that process works very smoothly.

A couple quick updates on a few of the things that we've also put out today, and then we will open it up for questions; we've been talking about the Self-Employment Fund. And tomorrow, individuals that applied for the fund will receive an email from the State notifying them of either their approval, or maybe a request for more information, a Notice of Non-Eligibility, if there was some reason why they applied but for some reason don't qualify. And so, there'll be literally thousands of Applicants that will get emails from across the State.

Approximately the initial amount going out the door is at least \$26 million. But then, there'll be a lot other applications, because the self-employment requests are a little more complicated. So we want to, again, take the time and go through a variety of them individually and making sure that we're getting

it right on eligibility and whatnot. But the initial \$26 million award notifications will go out tomorrow, likely with more coming in the future. So that's just another great process.

One of the programs I talked about last week was the Investment in the Future Fund. And this is the summer programming dollars that we allocated to a variety of different areas to really make sure that kids had programs available to them that traditionally may exist in the summer. But because of the COVID pandemic and epidemic, the programs might have been shortened, or reduced, or maybe even nonexistent at this point.

So we wanted to provide those supports so these organizations could really staff up and allow that opportunity, because we know that that safe socialization is so important for our kids, especially after all the months of remote learning. We want to avoid those issues of long-term -- and the adverse issues of long-term isolation and social isolation.

So, after talking to the Health and Human Services group and folks over at GOFERR to find ways to increase summer and fall activities for children across New Hampshire, we established this Invest in the Future Fund with about \$4.5 million of CARES Act funding. And today, we're announcing the launch of the first of those programs.

It's called Empowering Youth Program. It's part of the Invest in the Future Fund. It'll use about \$2 million in CARES Act funds to increase summer program for middle and high school aged students across the Granite State. Again, the goal of the program is just to provide funding for things like day camps, or recreational sports and other recreational programs.

But it's really to bridge those programs as we enter the schoolyear. So we're not just taking the summer in an isolated chunk. We want to create a continuum of opportunities for these kids that extend, as we finish out the summer and then move into the next year.

The application period opens today. It'll close on Monday, August 17th. So there's plenty of time for organizations to apply. And these organizations again would be things like the Boys & Girls Club, recreational youth sports programs, YMCA, Girls Inc., different athletic associations across the State. So there's a variety of different organizations that provide these types of summer programs for kids that will now be able to bridge into the new schoolyear.

You can go to goferr.nh.gov and there'll either be a button for Empower Youth or something you can click on there to get into the application process. But, again, kind of just following on the announcement we made a couple weeks ago, the GOFERR Team did a great job getting the application up-and-running in just a matter of a couple weeks. And we're off and running. Every day counts, when it comes to summer programs for these kids. We just always want to provide that opportunity.

Also, yesterday, I released the Initial Report and the recommendations from the Governor's COVID-19 Equity Response Team. The group worked very hard. And obviously, I want to first thank them for their service, for what they've put together. It's a very important baseline and key first step. There'll be a lot of work, I think, that builds on the ground that they have laid for us.

And while our office continues to review the Report, we have identified numerous recommendations that are currently either underway or that we can prompt an immediate response from the State. And we will continue to work with members of the Equity Response Team, as well as the Governor's Council on Diversity and Inclusion.

The Governor's Council on Diversity and Inclusion is a group I created two or three years ago now, which, again, deals with a variety of issues, really embracing and allowing the stakeholders and individuals to come forward in variety of different communities on a variety of different issues having to do with diversity and inclusion.

And so, we're really empowering them to take some of the next steps with this Report to find out the timing, what might need legislative approval, what might need additional funding approval. Take a second- and third-layer look at the data. We've just been able to kind of touch the surface of the data. And it's clear that a response is needed. But we want to look even deeper into that data to make sure that we're being, I think, as detailed as we can with our response.

But among the recommendation in the Report that are either currently underway or achievable, things that we can do immediately, I'm going to give you a little list here. I apologize. We didn't create a slide. But we wanted to at least get some of the information out. But some of these ideas, I thought, were very, very good.

First, robust disparity data dashboards: what does that mean? Really having a dashboard -- and we've already created the initial forms of it -- that look at, through the COVID-19 epidemic and maybe making it more expansive into the healthcare model, that really look at the racial disparity that might exist for different ailments, different conditions, and different aspects of our healthcare system.

Increasing community testing: obviously, we're always trying to increase our testing capacity, but especially in some of the smaller cities and areas where, again, we know that either from a language barrier, or potential economic barriers may exist. Communication barriers that are just inherently there; we want to make sure we're being very proactive in those areas to not just increase the community testing, but the communication that comes with that to make sure that folks understand the opportunities that are available to them.

We want to ensure that testing sites have written protocols for community outreach and demographic identifier data. So, in other words, we want to be collecting that demographic identifier data. If we don't collect the data, we can't really understand and find out where some of the holes and gaps in our system are. So we want to encourage as many folks that are going through that process to be willing to give that information and data so we can use it, I think, in a robust and productive way.

Conducting equity review analysis and ensuring healthy food access: healthy food access is a big one. We've already allocated up to \$5 million into New Hampshire's Food Bank, the centralized location that works with hundreds of food pantries across the State, again those that might be marginalized economically again that don't come into what I guess we traditionally call the mainstream healthcare mix. We want them into that mainstream healthcare mix. And we want to find out where those barriers exist to make sure that everyone has the appropriate opportunity for it.

And deploying the COVID-19 response community health workers: making sure, again, we have the workforce there. So, when we make investments into some of these communities, we expand opportunities with better communication. We need the workforce there, as well, right? A program is only as good as those that can actually deliver it.

So making sure we have adequate workforce in those areas; making sure we have workforce that can speak multi-languages, right, because the language barrier's one that we're realizing is it's a real factor for folks that, if they don't understand exactly the opportunities that are there, they're very hesitant to come out, especially now that we had the Stay-At-Home Order. There was a lot of isolation. We got to really communicate in every means possible and go that extra mile for a lot of these folks to make sure not just that we're collecting data but, most importantly, they're getting the healthcare that they truly deserve.

And then, isolation and quarantine housing support, which we're currently doing; we need to do more of it. But just making sure that if you do need to be isolated or quarantined, if you do test positive,

whatever those issues might be, that we have support systems in place for housing, or additional housing supports. And so, we think that's something that we can move on fairly quickly.

And again, this is just the first step. And we're going to continue to work both with the Equity Team and the Commission on Diversity and Inclusion to make sure that we're taking that second- and third-level of detail. We're going after everything we can.

There are a lot of other recommendations in that Report. All of them are definitely worth visiting and seeing, again, where and when we can implement them. It's one of those issues where every day that you wait, you're missing an opportunity. So we wanted to move quickly on a few of these initial steps. But there's obviously a lot more work to do.

The last thing I want to touch upon is something I came across and really hit the news a lot this past 24 hours. And that's Federal relief. A lot of folks have seen Congress is working on another Relief Package Bill. We were told they were going to be working on this Bill back in June. That got delayed. Now it's into July and they're finally getting to working on it and we're appreciative of that.

But one thing I got to just express a little frustration, when the CARES Act passed in March, we fought very hard between the time that the Act passed to the time that the dollars were allocated to ensure that States would have all the flexibility in the world to spend those dollars as they see fit. And one of those requests was to make sure that States could use those funds to backfill lost State revenues, or Municipal revenues. Most importantly, we wanted to help a lot of the cities and towns. And we were told emphatically across the board, no, absolutely not. There would be another stimulus package that included those types of provisions.

They were very clear that the CARES Act money that the State received was to be spent quickly. It was relief money. It was to go out strictly for relief. And we understood that. And we understood that mission. And we played exactly by the rules, so to say.

Now, the frustration, I guess, to express a little bit is the latest draft we've seen of the Stimulus Bill out of Congress really pulls the plug on Washington's promise to support States. Instead it really changes the rules for money frankly that we've already spent. And it's a terrible idea. It really is.

What it's really saying is we told you to spend the money fast. Focus on relief efforts. And you couldn't use it to backfill funds. But now, at the end of the gam, we're telling you we're going to change the rules and we're going to tell you that it's more flexible, but it's really not, because we did exactly -- those States that were hit hard, as we were -- New Hampshire and New England States especially were hit very hard early on. We spent that money exactly as we should have: on PPE, on testing capacity, on all these different opportunities, economic relief, exactly as the rules specified.

And my push is this. We need Washington to understand the promises that were made to States, those commitments. And we want them to come through with some level of funding. We don't need trillions of dollars. We really don't, but some level of funding to fulfill that commitment that they've made to States.

This idea that they're going to change the rules, unfortunately that's typical Washington. But it will have a severe impact, not just here in New Hampshire, but all across the country. So we understand there has to be guidelines. We understand that there's tax dollars at-risk here.

But I guess my point is, if they're going to have this rule in the first place, maybe they should have told us back in March. And what you're really doing is creating an unfair process. States that spent the money aggressively, really attacked their COVID crisis, really had the biggest part of the COVID problem are now at the biggest disadvantage, right? States that didn't and haven't had as big of a COVID issue have more money left in the till and are effectively rewarded.

So, I just want to really encourage Washington to dig deep. They have to make some very, very tough decisions. But from the Governor's point of view, again, we acted very quickly. We had a great team here at GOFERR. We did it really, really well. We did it right. And we just want to make sure that those opportunities that were committed to the State are fulfilled on, because it's not about the State. It's not about Government. It's really about making sure those funds are going to be available for the citizens that need it the most. I guess, with that, we can open up for questions.

Q&A Session

How much money would you like? And is it for Municipalities that you're seeing? And what kind of losses have they suffered that...

Governor Sununu:

Sure, well, we understand the budget deficit here. And again, I'm not saying that Washington, D.C. has to cover all of our budget losses. But it was always understood that they would be there for not just the State but cities and towns. That was the package. It was State and Municipal support for the lost revenues.

If you remember, it's the State and the Municipalities that followed the CDC guidance, that made a lot of the restrictions and took on, I think, some of the toughest decisions, knowing that there would be very severe economic losses to themselves and their communities, following that guidance. And I think that's what the basis of that commitment to the States were.

So, when we went back and realized that we didn't have that flexibility, first we went to all the cities and towns and told them, look, we don't have the flexibility. But you can use the CARES Act money for COVID-related funds, and with the confidence that more dollars would be coming in.

I think there's still time. I think there's a lot of time for the House and the Senate to work something out, to be sure. But just to be clear, from our point of view, I mean, I spoke to the Treasury Secretary directly. I spoke to members of Congress and the Senate directly. And it was always understood and appreciated that a Relief Bill is a Relief Bill and a Stimulus Bill is a Stimulus Bill. And supports for cities and towns, and the State would be coming in the Stimulus Bill. So we just hope it gets put back in.

What's the Delegation's position on this?

Governor Sununu:

I believe they're all in favor of moving forward. But I, again, got to hope that they can work with their counterparts in both the House and the Senate, on both sides of the aisle, to try to get that advocacy done.

Governor, it was many, many weeks ago you were calling on the President to invoke the Defense Production Act, when it came to things like ventilators and things like that. Now that we're kind of scraping along with the testing and trying to cobble together our own testing capacity, is it time to perhaps call on the President to invoke that Defense Production Act in the effort of creating more testing capacity, so we can tests turned around faster here?

Governor Sununu:

Well, I'm not sure. I don't think anyone is holding back on increasing testing capacity, getting the reagents manufactured as fast as possible. If you have the ability to manufacture testing reagents right now, that's just a huge -- you'd be doing it, I think, because it's just a huge economic opportunity to do it. So I don't want to speak directly to the Defense Production Act and all the pros and cons that that may bring.

I will say thank you to all the different companies who have stepped up and changed their models of production, whether it's to make masks, or make medical devices, or maybe even get into the testing device field. I think I have ever confidence, and I've heard across the country from the Manufacturers, themselves, as well as the Administration, that they're trying to make this stuff as fast as possible, understanding that the demand on it is very high.

I don't know if invoking a Defense Production Act increases that any more. There's every incentive in the world to already do it. So I'm not sure. I guess I just wouldn't be the one to answer that question to determine whether that would have beneficial results.

So you think the market can solve the problem, eventually?

Governor Sununu:

I think there's market's doing everything it possibly can. I don't know. I'm not going to promise that this problem gets solved. I'm not going to speak on behalf of the entire American market that the problem gets solved. But I think there's such incentive to do it. There's so much money out there frankly.

The Government is putting up a lot of money to accelerate and fast-track everything from vaccines to testing materials, new testing devices, mobile testing devices, rapid testing devices. And we've seen a lot of them come online in just the past few months. And they're, again, trying to make those reagents. It's really the reagents that are the biggest limiting factor. And they're trying to make it as fast as they possibly can. There's every incentive to do it, because I don't know any State that doesn't want to buy more of it.

So what's your level of confidence that we're going to see the turnaround time on tests go down in time for that back-to-school period, where we're theoretically going to see either another spike or more people requesting tests?

Governor Sununu:

I'm not incredibly confident that the turnaround time drops precipitously from seven days back down to three and four days, because I just think the demand is going to remain to stay very high across the country. And then, if these numbers that we see in Florida and Arizona, and Texas start to plateau, if that happens in the next few weeks, that'll be about the time that the testing capacity really ramps up for schools. So, as one thing gives, another thing comes in.

So I wouldn't stand here and say I'm very confident that turnaround times are going to be reduced. I hope they do, obviously. And we pray that they do. And we're going to try, as Commissioner Shibinette alluded to. We're trying everything we can to be more self-sufficient with our own testing, as is every State, frankly.

But I don't think there's any guarantees that, oh, don't worry, testing turnaround times are coming from seven days down to three. No, I mean, I hope they don't go higher. I guess that's the best thing I could say at this point, unfortunately.

And one follow on that -- or maybe Commissioner Shibinette can weigh-in -- in addition to the group testing that will theoretically kind of build in some capacity, I mean, you said you've been trying to get more machines and more testing capacity. When will you know when you might be able to get those or not, because I guess that's the aspect of the Defense Production Act? If the Pentagon could start making these things, or take over the process, and blow the market away and just give them to you, wouldn't that be the best way to do it?

Governor Sununu:

Yeah, so, for example, the long-term care testing devices, 15,000 -- I was told just the other day by the Vice President, there's 15,000 of them that'll be shipped out to virtually every long-term care facility in the country over the next five weeks. So, I think they're going to focus on the areas of highest need and highest COVID rates first. They're just prioritizing. I couldn't tell you exactly how that prioritization will go, other than to say they're focusing on the highest need areas. But that's over the next five weeks. You'll get devices in virtually every long-term care facility.

Now, again, if they can come with the reagents and the ability to keep up with the pace, that would be wonderful. So they are moving. And we saw it early on with the Abbott Rapid Test. And I expressed my frustration when we all got 50, was it? I think 50 cartridges. But that has drastically increased. And I've talked to the folks at Abbott directly about that. And we've been able to get a lot more of those cartridges. So that's been great.

And I imagine, with this device, it's a different device going to the long-term care facilities. Something similar will happen. We won't get a whole lot to start. But it will really ramp up in the following weeks. And over time, you just take more and more pressure out of that system.

Governor, with regard to changing the rules, you're not indicating that you've made any expenses that won't be eligible?

Governor Sununu:

Oh, no, to be sure, we have a couple hundred million dollars left over, oh, at least, if not more.

But in terms of revenue, there is no money for revenue shortfalls at the State and local level. What is our budget and what are our local budgets going to look like? What's going to have to happen in order to...

Governor Sununu:

Sure, I can't speak directly to local budgets. I think there's an assessment going on now. A lot of folks have just paid their property taxes over the past few weeks. And I think a lot of those towns are getting all their numbers in line on looking at not just what their revenues are, but where their budgets will be. And we will have some better information on that in, I think, just a few short weeks. They basically bring their data up to the Department of Revenue Administration. And we can report out on that as we know.

As I presented here a few weeks ago, the initial numbers look to be well-over \$500 million. Revenues have come in much better, over the past month. And I think we're probably more closer in the \$400 million to \$450 million range, maybe even better. We don't want to get too ahead of ourselves.

One way or another, we will manage through. But understand that if we have to use all the rest of our CARES Act money to replace revenue, well, we're just cutting ourselves short on other opportunities that those dollars could have gone to, whether it's testing materials or PPE, schools, whatever it might be.

So, I appreciate there's only so many dollars in the till. But we've been keeping back a reserve fund expecting this next surge in the fall, expecting the need at a localized level to come. And we wanted to make sure that we are there for them. And we fully anticipate.

But those opportunities might be shortened if, again, the Federal Government doesn't come through. And again, it just goes back to expectations, right? One of the most important things you can do in a position of leadership is set your expectations realistically. And if you exceed them down the road, wonderful. But don't say you're going to do X. Set the rules of the game here, and then come back four months later.

I mean, if you remember, they told us we had to spend the CARES Act money by December. Like they really said, you got to get this money out. It's relief money. Get it out quickly. We did a great job with that. And now, to come back with a few months to go and say, oh, by the way, you can use it for this, it sounds like it's being more flexible. But in a way, it's forcing our hand a little bit to reassess all of those priorities, those needs, how that will be weighed out. And if we were to use money in that area and to help cities and towns -- we always want to be able to do that -- that would take away from something else that we would potentially be investing in.

But we have more than enough money, in terms of what we've allocated for, to be sure. Nothing will go short. But it just means that we're going to have to dip into these reserve accounts, potentially, to help out folks on the local level.

Look, we don't know where the final Bill is going to come out. But I don't want to sit back and wait, and see, and find out that they didn't get it right without at least advocating a little bit. I was texting

with Congresswoman Kuster this morning. I expressed my frustrations and said, look, anything you folks can do down there to advocate to get this done the right way, fight hard. It means a lot. It really does, not just to the State and Government, but really to the individuals that are going to need these funds ultimately.

I had a question for Commissioner Shibinette about deaths in long-term care facilities that involve Employees. I know you've talked about this in the past. I wonder. Do you have a list that says there are seven people who have died who worked in long care facilities? Can we just know the names of the facilities, not obviously the people?

Commissioner Shibinette:

We have a list. We have a number. It's seven, I think it is right now, of Healthcare Workers, not necessarily Long-Term Care Workers, right? So they're Healthcare Workers that have died throughout COVID.

Some of the distinction that we don't -- it doesn't mean that that person contracted COVID in their workplace. It could be someone that is a Healthcare Worker, a Nurse, that contracted COVID at a family barbecue. But we still label them as a Healthcare Worker.

So, part of the problem is, is that if I gave you a name of a facility, right, and that facility had one Employee die in the last year, because Employee death is not that common in any healthcare facility, you can constructively identify who that person was, and what that person died of. And we take privacy to the highest degree, when it comes to public health. And we would never release information that would allow anybody to constructively identify someone that had COVID.

And you spoke on Tuesday about deaths in workplaces. And you said a handful. Can you be more specific about it?

Commissioner Shibinette:

I believe the question on Tuesday was around outbreaks or clusters of illnesses in workplaces, not necessarily deaths. I would assume that anybody that is not retired or living in a long-term care facility, anybody would have a workplace. So it does not mean that, because I'm an Employee of a retail store, that I contracted COVID at that retail store.

So, a lot of these questions centered around some of the inquiries from OSHA, right? And OSHA investigates deaths in workplaces. And it is up to the individual workplace to look at that Employee death and determine whether that's a workplace-related death. That doesn't necessarily mean that they're going to report it to OSHA, if they've done an investigation and they've determined that this person was a close contact of someone else that had COVID and that it had nothing to do with the workplace. We don't investigate those. And we don't report those to OSHA. That is completely between the Employer and the Federal Agency.

So you are completely out. So you don't have any communication with OSHA related to COVID?

Commissioner Shibinette:

We have no authority over that. And we don't have any obligations. Now, OSHA or the Department of Labor can reach out and want to do confirmation with us, if they receive a complaint, or they receive a request for information. They can reach out.

But honestly, we still have the same privacy issues, right? We want to make sure that we're respecting the privacy of the individuals that have COVID-19. They have authority to go into the workplace and say, tell us more about this Employee death. So they can get their information from the Employer. They do not need to come through the Public Health Division to get that information.

Governor Sununu:

I think we're going to take a few on the phone, if that's okay.

Kathy McCormack with Associated Press:

Hi, thank you. I have two questions. When would the Hospital Advocate guidelines start? And also, yesterday NEA New Hampshire, the Teacher's Union, had put out a series of recommended principles before school starts. One of them is that the State shall reimburse each District for all necessary PPE, physical materials, and other resources necessary for safe reopening in a timely manner. Would that be manageable?

Governor Sununu:

Do you want to talk about the Advocate?

Commissioner Shibinette:

Sure. So, the Support Person in the Acute Care Hospitalization, I would say that it definitely is effective immediately. Many of the hospitals have been doing this. So I just want to highlight that, that every hospital has been flexible and has been employing this type of program to a different degree for the last several weeks to the last month, depending on what's going on in the community.

I think we really felt that there were a couple hospitals. Because there was some inconsistency in how it was being done, we felt it was really important to put consistent guidelines in place so everybody in the State can expect a very consistent approach to this.

So, for an effective date, I would say it's effective immediately. But I think what you'll find is a lot of people that have accessed healthcare have had the ability to have a support person over the last couple of weeks.

Governor Sununu:

Again, as for the question on the NEA and their sending lists of demands, I'll simply say the State has and will continue to provide funds as necessary for COVID-related costs in education. As we've reported a few times now, there was an initial approximately just over \$40 million put out to all of the School Districts that they could use for COVID-related costs.

There's dollars that we've put out to the cities and towns that they could use for COVID-related costs. And if there are additional dollars that may be necessary, we can work with individual towns. I guess the only hesitation I would say there is that we don't want a small School District building up millions and millions of masks -- stockpiles of millions and millions of masks. So we will work with them to make sure that they understand, I think, what their needs are, and making sure that they are fulfilling those needs, based on the guidelines that the State has provided, the CDC has provided, and any finalized guidelines that may come at the local level, as well.

Rick Green with The Laconia Daily Sun:

Hi. Earlier, when the news release went out about the broadband expansion program, the anticipated contract start date was mid-July. So, what can you tell us about response to the program and projects that may be funded under that program?

Governor Sununu:

Sure, great question. So I created a \$50 million broadband funding knowing that working remotely, or remote education, may continue on into the indefinite future in a variety of different ways. And so, we wanted to make sure we were making those investments and upgrading the system so people have that connectivity. We will have a final announcement I believe next week concerning where those contracts laid out.

We're one of the only States in the country that has even tried this type of program with CARES Act funds. And we worked it. I think we designed it just right. Most States have asked us how we did it, frankly. But once again, I'm very proud to say that our team at GOFERR has really led the charge.

The biggest challenge was the idea that we're going to get contracts out and really put shovels in the ground, and build fiber optic networks sometimes to individual homes on the level of thousands and thousands of homes in just the next few months. And so, there were a lot of opportunities, I think, that simply because the dollars have to be spent by Federal Law, the projects have to be done by December.

So, I think a lot of potential projects that probably would have love to have been part of this fund could not apply, because they simply required more time, either because of pole connections, working it out. When you have to make a connection into a pole, that actually creates a lot of time because the poles are owned by somebody. The fiber's owned by somebody. The abutting properties have to be notified, because you're actually doing work on their properties. You got a pole that's in their property. So, we realized very quickly it got very, very complicated.

So the projects that we will be announcing next week are really kind of that low-hanging fruit, the easiest projects to do. Will all \$50 million of the fund be spent? I don't think so. I mean, I think I created the fund to make sure that no one got left behind. I'm not sure ultimately how many dollars actually get spent. I know that the Public Utility Commission and the Office of Strategic Initiatives have been working very diligently.

But any project that can be done in the timeframe is going to be done. And so, we will have some more details in terms of actually how many connections there are and how much money's being spent. They're still finalizing that.

But I think that was really one of the biggest hesitations, because it had to move so quickly. A lot of folks just couldn't apply. Their projects weren't going to qualify. There were certain projects that frankly -- I won't give too many specific examples. But I did see there might have been some projects that just didn't -- a \$1 million project that only impacted 10 homes, let's say. So there was also a Cost-Benefit Analysis done on some of that, where if it didn't really make sense and a good use of the taxpayer dollars.

But the far majority of the projects, I believe, were ones that were just the low-hanging fruit that could be done. And my hat's off to the team. I know they worked very, very hard to achieve that and they are working on those final contracts now.

Daniela Allee with New Hampshire Public Radio:

Hi, Governor, just two questions. First, central to the Equities Response Team's Report as how other social factors, like employment income, where someone lives determine health outcomes, so how might those findings shape other priorities for you going forward? And then, secondly, will the State be reporting outbreaks of COVID-19 in institutions that serve children, such as schools, daycares, and camps, like in the same way it has for long-term care facilities?

Governor Sununu:

Sure, the Equity Response Report that came out today as we discussed earlier had a variety of different ideas and recommendations in it. I touched upon a few of them briefly, just to give a bit of a taste of what we can do short-term.

Some of the longer-term issues that you bring up I think we're going to lean on the Diversity and Inclusion Council. They're the ones that have the greatest amount of stakeholder input. The Equity Response Team was fantastic. We found five individuals in the State that are really on the frontlines of that issue.

But I think one thing that was discussed in the Report is the need for more stakeholder input, a better more informative ongoing process. And that's, I think, where the Diversity and Inclusion Council will come in to really take up some of those issues. And then, looking at what they define as kind of the immediate priorities, the longer-term issues, we will kind of lean on them to really be the experts in the understanding of how best to go about achieving these results and what needs to be prioritized. Again, they're on the frontlines with the real stakeholders of those issues.

In terms of the COVID-19, if there's potential -- it would be different if there were an outbreak, I think, versus an individual case within a school. I'm going to turn it over to the Commissioner.

Commissioner Shibinette:

So it really depends on where the contact tracing investigation and the disease investigation leads us. I don't think there is an intent to publish a list of every school, ever daycare, or every childcare center that has a cluster of illness, or an outbreak of illness. But what I can tell you is that, through the disease investigation and through the infection investigation, if we get to a point where we've, through our contact tracing, we've determined that we are not able to identify every close contact to a child, or a

Teacher, or whomever in any particular setting, then we would do a notification to the public, as we have done all along.

So I don't think that it's going to be a widespread notification. But it really depends on where the fall leaves us. It really depends on how many we see, how many impact the public, how much notification needs to be made.

Our hope and what we've seen repeatedly is that, through our disease investigation, for the vast majority of our cases, we have been able to identify all the close contacts of the people involved. And therefore, there wasn't a need to do a public notification. And that's what we would like to see continued through the fall.

Governor Sununu:

And the other thing I'll add to that is one of the top priorities of the guidance document that the State put out was the implementation of a Communications Team, first and foremost, and a Communications Plan at a localized level. So, again, schools were communicating with parents and Teachers on a variety of different issues, as we go through the COVID epidemic.

Again, it's just kind of building off I think what we're trying to do at the State level, is be very transparent with what we do, obviously maintaining individualized privacy issues around these -- these are healthcare issues, of course. And again, working with Public Health and the Department of Health and Human Services, kind of the greater Communication Response Teams there about making sure that the individual communities know what they can say and when they can say it.

Harrison Thorp with The Rochester Voice:

Yeah, good afternoon. This is for Commissioner Shibinette. The Chief of the State's Bureau of Infectious Disease Control confirmed on Wednesday that Rochester's numbers for current COVID-19 cases had not been updated since late-May or early-June, resulting in faulty reporting for almost seven weeks. Do you have any explanation of how this happened? And can you tell us whether you suspect other cities and towns may have also suffered more than month of faulty data? And also, can you tell us if Policies will be put in place to ensure this won't happen again? And lastly, if you can't answer that this afternoon, can you please have someone circle back and get that to me to answer these questions? Thank you.

Commissioner Shibinette:

Thanks for the question. I think that what we will do is we will formulate a more comprehensive response to your question. I don't have an answer to that. What I can tell you is that there's a lot of systems working. And can an error happen? Absolutely an error can happen. And any time an error happens, then we put corrective action plans in place to make sure it doesn't happen again. But the one specific to Rochester, I think what we will do is we will formulate a more comprehensive response and circle back to you later today or tomorrow.

Governor Sununu:

Great.

Governor, I just had a back-to-school question. I know you've left it up to the Districts. And I think, as you know, lots of parents may still be concerned about going back in the fall, whether it comes to the flu, cold season in the fall, potentially more cases. Why not wait until maybe after Christmas break, for example, to give schools more time and parents more time?

Governor Sununu:

You mean the idea of doing remote learning across the State? I think, and I would agree with everyone from the National Pediatrics Association, our own Department of Public Health, the parents across the State who overwhelmingly say kids really need to be back in their classrooms. And if there's a way to do it safely with the guidance documents we've put out, that's what they're looking for and that's what we can do.

So, I think that we can confidently tell parents that there is a safe pathway to allow students to get back into the classroom. There's no guarantees, of course. There's no guarantees any time you leave your house, frankly.

But what we've really been able to put together for schools, everything from the transportation perspective, extracurricular activities, whatever it might be, parents should have confidence in terms of allowing those kids to go back. Of course, the exception to that is, we always want to emphasize children with other underlying health conditions. Parents may want to make other decisions there. And Districts, again, will have the final say on whether that really happens or not.

Again, for the few Districts that may choose not to go back right away, that's their choice. But, again, we've provided a guidance document and guidance through Public Health, and our constant communication with those School Districts to give, I think, all the confidence in the world that it can be done. It can be done safely. It can be managed. I mean, that's the most important part of this.

Doesn't mean no one will get COVID in the school. But it definitely can be managed. And the overwhelming positive health aspects of being back in school, out of isolation, in a social atmosphere, maintaining both the mental health aspects, and there's just so many health benefits to being back in that social atmosphere for kids.

Again, obviously we looked at all the different risks and avenues. But I think everyone across the board feels like it can be done, and it can be managed. And the State can be here for a resource. Districts are not on their own, by any means. They know exactly what the guidelines are. And they have some flexibility at the localized level so that the final details, if you will, of mandating a mask here or not.

I was with a group of kids this morning and a little girl asked me. We're all wearing our masks. And it was a camp. And the little girl said, well, what about Phys. Ed? Am I going to have to wear a mask running around at Phys. Ed? And I said, well, again, as long as you can be socially distanced and everything, your Teacher will have the option to, again, allow that not to happen, as long as he can maintain distance and the health and safety of the kids. But that's an example of the flexibility that folks want.

But, 80%, 90% of the parents in this State agree. Kids really need to be going back to school. The only folks that are kind of, I think, pushing back, you have some Union Bosses out there that are making their lists of demands and saying no, no, no, across the country, frankly. And that's a bit of a battle, I think, you're seeing at the local level, between the Union and the parents. But parents and many of the Teachers, I think, really appreciate getting back to classroom is in the best interests of those kids. And Teachers know that they are going to have the tools to manage.

I just did a story today in InDepth New Hampshire about masks being mandated.

Governor Sununu:

A story in where?

InDepth New Hampshire.

Governor Sununu:

Oh, okay, sorry. Yeah.

About that Plymouth is considering a mandatory mask, Durham, Keene, Portsmouth, and Nashua; and I think Nashua actually has one. Do you support individual communities making the decisions to mandate masks?

Governor Sununu:

Yeah, absolutely. Yeah, if they think that's the right choice and it can be managed by those Teachers in those classrooms, and provide the health -- manage in terms of the health and safety, making sure. If it's a mandate that kids have to wear them, let's say, all day long -- I don't know what the individuals mandates you're talking about are.

But let's say it's a mandate saying kids have to wear that mask all day long in the classroom. If that can be managed in the classroom by the Teacher, great. I would just caution. Make sure that it truly can be managed and it's practical, and you're not putting so much onus and burden on the Teachers to manage something that can't be completely fulfilled. But if they think they can do it, more hats off to them. I think that's great.

Municipalities looking at making it required for entering businesses.

Governor Sununu:

Oh, you're talking about entering businesses, not schools. That's fine, too. Sure. Look, they have the right to do that. Nashua did it early on. Other communities are doing it. You see businesses, themselves, doing the mask mandate, themselves. That's all fine. That's great.

But you don't necessarily think that you want to do that on a statewide basis?

Governor Sununu:

Well, understand a statewide basis is a very different situation. I mean, like we said, Manchester is not Colebrook. And Plymouth is not Pittsfield. Everything is a little bit different. And so, those towns can make those decisions on their own because we are so different.

We might be a small State, but, boy, we're socioeconomically diverse. We're diverse in the level of COVID we have. We're diverse in not so much the resources, but the management systems that are available.

You have some of these small towns that they don't have the big management public health systems that the City of Manchester does. We got to appreciate that and respect that. And so, each of those towns will have to find their path that they can manage and uphold around the public and safety guidelines that we've put forth. Yeah.

Governor, just to follow up on the schools, in the NEA principles document, and there's been some other discussion of this, the idea of HVAC systems and air circulation is important. And a lot of the older school buildings in New Hampshire are still in use. To what extent has there been any discussion of perhaps using any leftover CARES Act funds to try and leverage some kind of school building aid again, to help some of these older facilities maybe get a better air circulation system, if this does continue?

Governor Sununu:

So we have talked about making investments into not just schools but long-term care facilities, as well, right? We know that exchange of air is a very healthy thing. Some of the systems in some of these older facilities -- and they could be a variety of different facilities -- we want to make sure they're cleaning out their filters. They have modern technology. They're making those investments. They're allowing that airflow, so there's UV systems that can come into play to help clean the air and all that kind of stuff.

So, we've discussed the possibility of creating some type of fund for that. We got to make sure that, again, it's something that's achievable. If those projects can go forward and be completed within the time between now and the end of the year, it's something that we're definitely looking at, to be sure.

But it could be long-term care facilities. It could be schools. It could be a variety of different places, specifically long-term care. I mean, that's where the outbreaks are, right? And those individuals in a long-term care facility a lot of times they're in one room or just a couple rooms over the course of the day. So getting that airflow and their air exchange is really critical in those types.

It's not an airborne illness, as it hasn't proven to be that yet. That's a really good thing, by the way. It's aspirated, really, but it's not truly airborne. So we're not at that stage yet. But anything to reduce the potential outbreaks in long-term care facilities is a benefit and something we're definitely looking at.

Governor, New Futures put out a Report this week that said revenue losses at substance abuse providers would equal up to \$18 million in CARES Act funding. And I know many of these groups are nonprofits. But are you looking at any...

Governor Sununu:

I allocated I think \$5 million or \$6 million, \$7 million into SUD programs a couple weeks ago. Yeah. So that's already well underway in terms of helping them recover some of those costs, and hopefully giving folks the confidence to come back into those programs.

I think the Doorway System continues to be a huge success for New Hampshire. It's seeing more and more people all the time. And we're seeing the depressed numbers that we saw of people not coming into some of those facilities in March, April, May, those numbers are starting to come back. That's a really

good thing. That means people are coming back into their recovery programs. They're working with some of their addiction programs and in a very positive way.

So, hopefully those numbers won't continue on the same downward trend. But we've already provided millions of dollars in relief. And we can always stand by to provide some extra relief, if necessary.

I know SAMHSA's put some additional money up out of the Federal Government. I think there was a second direct Federal Government investment of dollars. It looks like the SOR grant, which was huge for us a couple years ago, that will likely be reupped again.

So if you look at couple years ago the State put about \$3.5 million into SUD programs, substance misuse and disorder programs. And I think over the last year and a half, we've put close to \$100 million in, when you look at the Federal support, what we've been able to do in tripling the State support to those programs, what we've been able to do with the CARES Act funds.

So there's a lot of money into that system now. And that we're getting the results, right? The numbers are going down. The Doorway System is providing better rural access to care. All those things are much more integrated into a network, much more efficient system.

Still a lot of work to do, of course. But we're not just throwing money at a problem the same old way and hoping for the best. That's the way it was when I became Governor. It's just the wrong way to go about it. We're being efficient about it. We're creating new systems. We're being innovative. And we're investing in communities that traditionally didn't have some of those supports. And COVID has affected it, to be sure. And we will continue to put dollars in, if we have to.

Just to follow up on the testing, so if these rapid test machines come through, as the Vice President has said, that means that, in New Hampshire, it will be major hospitals and long-term care facilities that have rapid testing capability?

Governor Sununu:

I believe so. That's my understanding. Yeah. I mean, right now most of the major hospitals have their Abbott Rapid Tests. And this new device would, in theory -- again, I don't have a list of every facility that would get them. They said 15,000. Everyone's getting them across the country. So, that sounds like everyone. When the Federal Government says everyone, I take them at their word. But we also hold their feet to the fire, as well.

So we will see what actually comes of it. But I'm pretty hopeful. They were pretty confident that, over the next five weeks, all these facilities across America were going to get these devices. That's a good thing.

Is it fair that Major League Baseball, the NBA, they've got these machines and here we are still waiting for some?

Governor Sununu:

Well, I don't know about that. Yeah. I don't know. Were those given to them by the Government? I'm not sure how they got them. I don't know. Look, I guess to simply say, I think healthcare facilities, long-term care facilities, and people that are on the frontlines of the COVID crisis should get access to

these types of devices and reagents first. Yeah. So, I guess, in theory, I don't necessarily want to use the word "fair". But let's get our priorities straight.

But I don't know how they got those devices, if they bought them, themselves, or they had other deals. I don't know. But when it comes to the Government providing supports, obviously we want those supports to go to the frontlines and those at highest risk first, in terms of the Healthcare Workers and those that are taking care of our loved ones. Are you going to be watching opening day? Is it tomorrow? Tomorrow's opening day, right?

It's tonight.

Governor Sununu:

Oh, tonight. What's today? Today's Thursday already. I'm sorry. I'm totally forgetting what day it is. I got COVID on the mind. Oh, so tonight's the big night. That'll be exciting. That'll be exciting. And I'm interested to see what happens with the NFL. They say some stadiums won't have fans. Some stadiums might have fans. I'm not sure. It's going to be a little bit different, but we will be watching.

All right, well, it's great. I hope everyone has a good weekend. I know there's a big storm on the way. In all seriousness, please everybody be safe with that. We will have a little rain and a little wind. Buckle down, enjoy the lightning, and hopefully we all get through it in one piece. And we will be back next week. Have a good weekend, everybody. Thank you.