



Office of Governor Christopher T. Sununu  
Press Conference  
Thursday, August 13, 2020 at 3:00 p.m.

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**Governor Sununu:**

Well, good afternoon. I just want to thank everybody for joining us. We do have a lot of really good stuff, I think, to get to today, a lot to talk about. I want to remind folks we're going to have a bit of a presentation. And if folks are interested, they can follow along. If you click onto my social media pages, you can click onto the slideshow from there. There's a lot of good information. But it will also stay up onto the website. And folks can always go back and find the information as we go through, or at a later date, for reference.

The first thing I want to do before we enter into our Public Health date [sic] is just a quick summary and a couple new things, as it pertains to data. People know that I am very aggressive about looking at data and trying to use it to make the best predictions on our analytics, where we're going, the different models around our economy, around schools, whatever it might be.

So, do we have it up? There we go. There's our three-day average. Folks have seen this graph before. Again, this is nothing we haven't seen before. One of the most common pieces of data we look at is the three-day average of our percent-positive cases. So you take basically the total number of tests we might do in a single way, the percent that come back positive. And we do a three-day average of that knowing that there could be some overlap between certain days and turnaround times of that nature.

But as you can see, I think our percent positive is still somewhere around the 1% range, which is really, really low, frankly. We don't want to get too aggressively optimistic, because we know that could surge at any moment. I believe our seven-day overall average, in terms of our total number of cases, is still somewhere in the 20, 25 range, something like that. So, we still maintain on a very positive path. And I guess I think attribute to all the different efforts that the citizens of New Hampshire have made to keep those numbers low.

Another slide that we look at often, this one's a little more up-and-down, but this is both our hospitalizations, you'll see in blue, and unfortunately the fatalities, the deaths that you'll see in yellow. So, on both accounts, you can see our daily numbers of both are drastically lower. We've had a lot of zero days I mean really since about late-June is really when we saw a lot more zero days, in terms of the fatalities. A lot of the outbreaks in our long-term care facilities really got under control. And again, all these are all very, very positive numbers.

The reason the hospitalization number is so, so critical because, when it comes to a potential surge or higher case numbers, it's that hospitalization capacity that is really, really important to ensure that people that need more severe and higher levels of care can get it. And we've been very, very successful with that. So, hospitalizations are down.

Hospitals are open for all these other treatments or surgeries, or whatever they may be doing on a regular basis. So there's opportunity there to get your regular services at a hospital. Many of them have their rapid COVID test that they can perform on the spot. So all the pieces of the system are really coming

together, again, I think to give the citizens of New Hampshire a lot of confidence that we can manage, as we go forward.

The last slide I want to show quickly, and, in a way, this is kind of a conglomeration, this is our new dashboard. This is really exciting. So we've been working at [nh.gov\COVID](https://nh.gov/COVID). A lot of folks have been to this website before. We have a whole new dashboard where you can look at different metrics. You can use different filters. You can it from a localized level, county level, all these different pieces of data.

But this new dashboard and this new website that were put together by the Department of Health and Human Services and the Division of Public Health, I think, is a great, great new tool for individuals. Parents, families, the media, whoever wants to use it can really dig in and look at a lot of different of our data, everything from the number of tests, where we are on our averages, all these different things that we talk about. We can now see it. Everyone has always somewhat a level of access to it. But we're just updating our page to make it a little easier and a little more robust with the data that we're providing for our citizens. With that, let's turn it over for a Public Health update and a discussion on some of our long-term care services from Commissioner Shihinette.

### **Commissioner Shihinette:**

Thank you. For a Public Health update today, we are announcing 34 new cases of COVID-19 for a total of 6,921. No new hospitalizations to report today, and two new deaths to report, for a total of 422. For an outbreak update, we are closing the outbreak at Ridgewood Genesis in Bedford. That leaves us with only two outbreaks left in our long-term care facilities.

The one thing that I wanted to talk a little bit more in detail about today is our long-term care program and almost a reopening for visitation in our long-term care facilities. So, today, we are announcing new reopening recommendations for long-term care facilities. Our reopening guidance is in accordance with CMS guidance. And the goal is to gradually reduce restrictions so that our residents can get back to regular visits from their loved ones and really create a path forward to really take care of not only the physical health of our residents, but the psychosocial wellbeing.

Our guidance is based on facilities that meet certain metrics and in counties that also meet certain metrics, when you look at the prevalence of COVID-19. Our first phase of our reopening is Phase 0, which is our outbreak phase. These are for facilities that are currently in outbreak status. They're doing all the screening. They have compassionate care visits only. There's no nonessential personnel. And there's no communal dining and no group activities. So the two facilities that remain in outbreak status, this is the phase that they are in.

Our next phase is Phase 1. And all of our facilities are non-outbreak facilities, have been in Phase 1 since July 1st. So this phase is for facilities that are located in counties with a prevalence rate of less than 50 cases per 100,000 of the population. We're still doing all the screening. We've done compassionate care visits. We've done outdoor visitation. We've had no nonessential personnel. And then, we've had limits on communal dining and activities.

Phase 2, as of today, all of our non-outbreak facilities will be entering into Phase 2. Phase 2 looks very similar to Phase 1. It really is a maintenance of Phase 1 through 14 days. We still have the criteria within the county that the county has to be less than 50 cases per 100,000. We have compassionate care visits. We have outdoor visitation. And we will be now be adding limited indoor visitation, where each resident gets to designate one person as a support person. So it could be a family member. It could be

their Power of Attorney. It could be their friend. It could be their spouse. So we will be doing limited indoor visitation for our Phase 2 facilities.

We also will be adding limited nonessential personnel which means that hairdressers can come back, to a degree. And this has been a point that a lot of long-term care facilities talk about is, when can our residents get haircuts again? And it feels like such a minor thing, but it is such a major thing for self-esteem and identity for our residents in long-term care. So all of our non-outbreak facilities are entering into Phase 2 today. And they need to maintain where they are for 14 days and see a drop in their county cases to go to Phase 3.

So, Phase 3 are for facilities that are in counties with a prevalence of less than 10 cases per 100,000 of population. Once we get into this phase, three, we open it up a little bit more to visitors, which are up to two visitors per resident for each resident in the facility; allowing more nonessential healthcare personnel and some nonmedically-necessary trips. Communal dining with physical distancing and group activities with physical distancing is also allowed.

So all of our non-outbreak facilities are in Phase 2 right now. If we look at who's potentially going into Phase 3, we can pull up the prevalence rate by counties. And you will see on this graph what our active cases are per 100,000 per county. So there are three counties right now -- Coos, Grafton, and Merrimack -- that if their prevalence rate stays where they are or stays below 10, then they will be able to enter into Phase 3 in 14 days.

So this is very exciting time. I think that, for many months, we have been struggling with this balance of physical safety and psychosocial wellbeing for our elders in long-term care. There are many elders that have gone months without seeing a loved one. I think this is our path forwards so that we're able to allow visitors.

Obviously all the screening is still in place. There's still restrictions around it. It's a no-touch visit. It is in a designated place. But it really gives the residents the opportunity to engage with their families again.

Now, if we see case numbers start to go up -- and we've talked routinely about we could see another surge -- if we start to see outbreaks or another surge in counties, there is a very good possibility that we need to pull back. And the facilities need to have that flexibility to be able to pull back and to move forward. So really this creates an opportunity to create a system in every facility that, as soon as the county reaches a lower community transmission level, that they can start opening up and moving forward.

And as always, Public Health and the Department is available for consult. We have our standing calls for long-term care facilities every week. And we will continue to talk about what this means for every individual facility. That's all I have. Thank you.

**Governor Sununu:**

That was great. Thank you, Commission. I think all really good news, especially for so many families. I mean, the vast majority of families in the State that do have loved ones in some type of care facility, being able to flex open a little bit and kind of have a structured movement forward. And again, three counties already looking to potentially be into what we call Phase 3 so quickly, that's terrific news.

So, a few other very significant things to talk about, what we want to talk about right now is our communication plan around schools. So this is an issue that I think a lot of parents and Teachers and

communities have been looking at in terms of what are we going to know and when, if there were a case of COVID in a school, or an outbreak? How is that defined?

So we're going to take a few minutes and walk through it as stepwise as we can. The first thing I want to reference is that, at [education.nh.gov](http://education.nh.gov), our Department of Education has put forth a real simple sheet. I think they did a great job, just step 1, 2, 3, 4, 5. People can go onto the website and download, or look at this document, that really just simplifies a lot of different aspects of kind of those first instances of what happens when a positive case is reported.

So, first, once a positive case is reported, Public Health Officials will just contact the individual. That sounds obvious. But you always want to kind of state the obvious to get off. Public Health will also notify the school, who, then, notifies the community. So we let the individual know, the school. And then, every school will have its own Communication Plan to notify the community of a positive case when it is confirmed.

And while that individual, whether it's a student or Teacher, isolates at home, Public Health Officials will work with the family and the school to determine any close contacts through contact tracing. We have one of the best contact tracing programs in the country. And those individuals will quarantine while the contact tracing is done, anyone who's come in close contact with those students or Teachers that have been identified as positive.

Students and faculty, themselves, who have actually identified as positive, will follow a standard kind of protocol for those cases. They stay at home until either symptoms -- or I should symptoms have been improving for at least 24 hours, and it has been at least 10 days since the onset of those symptoms. And again, those individuals will be able to return to school once they've met those criteria and they've received a Release Letter from Public Health Officials, which, again, kind of our standard protocol as it is now. But, for those students or Teachers who are ID'd positive, symptoms have to be improving for at least 24 hours, at least 10 days after the onset of those symptoms. Individuals who are identified as a close contact of someone who's tested positive, again, will also be asked to quarantine, as we discussed, with those standard quarantine protocols in place.

When, or if, there are new COVID-positive cases identified in a new part of the school, for example a new grade, whatever it might be, School Officials again will notify the local community notifying that additional positive cases are identified. And when multiple positive cases of COVID have been identified in a school, there's really two designations that we're going to start out looking at. One we're classifying as a cluster of illness versus an outbreak.

So, first, what is a cluster of illness, when we talk about a cluster? A cluster will be designated when three-or-more positive cases are identified within one classroom or what we sometimes call a cohort. When a cluster's identified, schools will notify their communities. And again, that typical contact-tracing process will follow.

A school outbreak -- sorry, let's back up. Let's take that slide. So this is what we're kind of identifying as the cluster. You're going to have three cases. It could be in one classroom. Or sometimes if classrooms are joining together, it could be within one cohort, as defined by the school. It may vary from school-to-school. But it's really three cases within that one group of students that are constantly working together within the classroom and interacting.

An outbreak is designated if there's been identified transmission between clusters and at least two other clusters kind of have what we'd call community transmission, or transmission within the school setting. So this is an example here. You could have a cluster of illness in Mrs. Smith's class. And if it's identified that, as part of this, there was transmission within the school. In this example it could be

maybe within the cafeteria. Maybe two clusters or two classrooms are in the cafeteria at the same time. There may be times of day when -- I mean, there might be models when these clusters are completely separated throughout the entire school day. But we also understand there may be times when some of these clusters may have contact with one another.

And if there is transmission identified, and you have at least two other clusters of illness identified in two other classrooms, or cohorts, well, now we're at kind of an outbreak status. And when an outbreak is identified, Public Health may recommend that the school transition to more of a remote learning model for a period of at least 14 days. So, at that time, schools working with Public Health may identify that they're going to go to remote learning. You can go to remote learning for 14 days, at which time, if the school deems it -- it's their choice, obviously, because of the local control aspects of the guidance documents we've put forth -- they can come back after 14 days. But the outbreak is really that combination of clusters where there is identified transmission within the school.

We know it can be a little confusing. But, again, we're just trying to lay out the groundwork. And we know that, for some of the smaller schools, there may be different variations of this, of course. We have to provide some flexibility. You could have some schools that are smaller, one-room schoolhouses. We still have those that work very, very well. And obviously that might be simply one cluster in there. But again, those schools can work with the Department of Health to make sure they're making the right decisions for their community. But, for the most part, I think most schools will end up with multiple potential clusters. And we just want folks to know when an outbreak is really identified in the school.

The school community will be notified by those School Officials, when positive cases, or clusters, are identified. And again, when there's a transmission, they'll also be identified. Now, this data can move day-to-day, right? These types of numbers can move very, very quickly. So Public Health will be releasing a centralized website which lists schools across the State with information on the number of cases within the school, if there are clusters of illness, and if the school has reached an outbreak status.

So we're going to have a centralized website, so if a parent wants to know what's happening in their District, again transparency is a very powerful tool. And we want to be as transparent as we can with that data and information. And so, we will have a centralized location that folks can go to find out where their school stacks up.

We know that, just as a parent, I think I speak for a lot of parents. If you get one positive case, or some kid's quarantining, rumors can go very quickly throughout the system. So we want to make sure that the data that has been confirmed and that we have is very available to the parents and the communities out there, so it can be confirmed.

Moving on, there's another issue around schools we really want to talk about today. Today I am going to be finalizing the actual Emergency Order for School Districts to implement their Reopening Plans. According to the decisions that they've made at the local levels, so whether it's in-person learning, a remote learning, or a hybrid model, all the different Districts around the State, depending on their level of COVID and the steps that they want to take, working with the Principals and the parents, and Teachers, a lot of the School Boards have been meeting.

But the final Order will be issued today. And what this Order clearly states, I think, that I want to focus on is the importance not just of the models that are available to them, but really ensuring that some of our most susceptible students aren't left behind. We know when we made the very tough decision to go to remote learning back last spring, it was nothing that had ever been done before. It went off very, very well in the State. But there were also gaps in the system. And it wasn't gaps so much in the system,

but gaps for certain kids and certain populations of kids that may have been left behind, that weren't getting kind of that full suite of services.

And as we move into this fall, I think we have the resources. We have the technology. We have the ability to make sure that those gaps, we don't just ignore them. We really go after them. And we address them as best that we can.

So, similar to an Emergency Order, Number 48, actually, that I put forth back in May, today's Order will reiterate that special education requirements are not waived. Regardless of the instruction model that the school may choose to pursue, students that have an IEP that require special needs, whatever level it might be, those needs will be met and provided by the School District. It's not just a requirement by Federal Law, but I firmly believe, and I think a lot of folks would agree, it's a moral commitment that we have to keep to these students and these families.

Under this Emergency Orders [sic], Districts are required to provide special education to students with a full level of services agreed upon in the student's Individualized Education Plan, the IEPs, as a lot of them know them as. We understand that the past few months have been a challenge. But we can't allow the challenge to stand in the way of providing our children with the services that they deserve, that they need to receive an education suited to their needs.

The Department of Education will work hand-in-hand with Districts and Educators to understand the models available for special education instruction and the State resources that are also available. As I think a lot of folks might remember, the State budget that I signed about a year ago stipulates an additional \$17 million. This is pre-COVID. \$17 million into the system to ensure that we have been able to significantly increase our vocational rehab programs, as well as special education. So the resources are there. We know that the need is there. We know that the gaps are there. So the puzzle pieces are there to make sure that we're meeting this, not just for the system, but most importantly for these kids.

And I have to take a moment. I received a letter this week from a lot of the different Unions that represent the Teachers and the Principals, and all of this sort of thing across the State, imploring us to delay these assessments. We are not delaying assessments, absolutely not.

Will it be easy to meet the needs? No, it's not. But I think everyone understands we need to sometimes get out of our comfort zone and do whatever it necessary, because it is about these kids. It is just about meeting their needs. And so many of them fell through the gaps this spring. And when I signed that Executive Order imploring Districts to meet the requirements this summer, some fulfilled. Some didn't.

This has to be done. And there's a way to do it. We will work with Districts in any way possible, even if it has to be done remotely in those rare circumstances. But there's no doubt that even the Districts that have gone to full remote learning can provide some one-on-one opportunities for kids that need it, because those are the ones that fall through the gap. And those are the ones that can fall so far behind so quickly, if we're not there.

The resources are there. The funds are there. The technology is there. It's really up to the -- and I've talked to so many Teachers who get this on such a ground level. They want to make sure those are provided. And I can't thank the Teachers enough.

The Special Ed Teachers in this State are incredible, right? And they want to make sure they're there for these kids. But we need to make sure that the Districts understand that we're not going to waiver from that commitment for these kids.

If a School District does not or is unable to provide that instruction within the District, they can collaborate with a lot of community partners. It's not just on the school system. There's a lot of

community partners that are willing, that have called us. And they said, we are willing to step up and help provide these services.

Our Area Agency system, other nonprofit organizations, and we can make that connection for these Districts, if they're having trouble meeting the needs. The State is here to help facilitate and bridge that gap for the system so the kids don't fall through the cracks.

I just want to recognize also another great leap we made in conjunction with the Legislature this past year was we really fixed and upgraded what we call our Medicaid to Schools Program. So this was an area where a lot of students were receiving funding one year, and all of a sudden the funding disappeared the next.

We fixed that system. So, again, it's just another resource, another tool in the toolbox to make sure that the needs are being met all across the system, regardless of where the students are and what the financial needs might be.

But, again, I just want to be very clear. Make no mistake. Our Districts are just not going to be allowed to pass on this responsibility. We've provided some flexibility. We've provided some waivers early on, because we had to. But at the end of the day, it really has to be about these kids. The opportunities there, we just have to fulfill on that commitment.

One last thing, and then we can open it up for questions, I think also closing on a really positive note, we're announcing our change to our childcare guidance, another, I think, very exciting opportunity. And as part of the preparations for education this fall, we're announcing today that, effective immediately, class sizes at our childcare centers are expanding from 10 students to 20 students.

Houses of worship may also reopen their childcare centers. And this is inline with a lot of the northern New England partners and our neighbors, I should say, in other States. Expanding this capacity will allow childcare centers to accommodate that large influx of requests from families of school-age children who are currently in Districts that may have recently chose to utilize remote learning, but they may still need care for the child during the day. And we respect the decision of Districts to utilize remote learning. But parents, we know, still need the ability very often to find some type of childcare, so they can work and financially support their families.

And given where we've come with childcare over the course of the summer, we've had a lot of kids involved in the system. We've had incredible Teachers and Staff in our childcare centers that have been incredibly selfless in their commitment to these kids. And we've had hundreds of centers open across the State. We've had some, but very little, for the most part, incidents of COVID in there. So we know that the model can work.

I think the guidelines we've put in place worked very well. And we worked with the Teachers to kind of work within those guidelines to give them the flexibility simply to provide the best opportunity for those kids.

And these centers have just done an amazing job throughout the pandemic. They really don't complete. They don't ask for a lot. They know how important it is to be on the frontlines for these kids and these families. And we can't just thank them enough. They keep doing a great job. And so, I think expanding from 10 to 20 students today, it really does, I think, provide an opportunity, not just for the childcare center, but for those communities and those families who may have to really rely on those services, given that remote learning might be happening in various Districts across the State. With that, I know that was a lot. So we appreciate everyone's time. We can open it up for a variety of questions.

## Q&A Session

*Governor, will a outbreak level at a school require a closure? And will the State mandate that, or is that a local...*

### **Governor Sununu:**

Not necessarily required, but Public Health will work with the schools, depending on the size of the school, the rate of transmission. So it doesn't mandate that, when the word "outbreak" hits, the school absolutely has to close. I think that might be the case in a lot of cases, depending. But the Department of Public Health and the Commissioner's Office will work with those schools to find out what's the best path for them.

*But the idea is that a cluster might be able to manage a continued operation?*

### **Governor Sununu:**

Yeah, look. If you had a large school, let's say Manchester Central, or Nashua, some of these larger Districts with 1,000-plus students, and when you add the faculty maybe, let's say, 2,000 individuals that could be in that facility there on a given day, you could have a cluster outbreak -- not an outbreak, but a cluster of illness over here and a cluster of illness over there, and a cluster of illness over there. So you could have maybe 6 or 10 cases potentially.

But if you don't have that community transmission within the school, if there's no identifier that says that this cluster's somehow interacting with that one, and you're getting kind of a transmission through within the school, within those clusters, that doesn't necessary mean you have to shut down the whole school.

But again, each case will be a little bit different. But we just wanted folks to understand that a cluster of illness is not an outbreak. An outbreak doesn't necessarily mean the school has to close. And we know the word "outbreak" can be a scary word and people should take note of it. And we want to make sure that they understand where the cases, where you might have these small clusters.

Could be a grade, maybe; 6th grade in a school has a cluster, but there's nothing in the 1st, 2nd, 3rd, 4th grade, right? It was really confined. Everyone gets quarantined. The testing identifies who was positive. And it's contained.

One of the differences here with long-term care facilities, if you remember, is long-term care facilities have individuals that can be identified. You can have an outbreak. They live there. They stay there. The Staff is there on a constant basis. Whereas, a school, you can identify and get the kids or the Staff removed from that setting very quickly, which I think will give us a lot more flexibility to help maintain things being open, and also help mitigate that virus from spreading from cluster-to-cluster.

*I have a question for Commissioner Shibiante, if that's okay, about the new dashboard. The Governor's Economic Reopening Task Force was talking this morning about concerns that people have about students coming in front out-of-state and perhaps travelers, and whether there would be a way for them to get information on a student who may test positive at Plymouth State in Plymouth, rather than getting the*

*information through the State from which they came. Will the dashboard have that kind of data that communities can look to?*

**Commissioner Shibinette:**

So we're going to be asking the students that are coming on-campus at our variety of colleges to put their college address on their requisitions for their testing so that the positive or negative test is attributed to that community. It is not useful if we have 1,000 students all with home addresses all over the State in identifying clusters of illnesses or outbreak at college admissions -- or at college campuses.

So, I've already talked to Public Health about this. I did get some calls earlier this week about potential positive cases for students that are doing their pre-testing before they come on-campus and wanting to know if they were going to be associated with the college. Those young adults aren't even on campus yet, right? They're still in their hometowns or even their home States in some cases. So they're being attributed to the community in which they're living.

Once they get on-campus, we are going to ask that they put the campus address on their requisitions, so they can be attributed to that. So that'll be on our dashboard. You'll be able to click on Plymouth and see how many active cases are in Plymouth.

A breakdown of who's on college campus versus who's not, we don't have that yet. I'm not saying that it's off the table. It just depends on how many cases, right? We don't want to do constructive identification if we have one case in Plymouth State University. We don't want to identify that one person. But, we certainly have flexibility around that.

*Commissioner, is there a ballpark about how much more contact tracing work school reconvening will present for you guys?*

**Commissioner Shibinette:**

Both college and K-12?

*Yeah, I guess in the whole kit and caboodle?*

**Commissioner Shibinette:**

Yeah, I think that, as we get more positive cases in both educational settings, I definitely think that we are going to see more call for contact tracing. We're staffed and ready to stand up what we need to do that. We're not concerned at all about having the Staff available to do that. But we also have very, very close partnerships with the School Nurses in K-12 and on every college campus they have a Health Department that we work very closely with.

So, although we will be doing the contact tracing, they're going to assist in that. They are going to know what kids were in that classroom with the person that was positive. They're going to be able to give us a roster of kids. And that's really, really important in our efforts. But we absolutely expect to have increasing need for contact tracing. But we have no doubt that we can meet that need.

*And is there anything you can communicate to the public that you've learned from the daycare situation, I guess the times that you did have cases there? Obviously, there might not be as much movement in a daycare as there is in a school. But is there anything that's been gleaned from that experience that can be applied to how you're going to have to move forward?*

**Commissioner Shibinette:**

I really think that, when in doubt, if your child is having any symptoms at all, to keep your child home. That's really, really important. And get tested. And I think that's of importance, too, is that, when we've had some cases in daycares, it was really important to go in and test all the Staff and all the kids in the daycare to identify very quickly who was COVID-positive and who wasn't, so that we could further contact trace.

The goal is to break that chain of transmission. So, the more testing we can get, the easier it is for us to do that. So, keep your kid home if they're sick, or for college students, stay home if you're sick. And get tested if you have any symptoms at all.

*Is the pre-attendance COVID testing find cases that are positive before they get here? And is there a State rule, or oversight, to say, no, those kids have to stay home until they test positive [sic]? Or is there kind of a State rule on that?*

**Commissioner Shibinette:**

So, yes, we are finding COVID-positive cases for pre-arrival to campus. And they cannot come to campus until they meet the criteria that we've set out that they're symptom-free and 10 days past the first day of their symptoms.

*Commissioner, on the long-term care visitation plan, is there a similar? You would have to have a negative COVID test for outside visitors coming in? Or what's that screening process?*

**Commissioner Shibinette:**

So, the screening process for the one designated visitor. We're not going to require testing mostly because trying to keep up with that testing would be the equivalent of doing another surveillance program for all long-term care. If you think about every single resident designating one person that we would test every seven days would be a very heavy lift.

We think that the guidance that we put in place, which is no contact visits, mask wearing, the 6-foot social distancing, the screening before we get there, we think that that is going to really prevent any type of transmission, if there was any potential there. But we will watch and see how this plays out, for sure. We don't think testing is necessary at this time.

*You mentioned that School Nurses are going to be an ally in this process. What about the schools that don't have Nurses? Is there a sense of how many that is, that number of schools that don't have them in New Hampshire? Are you concerned about those schools that don't have that ally for you there?*

**Commissioner Shibinette:**

So, I don't have the exact number of schools. But regardless of whether they have a School Nurse or not, they have a contact person there that's going to help us. We've done the reach out. We're doing calls with our public schools right now. We're collaborating with the Department of Education. We've identified a point of contact in every single school. We'd prefer that it be a School Nurse, by far. But if they don't have a School Nurse, we certainly can work with the Administration in that school to be our partners.

*Do you know at this point if there have been multiple positive tests for students or Staff that are getting checked at UNH, Plymouth State?*

**Commissioner Shibinette:**

We have had reports of multiple positive tests for students that are doing their pre-testing prior to arriving on-campus. So these are not students on campus at these colleges. They may even be out-of-state. And part of the requirement is that they present a negative test prior to arriving to campus. So that could be in a different State. That could be somewhere in this State. There have been positive cases identified in that pre-arrival testing. Yes.

*So that's a real catch for you guys?*

**Commissioner Shibinette:**

That is. We never like to say a positive case is a good thing. But if I were to say something is a catch, it is finding a positive person before they get on-campus. That is definitely a good catch.

*You don't know how many?*

**Commissioner Shibinette:**

I don't have the number off the top of my head.

**Governor Sununu:**

All right, thank you, Commissioner. Do we have some questions over the phone we can take?

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

*Hi, thank you. Senator Maggie Hassan and Senator Chuck Grassley from Iowa recently introduced a Bill that would extend the current year-end deadline for States to use Federal CARES Act funds through 2021. How would that help New Hampshire?*

**Governor Sununu:**

It would be great. So one of our challenges -- I think I speak for all 50 Governors -- is knowing that the CARES Act funds are available. That's wonderful. But they have to be all spent by December 31st. So, for example, our broadband program, we're one of the few States that are investing in fiber connections. We talked last week about thousands of people being connected.

But a lot of those projects and the applications that we wanted to do couldn't go forward, because they couldn't be completed by December. If we have more time to spend those dollars, there's no doubt that we would get a lot more broadband connection put into place?

Secondly, I mean, I think a lot of us are hoping that, by the end of this year, or early next year, we have a vaccine. We're on a better path and whatnot. But you really don't know. So, will we need more money for testing, or PPE, or whatever it might be? Just having that flexibility beyond December 31st, I think, would be very critical. So, we'd love to see that kind of flexibility.

But, also, let's not forget. There's still a Stimulus Bill that they actually have to get done, as well. And I think that that also has to be a priority, fulfilling on the commitments that they've made to States and making sure that they're providing some resources, not just throwing money out there, but really in a way that States can use it and manage to the level of incidents that they have, understanding that our issue in New Hampshire might be very different than New York or Arizona, or Illinois. Letting States and, in particular, Governors, I think, that have been on the frontlines really direct where those funds should go, the guidance around those funds is going to be very, very critical and hopefully come with a lot of flexibility.

***Rick Green with The Laconia Daily Sun:***

*What exact steps is the State taking, if any, to boost unemployment compensation, as envisioned under the President's Executive Order? Does the State intend to contribute \$100 per week, as part of the Order? And what are the challenges, generally, to making this happen in the timeframe?*

**Governor Sununu:**

Sure, so I guess I would start with the challenges. The challenges are the guidance and the guidelines still are not really defined from the President's Executive Order in terms of where that \$100 max that the State is currently required, where it can come from, the pools of money that can be used for it, whether it's CARES Act, the unemployment trust fund, general funds, whatever it might be.

The additional money that they're providing is an opportunity. But as I said last week, it was an absolute curveball, nothing that had ever been discussed with Governors. It really came out of left field. So, we hadn't planned for it. We hadn't discussed it. We have to make sure our system can manage it. I don't think any system in the country -- any unemployment insurance system in the country was designed for that type of match stipulation. The funds really come out of FEMA. So that's different on the Federal side. So that's a little bit different, itself.

If we can have the flexibility to provide those funds, it can be done here. Hopefully how the minimum benefit requirements play into that formula is also a key piece for us, as well. So, there's a couple moving pieces, not to get overly technical, that I know Commissioner Copadis and Assistant Commissioner Lavers have been working on very closely with the U.S. Department of Labor and FEMA on calls all this week trying to really hone in and really advocate for the flexibility that we need to make that program successful, if we go ahead with it.

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

*Yeah, a question for the Commissioner and a question for the Governor. Commissioner, several people have made the case that the system for returning to school, K-12 or college, that relies in part on testing is what they call healthcare theatre, kind of like they considered the TSA travel security, security theatre, because the value of the test after a student's been on-campus that's for two or three days infected. You can't prevent it. And therefore the message should be there is going to be almost certainly in the number of positive tests when we reopen schools, and prepare parents for that, rather than suggesting that testing will have a meaningful impact on that. I'd like to know your response to those criticisms. Governor Sununu, you just mentioned that remote learning went very well. But the evidence is overwhelming from the vast majority of studies that have been done and released over the last three months. It was a dismal failure academically. It set students back by months, particularly low-income students. Why did you think it went well? And would you be content to have your kids doing remote learning, based on the academic impact that it has?*

**Governor Sununu:**

Sure, so I'll answer that second one first, and then I'll bring the Commissioner up to talk about healthcare theatre. I haven't heard that one yet. The studies that you're referencing that say that remote learning was a dismal failure, I would challenge that because I look at the 603. I look at what we did here in New Hampshire.

Was remote learning as good as being in a classroom? No, of course not. That's why we've been so passionate about providing flexibility, because we know how important it is for kids to get into classrooms.

So if you're going to compare a remote learning model that had never been tried and attempted before to the value of kids socializing, being in a classroom with a full suite of services, well, of course it doesn't match up. But when you look at what New Hampshire did versus the rest of the country, you had States that didn't do any remote learning. They didn't even try. They didn't have the systems or the technology. We had, I think, virtually, if not every single District in the State on some type of remote learning platform, some attempts to work with students, to keep them engaged, to keep the education moving forward.

So, to call it a dismal failure in New Hampshire is a horrible disservice to the efforts that were put forward and the level of success that we did have in a completely untested model, especially when you look at how we fared, relative to the rest of the country. You want to say it's a failure, compared to the value of being in the class?

It's not a failure. It doesn't really match up. I mean, the value of being in class far exceeds remote learning. I don't think anybody would say remote learning was a win for everybody or anything like that. But we did put forth something within about -- if you remember, we put this together in a week. We put together in a week what normally would probably take the State a year to plan and design. And we did it

in a week. And Commissioner Edelblut and his team deserve a lot of credit for that; and got virtually I think every single District in the State onboard.

There were some States, when they looked at the possibility of remote learning, they literally threw up their hands and said, it's really not possible. If a District wants to do it, great. But we can't do it statewide. Good luck. We don't have that ability and technology. We didn't do that here. And I think for what it was, we pulled it off really, really well.

The gaps in the system that were identified that we kind of have been reiterating, especially around special ed students and students that have those additional needs where we were trying to provide some flexibility, those are the gaps that were most glaring, not just here in New Hampshire but across the country. And those are the gaps that we're going to most be vigilant about making sure are closed and that we're providing those services, and that we finally are really making sure the kids are the priority. The kids are the priority, every single time.

And if you have to go to a remote learning option, it doesn't mean you just -- because some national study says it's a dismal failure, are you telling me that we should just not do it? We should just give up? We should just send the kids home for more vacation? Absolutely not.

You keep challenging yourself to build a better model, to do it right and identify those gaps, and really make sure you're doing right not so much by the system but by the kids. With that, I'll turn it over to Commissioner.

#### **Commissioner Shibinette:**

Healthcare theatre, that's an interesting word or phrase. I'd love to know who the production company is of that theatre, because they need to work on their storyline. So, to answer your question, I don't think we're ever going to prevent all transmission on a full campus, or in a school. I mean, that is not the expectation.

But what regular testing does is it's the difference between a student spreading COVID-19 for three or four days and a student spreading it for 14 days. And that's what regular testing does. So, by doing regular surveillance testing, we break that chain of transmission sooner. And that's the goal.

#### ***Annie Ropeik with New Hampshire Public Radio:***

*Hi, thanks. A follow-up on Commissioner Shibinette's last point, and then a couple other questions if I can squeeze them in. So, first of all, it does seem as though the State's plan for schools will require rapid test results to be most successful, so if one of you could address the State's plan to ensure enough rapid reliability testing is available? Secondly on the mask mandate for gatherings of more than 100 people, we'd like to know what role State and Local Law Enforcement will play in enforcing that, and what the penalties could be for violators. And then, just lastly on the dashboard, Governor, just at first glance, it really does show how stark the racial disparities are and who COVID has affected in the State. And I wonder if you have any thoughts on how the State might try to do more to tackle those disparities, especially given what we've seen in other States with service workers, people of color being more affected, as the economies reopen.*

**Governor Sununu:**

Sure, do you want to talk about the -- I'll do my best to answer all three. But then, I'll let Commissioner Shibinette correct me, if needed. So, obviously, to have the fastest turnaround with a test result, whether you're in K-12 elementary, or the university system, or just somebody who really needs to get back to work, having that rapid test is always very advantageous.

I think about two or three weeks ago, the average turnaround time was somewhere in the seven-, eight-day range. That has come down to the two-, three-, four-day range. So I think there's a lot of confidence that even the more traditional PCR tests even done by some of these outside labs can meet a lot of the turnaround times that will be required to make sure the test result has real value. I think to your point -- and it's a valid point -- if you're waiting 10, 14 days for a test result, at some point it becomes of much less value in terms of getting folks back onto a good track, knowing the level of quarantining they have to have and knowing whether they can get back to work or back to school.

There are rapid test devices, if you're talking about something like the Abbott Rapid Test that are located all across the State. Right now, those are mostly in hospitals and long-term care facilities, and things of that nature that utilize that. So, I think the bulk of the testing that happens, if a child or someone in a school system that needs a test, will still be relying on the tradition, the LabCorp, the Quest, having your Physician do the test, the ConvenientMDs, or whatever it might be that are doing tests all over the State. And again, knowing that those turnaround times are right now at a very manageable level, I think, gives us a lot of confidence that it's something we can use going forward.

Your second question had to do with the guidelines that we've created for large groups. We didn't have any guidelines really in place for a lot of these large groups. We had seen small events in the State by similar types of large groups. We know that we have some large events, special events, scheduled events coming up: Bike Week; some religious events; and just knowing the universities are coming that'll likely have a lot of potential large events.

So we wanted to make sure that those events can happen. We're not canceling them. We're not pulling back completely. But we're just putting some, I think, guidelines about social distancing and wearing a mask, and making sure they can be in place.

If there are individuals or organizations that cannot or are unwilling to manage to the new requirements, saying that if you're up-and-about and you're 100 people-or-more, that you have to wear a mask, penalties can come with enforcement. I think the Department of Public Health will have an avenue, similar as they have now for a fining or assessment-type system, if, again, a Manager of that organization just weren't able to manage or were unwilling to manage.

The Attorney General's Office always has the power to assess penalties or additional fines, and take additional action, if the level were to be severe enough. If it were for a very long-term event, they could always go in and, if there were continual violations of it, they could always go in and put an injunction on that event, potentially. But in terms of the fining or penalties, fees and assessments, it's a Public Health mandate. And so, again, it would probably come out of Public Health.

The last question you had, a good question on racial disparities, so something that we've been tackling very aggressively in the State since early on in the COVID process is making sure that we're identifying those inequities in the health system, specifically around COVID. But there's also additional inequities we've identified throughout a variety of different aspects of our healthcare system.

An initial Report was put out three or four weeks ago from the Department of Health and Human Services. That's really had some great action items that we can move forward with. But we're really

engaging what I put together a couple years ago, our Commission on Diversity and Inclusion. This Commission is something that's already out there in a lot of these communities, already engaging a lot of the communities on racial disparities in a variety of different aspects of our communities. And really it's a lot of the individuals that help write the plan that identified the healthcare inequities are also on that Commission.

So it's a great kind of a second obvious and smooth transition second step to really empower that Commission to take a lot of that data, and not just look at the data, but really come up with the ideas about, okay, what do we do now? How do we address these issues? Are they regional issues? Are there disparity issues in just our larger cities? Are there disparities [sic] issues in our more rural areas; and really what to do about them.

And I think that's taking a combination of the national data that you see, some of the other models that might be out there and really combining them with the best solutions that would meet our local communities here. So we're very excited. We have the right people on it. I think we've identified a lot of the issues of where they are. And it's really about not deciding what needs to be done but making sure it actually gets implemented, right, following all the way through. This isn't just a talking point for the COVID crisis. It's something, I think, that we want to keep advancing well-beyond COVID and making sure it's kind of a living and breathing document, a living and breathing discussion so we don't fall behind again.

**Tony Schinella with the Patch:**

*Thank you so much. So a quick clarification and then a question, first, are we still presuming that all of the deaths in the State of New Hampshire are people with underlying health conditions and not just COVID-19 by itself? And for the question, Governor, there's been this mantra and it's almost been political. It's been going on for many months that we all have to follow the science and data, and facts, and accept them, and do what we have to do. But as we've seen with many of the school re-openings and, while I've been on vacation, I've been watching a lot of them and cover a lot of them, many of these decisions are being made based on fear and not the science, especially in communities with limited cases. Concord, as an example, went to fully remote, despite only having a handful of cases, and less than 150 cases over many months. And I don't know what -- and so here's the question. What can you and your Administration do to kind of influence some of these decisions to cause less harm to communities and their families, especially working families? People who have single parents are going to be put in more difficult financial situations. In the case of Concord, again, 11% of the residents are collecting unemployment now, never mind a parent having to leave a job in order to watch over their kids. We all understand local control and you've set up this great guidance of all kinds of opportunities. But there's a lot of people who are basing these decisions on fear and not the science, not the data, and not the facts.*

**Governor Sununu:**

It's a great point and a great question. So let me deal with the first one. Are all the deaths that have been recorded as COVID deaths in New Hampshire, do they all have underlying health conditions? I think it's safe to say the vast majority do, or are over 60. They may be elderly. And I guess you'd classify that as, in a way, an underlying health condition. But, Commissioner, I don't have an exact number of there are cases that have absolutely no underlying health conditions whatsoever.

**Commissioner Shibinette:**

I don't have an exact number. But it is the vast majority are. It would be an outlier, if it wasn't.

**Governor Sununu:**

So, just to be clear, the Commissioner was just confirming. If there are any, it would be -- it is the vast majority that have underlying health conditions or folks that might be elderly. Is there is an outlier or two, we can look into that. But we don't know of any off the top of our heads standing here.

To I think a really important point you bring up, how are Districts really making the decisions to go remote or to stay open? I think your thesis is that a lot of that decision is being based on fear and not data. I don't want to speak for all the Districts out there. But, that could be the case in many cases.

What can I do to force a District to open? That's not the Governor's role to force a District to open. The Districts really need to work with the Teachers and the parents, and the Principals, and the School Board to make sure that they're hopefully looking at the data and doing right by their students.

I'll tell you. I've heard a number of these School Board meetings. Most of them are televised. And I watched some of them from all across the State just to get a feel of what the tone is out there. And there have been so many instances. And sometimes I just have to bite my lip. I get it, where people say, well, the State isn't providing PPE. The State isn't providing funding.

I think you had a School Board Member out in Rochester on social media saying the State needs to put more into these schools. We don't have the PPE and the resources to open. Rochester hasn't even drawn down all their money. I don't think any Districts have drawn down their money.

I think, in a handful of cases, three or four cases in this entire State, have we been contacted by a School District saying we're having trouble getting PPE. And in every one of those cases, we work with them. We help facilitate it. We hook them up with our vendors, whatever it is. And we move on.

I don't think we have any cases of a District officially coming to us and saying, we don't have any money. We can't do this. You have to give us more money. I've heard a lot of these stories at these School Board meetings. It's not true. We are right there with these Districts every step of the way. And my feeling is that there's a lot of people just searching for excuses to not come back.

At the end of the day, I think the one metric you have to keep looking at is what is best for these kids? And if there's a condition, if there's an overwhelming feeling of support in that community that it is not the healthiest pathway for these kids, when you look at all the benefits of socialization and reintegration of these programs, and while remote learning provides a pathway, it isn't nearly as robust as being in the classroom. If a District really feels it is not in the overall health and interest of these kids, it is their right to do so.

Obviously, there are parents all -- I think, to your point, parents all across the State are very upset right now. They really are. I think a lot of Teachers want to come back in the classrooms. A lot of folks understand the value of coming back in. And Districts aren't even trying, right? I think that would be my frustration, a lot of Districts not even thinking, well, we will try.

And there's some great hybrid models out there. I give some Districts a lot of credit. They've been very innovative. Kids come back for Monday/Tuesday. They clean the school on Wednesday. A different cohort comes in on Thursday/Friday, that way they keep the students separate. They might not be in for five days, but at least they're working with the Teacher to have some in-class instruction, knowing that

there's kind of a longer weekend to work on some outer-class projects. But they have that one-on-one connection.

I think some of those Districts are doing an awesome job being innovative. I think some Districts just throwing up their hands and saying just we're not going to do it, I can appreciate the frustration that parents might have.

So, it is their choice. We've provided that flexibility. I don't believe it was for the Governor or the State to say every District must close, or every District must open. Those decisions are really best made at the local level. And I think the vast majority of Districts are doing right by their students. But obviously there is some frustration out there on the parents' side. But the funds are there. The PPE is there. Everything is there to make it successful. But ultimately it really is up to them, not the Governor, to dictate what happens in those classrooms. Oh, great. Yeah.

*There was sentinel surveillance done in long-term care facilities. Are there any plans to do sentinel surveillance in any schools throughout the State?*

**Governor Sununu:**

In the K-12, right now, no. I mean, I suppose that that could change, depending on what we might see. But right now, there isn't a plan to do sentinel surveillance in entire School Districts or anything like that.

*Given the delay in testing that can occur and may occur in the future, as COVID gets worse, is it feasible to have rapid testing available to all School Districts?*

**Governor Sununu:**

That would be awesome. Yeah, is it feasible to have rapid testing available in all School Districts? So, I'm going to answer your question. I talk so fast. And I want to repeat the question, because I know I feel bad. David does an awesome job. And I'm going to do my best to slow down. I don't know how you keep up. I don't know how you do it.

Rapid testing in the School Districts would be terrific. We're getting more rapid tests and availability with the new device that's coming to a lot of our long-term care facilities. We have the Abbott rapid test in our hospitals. And as more of those cartridges and more of that technology becomes available, we would love to get it into schools. And if there's a possibility to do that in a few months, that would be great.

The Federal Government really, I think, has done a -- this is the area where they're trying to manage where those devices go, making sure they're on the frontlines in the highest priorities. And as more of those devices become available, we can make a case, I think a very good case, across this country that maybe some schools should be on the frontlines for those Abbott rapid tests and devices.

*Is there an update at all on the ventilation systems at the long-term care facilities being used?*

**Commissioner Shibinette:**

So what I can tell you is that all of the evaluations are done and they're just documenting them right now. So I should have probably a comprehensive update next week. So they're just putting it all on paper this week.

**Governor Sununu:**

Great. Okay. We know that was a long -- there's a lot of information there and it was kind of a long presentation. Again, you can go to our social media page to see the presentation that we gave today. There was a lot in there, but there's a lot going on, as we really enter the fall season. I think it's just about making sure people understand all the tools and resources, and funding, communication protocols, because we try to be as transparent as we can, all those protocols that we're going to have in place for not just ourselves but for families, for School Districts, whatever it might be.

So we appreciate folks kind of working through the presentation. And of course, if Districts have questions, they can always reach out to the Department of Education or the folks at the Department of Public Health for any sort of clarification.

But there'll be little nuances here and there in a lot of this. And we really appreciate that flexibility and all the different Communication Plans that will be within your District. And parents should ask their District for their Communication Plans, when they're finalized, to make sure that you know some of those nuances that might be in your child's classroom, or how that communication will roll out.

But it's, I think, rolling out very well so far. Early September's going to be interesting in a variety of different levels, from the university system to our public schools, just seeing where just our overall COVID numbers go, as we kind of leave the tourism season, which we've been very fortunate here with. But we're always constantly watching our numbers.

Want to thank everybody. We will -- today's Thursday, right? Today's Thursday. I thought it was Tuesday for a second. We will be back. I hope everyone has a good weekend, a safe weekend. And we will be back on Tuesday of next week with some more updates. Thank you, guys, very much.