



Office of Governor Christopher T. Sununu
Press Conference
Thursday, September 17, 2020 at 3:00 p.m.

Governor Sununu:

Well, good afternoon. Good to see everybody. We're back for our weekly update. I think we will start to kick things off with Dr. Chan and a Public Health update. And then, we have a variety of different things to talk about.

Dr. Chan:

Great, good afternoon. And thank you, Governor. So, we are coming up on 30 million people infected with COVID-19 globally. And that includes more than 6.6 million that have been infected within the United States. For New Hampshire today, we're announcing an additional 35 new infections, bringing the total to 7,814 people that have been diagnosed with confirmed COVID-19 in New Hampshire.

There are two new hospitalizations to report, for a total of 725 total people who have been hospitalized at some point during their illness for COVID-19. And thankfully, zero new deaths to report today, but we are still at a total of 438 total people that have died related to COVID-19 disease.

We continue to see spread of COVID-19 in many of our communities. In fact, the number of new infections that we have been reporting out on a daily basis has increased slightly over the last couple of weeks. Previously, we were reporting out approximately 20 new infections per day. In the last day, we've averaged closer to 35 new infections reported per day.

Much of this increase that we've seen, though, is due to our testing strategies for colleges and universities, and K-12 schools, which are aimed at increasing testing and identifying infection early before it can be introduced and spread within school settings in our State. And so, the increased testing that we're doing statewide is having its intended effect, which is to identify more infections.

We are not, however, seeing a new surge in New Hampshire and many of our other metrics statewide remain stable. So, for example, test positivity rate remains stable and low. Approximately 1% or less of our PCR-base tests are positive statewide. And the number of new hospitalizations statewide also remains low. Excuse me.

As schools reopen, as we enter influenza season, I just want to stress that now is not the time to relax our social distancing and other community mitigation measures that we've put in place. We know how to control the spread of COVID-19. And it relies on all of us collectively maintaining our vigilance, maintaining our work to prevent spread of COVID-19 between people.

This is a virus that likes to take advantage of crowd and close contact between people in confined spaces. And so, we continue to recommend that people follow the Public Health recommendations and avoid large crowd and gatherings, practice social distancing, use cloth facemasks when out in public places, practice good hygiene, and please, if anybody is having any new, or unexplained, symptoms, even if they're very mild symptoms, if they're consistent with COVID-19, please get tested. Those early symptoms could be the first sign of COVID-19 and testing is one of the key strategies that we have to

identify infection early and prevent COVID-19 from spreading within our communities, and then from spreading from our communities to our institutions, like schools and long-term care facilities. So, with that, I will hand things over to the Commissioner. Thanks.

Commissioner Shibinette:

Good afternoon. Today, for long-term care outbreak update, we closed Rockingham County Jail outbreak on September 13th. So that facility outbreak closed. We have remained open with Mountain View in Ossipee, continues to be open. So hopefully being able to wrap that up in the next week-or-so, so we're keeping our hopes up that that's going to be short-lived.

Last week, I announced that we would be talking about new testing opportunities in long-term care. We're still exploring those additional testing opportunities for testing and funding. So, we're going to announce that at a later date. It's not ready today. But we have partner calls. We had one yesterday. We have one next Wednesday.

So we're hoping to come up with an agreement over the next week or two that works for both our partners and for New Hampshire, and New Hampshire citizens, and the residents of long-term care. That's all I have. Thank you.

Governor Sununu:

Great, well, thank you, Commissioner. Few different things to jump into, and then we can open up for questions. And we have a few slides for folks today, just to, again, to review some of really our key datapoints.

So first, in discussing some long-term testing trends, we want to provide some positive news, good news, really, regarding testing capacity, as similar to what Dr. Chan was mentioning last week. We really did set an all-time high in that we've overall rolling average of PCR tests. We've been testing well-over 3,000 people a day, and as nearly as many 4,000, 5,000 a day.

And new to this week, we're really adding the results that we're getting from the additional testing happening in Durham and over at UNH, as part of the efforts that they have for their community and the college crowd. Their efforts have brought have brought a daily average, as you can see here, all the way up between 7,000 and 8,000 tests per day. So, I mean, if you remember back here, when we were doing about 200 tests a day, we really ramped it up to about 2500 tests a day, got to 4,000 or 5,000, and now we're really skyrocketing the number of tests.

So, again, while we have seen a slight uptick in the number of results we have, we're seeing a lot of those be more asymptomatic in individuals, young people as they enter school or the university system, and our overall positivity rate remains -- oh, there it is, the overall percent positive. You've seen this graph before -- remains exceptionally low, but still well-below 1% on a rolling average.

And again, this is the April timeframe here. We get into May, when our numbers were still exceptionally high, as New England was really at the tip of the spear for the COVID crisis. And then, through the summer, while other States haven't quite had the positive results we've had, we've obviously done a great job. I think the people of the State deserve a lot of credit. And we have about still 35 individuals today. And that represents a slight uptick from the 20-or-so we were averages about two weeks ago. But, again, we're just doing so many more tests. And that's a really good thing. We're identifying those individuals early on in the process.

I also have some unemployment numbers that we want to talk about briefly here. We've occasionally updated folks on the efforts to reopen the New Hampshire economy in a safe manner. And as a lot of folks know, we did put a lot of strong guidelines in place to make it happen, to allow that to happen in a very safe and productive manner. And we really provided, I think, a great balance there to keeping our COVID numbers low and keeping the opportunities for folks to get back to work, opportunities around our economy very, very strong.

As a result of the measured steps that we took, New Hampshire saw our unemployment rate go from 8% back in July -- oh, there it is. And so, as you can see here, we can go all the way back to March when we hit an all-time low of 2.4%. It was phenomenal. And then, COVID hit. And we spiked up to one of the highest unemployment rates in the country, because we took very, I think, smart and aggressive measures around the Stay-at-Home Order.

But obviously, as we've really opened things up and been, I think, very smart about how we do it, very measured in how we do it, we've gone from an 8% unemployment rate in July. We've announced that we had a 6.5% unemployment rate just the other day on the national level. They announce our national numbers about a month behind, if you will.

And if you looked at our actual unemployment numbers today, we are under 40,000 unemployed, which gives us about a 5.1% unemployment rate. That's estimated. But it's about a 5.1% unemployment rate as of last week, when you compare the number of unemployed to about the 780,000 people that we had within our workforce just at the onset of the pandemic.

We do have our portal open and running, our Jobs Portal, which I think is great. Both businesses and individuals in the Granite State can access our Jobs Portal at nhjobs.nh.gov. That's nhjobs.nh.gov. And that has literally a couple thousand available jobs today, right now, that are open and available. There's hundreds of businesses that are on there that are posting those listings.

And again, we've just tried to create those opportunities out of the Main Street Relief Fund, the Nonprofit Fund, the Self-Employment Fund, the GAP Fund, all these programs to really reinjecting capital back into the economy and into these businesses, so they can not just survive but really start to get back on their two feet and bring in a lot of that workforce back in, and get some sense of normalcy back going in our economy. And I think they've done a phenomenal job.

The other issue we're talking about today is around Healthcare System Relief Funds. If you remember, our Healthcare System Relief Fund was we were one of the first States in the country to create one of these fund programs, even before the CARES Act even existed. And the whole idea around it was to make sure that hospitals or Healthcare Providers were not closing their doors. That's the last thing you really want during a healthcare pandemic.

So, today, we're announcing a total of 339 Doctors, Dentists, Family Physicians, Therapists that are being awarded approximately 30 -- I'm sorry, that money's about \$14 million. And then, you add another five hospitals in, significant-sized hospitals. They're getting about \$16 million in aggregate. We're putting \$1 million out to the Littleton Hospital Association. \$1.9 million is being awarded to Southern New Hampshire Health System. \$3.7 million to the Monadnock Community Hospital; and \$5 million is going to both the St. Joseph Hospital in Nashua and Catholic Medical Center in Manchester.

And again, all these efforts are really to provide some of the revenue shortfalls that these folks have experienced, allowing them to keep their doors open and providing not just emergency services in the hospital, but everyday services in our communities with the hundreds and hundreds of, like we said, the Family Doctors and Healthcare Professionals, Physicians, even Dentists in our communities to make sure that they're there for us when we need them the most.

Also, as reported late-last week, FEMA did announce that it would not be funding the reimbursement of PPE and other school-related supplies. Many schools around the State had intended to seek reimbursement from FEMA for those expenses. We had intended that, as well. And obviously, we share a lot of the disappointment in that announcement and that decision that FEMA has made.

Over the past several weeks, we've made many appeals to the cities and towns to apply for funding under the Municipal and County Program for COVID-related expenses, including upgrades, supply purchases for schools in preparation for students in returning to their in-person classes. We allocated over \$30 million that was earmarked for those local municipalities. Another \$34 million was added to that. That was allocated through the Department of Education specifically for schools.

Right now, only about \$13 million of that \$34 million for schools has been expended. So there's still a lot of opportunity for many of the districts to still apply for and receive some of those reimbursement funds. But that's about \$64 million that we've put out across the State for cities, towns, and schools. And again, there's still a lot of capacity there that can be drawn down from.

So, even though FEMA has decided not to step up and provide some of that support on the school level, there is still a lot of financial opportunity there. And as we've always said, we're going to be there for these kids. We're going to be there for the cities and towns, for these COVID-related expenses.

And then, one more item to touch upon before we close out, and not directly related to COVID, but a significant issue that a lot of us have been kind of keeping an eye on and really driving forward on, and that has to do with the New Hampshire Commission of Law Enforcement Accountability, Community and Transparency. We call it the LEACT, L-E-A-C-T. I established this group through an Executive Order back in June, shortly after the murder of George Floyd.

Their charge was difficult. It was not an easy one, by any means, to come up with recommendations on how to improve Law Enforcement here in New Hampshire. And I initially gave them 30 days. I subsequently gave them another 30 days to get the job done. And frankly, they did a tremendous job.

As we've long said, New Hampshire has some of the best Law Enforcement in the country, but there's always room to improve, grow, and make sure that our practices are really up-to-speed. And I just want to thank the Members of the Commission. They did a phenomenal job. Dozens, frankly, of public hearings, allowing public testimony to come forward, allowing all those ideas to be put on the table, and then putting that into a Report with 47, 48 different concrete recommendations that we could take, real steps that the State could take.

Their Report was released in three parts. It focused on training, reporting, and investigating of Police misconduct in community relations. And it, again, just detailed a lot of these reforms that we could take.

I sat down with the entire group for a couple hours this week, reviewed each and every recommendation in detail. And today, we're here to announce that frankly we're endorsing every single recommendation from all three parts of the Report.

To that end, today we're also releasing what I guess I'd call a roadmap or a plan for these reforms, which details the avenues through which each reform will be implemented. We've identified a few different ways we can get these reforms done.

First, reforms can make immediate -- there are reforms that we can make immediately through an Executive Order. So some things clearly don't require legislation. It's just an Executive Order maybe on new training protocols, an Executive Order until certain things fall into the Rules Committee down the

road through not the direct legislative process but the Rules Committee, in terms of Police Standards and Training.

Second, reforms that we can immediately initiate through rulemaking, and we have some direct rulemaking we can take within the Police Standards and Training Commission, separate from the legislative rulemaking process. And third, there's those that get taken up by the Legislature, themselves, more of the long-term law changes that have to be implemented as part of the recommendations that this Report looked at. And then, finally, there's a variety of recommendations in there that the State can't enforce directly that really pertain to local Law Enforcement Agencies, and really just kind of encouraging and hopefully incentivizing some of those Agencies to make some of those reforms on a localized level.

But, again, all of them, I think, were very appropriate. All of them are achievable in one way or another. And I just really want to commend the group for putting forth things and ideas that were practical and that were really New Hampshire-specific and New Hampshire-driven. They really did a great job.

I've asked the Attorney General lead the effort to craft the legislation. One thing we don't want to do is wait for the next Legislature to come back to start the legislative process. We want to start that today. So the Attorney General will lead that effort to craft the legislation, get it to a decent point. And then, I will be asking, after the elections, the next Legislature will come in. And I'll be charging the majority and minority leaders from both Parties in both the House and the Senate to be the lead Co-Sponsors for this legislation. There should be nothing political about the recommendations here. They were agreed to and done in conjunction with Law Enforcement, done in a very bipartisan way, and therefore having a bipartisan piece of legislation for what will ultimately be the most comprehensive reforms in law enforcement the State has ever seen, I think, is the absolute appropriate approach.

So, again, not directly related to COVID, but I know it's a bit of a hot topic. We see the issue spurning up in different ways across the country. I think we've handled it very, very well in New Hampshire and my hats off to the Law Enforcement and those who want to make sure that their voices are heard in the reforms that need to happen here in New Hampshire.

We've done it in a very positive way. And I think that has allowed this Report to come forward in such a timely manner, and allow us to take the necessary steps today, not waiting, not waiting 6 months or 180 days, or to the next legislative session way down the road, kicking the can, long-term Study Commissions. We're taking action today on so many of these recommendations. And we're going to make sure when the Legislature comes back in after the election that they can really hit the ground running and get this done. With that, we can open it up for some questions.

Q&A Session

Governor, can you give us an example of some of the things you will be doing by Executive Order and when you'll be doing that?

Governor Sununu:

Sure; so I plan to receive an Executive Order within the next week-or-so. There's I'm going to say -- I'm ballparking this off the top of my head -- maybe 15 to 20 of the recommendations I think at least we can do by Executive Order. A lot of them have to do around the Police Standards and Training protocols that they currently have in place, modernizing them, updating them, everything from the different types

of certification processes that we can look at. Those steps are not required by law. They're really developed with the Police Standards and Training Commission. So my Executive Order will kind of, I think, give them the backing to make some of those changes coming up. And I think that's some of the more significant things that we can do right off the bat.

Will that include the bodycams for State Troopers, or is that a law change?

Governor Sununu:

That's something that we can probably contract with right away. So, one of the things we will look at is where the funding can come from. And as soon as we can identify the pot that that money can be used from, we're going to go forward on it, at least at the State level. I can't mandate cameras necessarily for the localities. That would require a law change. But I think the State Police can step up and should step up, and kind of be the first to set that example for the rest of the community.

How much ballpark are we talking for additional money to address these things? And where can we possibly source the money?

Governor Sununu:

So there is funding required for a few of these things. Some of the accreditation processes require new systems, new training protocols so that Local and State Law Enforcement can be trained on what is -- to get the training to receive the accreditation. In some of those cases, it could be a couple hundred thousand dollars, which is a lot of money, but not unmanageable by the State. In some cases, the systems could be a couple million dollars. None of it is unachievable.

I think what we're looking at now is, A, a little bit what Federal help the -- what help the Federal Government might be providing, in terms of stimulus, because that would provide one opportunity; B, where our revenues are coming in. And already, we see our revenues coming in better than we anticipated over the past few months. So there could be opportunity there if our budget hole isn't quite as big.

We could go for more long-term dollars out of the next budget process. Some things will just take time -- might take its time to implement. And there are some things that we, if you read through the recommendations, the Legislature will want a say on. And you got to make sure that they have that public discussion, that say on that recommendation.

But there's a couple different opportunities. We don't have a ton of money right now, outside of COVID. We have a lot of COVID and CARES Act money. But some of these things aren't insurmountable by any means. So we're going to work with the Department of Safety and see what projects that we -- General Funds might still be available, maybe certain projects that didn't come to fruition for one reason or another. And try to move the dollars around to make sure that we can actually commit to a lot of the contracts that could go forward.

Where did they come down on the School Resource Officer? A number of members, there was a little bit of debate about where we should be going with School Resource Officers. And how does that fit in there?

Governor Sununu:

And if I remember correctly, I believe there's three or four recommendations that deal with School Resource Officers, I think a lot of which we can handle with both an MOU, a Memorandum of Understanding, and an Executive Order process, in conjunction with the Department of Education here in New Hampshire to get more training and certification, and skillsets for those Resource Officers. Make sure that there is some minimum requirements for who is deemed a School Resource Officer. It can't just be pulling in someone, a part-time Officer that just wants to donate some extra time. That might be fine, but they have to go through the training protocols. They have to understand some of the issues that may come up.

There could be issues of mental health. There could be issues of security. There's a variety of things. How to talk to kids; how to deal with kids on a one-on-one standpoint; it isn't just putting a Police Officer in a school. It's just not that simple anymore, nor should it be.

So, to give ourselves a certain base level of standards and standard of care; and, again, help the schools achieve those standards. And allow those Resource Officers to be really part of that solution that a lot of the schools are looking for.

And diverting the resources from a 911 call for mental-health issue to a mental-health response instead of a law enforcement response, did you guys address that, whether New Hampshire should have instead of calling for a Police response, you would call for a mental-health response?

Governor Sununu:

So I don't think it's so much a diverting of resources as much as finding areas where maybe some additional resources may be necessary, right? Diverting would imply that we're taking something out of one and playing a shell game with money. We don't want to get into that situation.

We always want folks to know, if there's an emergency, they can call 911. Let's be very clear on that. But, again, having the resources that, if it is a mental-health emergency, if it is an emergency, something that isn't strictly around the safety and security of the individual, the physical safety and security, if other folks can respond in conjunction with Law Enforcement as part of those Emergency Teams, that was a direct recommendation making sure that the resources were available so a Mental Health Professional could join those Law Enforcement Teams when they respond to those calls.

Yeah, Tony from Patch. Thank you, Governor. I'd like to talk about the re-openings for a second. There's been a steady buildup of young people getting sick. Most of it's happened outside of schools and not in the schools, because it hasn't been that long. But, potentially, while you're catching -- the State and Local Officials are catching those cases, they are putting some kids at-risk. Do you have -- parents seem to be concerned about it. Are you comfortable where we're at in say the first two weeks of most schools being open?

Governor Sununu:

Oh, I think the first few weeks of schools being open has gone very, very well. We've heard some concerns from some of the school -- they're very few, I want to say eight or nine different school districts around the State chose not to open at all and strictly a remote-learning protocol. We've heard a variety of calls, at least into our office, from parents in those districts that sees a lot of the successes we're having in other parts of the State saying, hey, why can't my district open? What do we have to do to get my kids back into the classroom?

So because it has gone so well, I think that's put a little bit -- I don't want to say pressure. But I think that's really allowed some of these districts that had chose to go fully remote to understand that it can be done successfully, that the plan that we put in place can be managed to. And the vast majority of districts in the State are doing just that.

We are detecting a few more of individuals on the younger spectrum, if you will, that are testing positive. Doesn't necessarily mean that they're sick, I just want to be clear about that. But they are testing positive. Most of those cases have happened. We don't see a lot of that transmissivity within the classroom yet. We know that that could come, and where we have had concerns or issues there, in a couple cases schools might have closed for a day or two to do some extra cleaning, or take some extra protocols and provisions, and looking to open back up, which is the exact right thing to do.

So, this can all be managed. I think that's what a lot of folks are seeing across the State. It's all very manageable. I think districts are doing a very good job. And we're watching also around New England, right? Most New England States have taken a similar path as New Hampshire. A lot of the districts are choosing to open and close, or stay remote on their own, similar to Massachusetts.

And I think they're seeing a lot of the same successes that it doesn't mean the number of kids testing positive for COVID is going to be zero. No one's ever planned for that. That would be unrealistic. But it can all be managed to. And I think the very proactive and aggressive testing protocols we've put in place have done a very good job of isolating those students before they've even gotten into a situation that would allow them to spread, or transmit, the virus.

On a follow-up real quick on that, there seems to be a delay in the reporting of the data in the school data dashboard. As an example, the Concord School District was informed about its first case yesterday. The school data dashboard said that the case was reported to the State on September 12th. That information was not up there on September 15th. I know, because I looked, myself, when I wrote my daily report. So, what is the time delay between September 12th, when the State knows. The school district knows on September 15th. We know on September 16th.

Governor Sununu:

So I'll probably look to the Commissioner in terms of some of that delay and how the contact tracing is handled for different situations.

Commissioner Shibinette:

Um-hmm. Thank you. So, we can definitely see a two- or three-day delay from when the school finds out to when we post on the dashboard, mostly because we look for a case investigation, right? We need to go through that case investigation to ensure that that person should be counted on the dashboard. And I'll give you some examples.

If a student on their test requisition says that I belong to Concord High School, right, and instead of just putting that checkmark in the Concord High School box, yes, they have one case, we do our case investigation and find out they've been remote. We don't count students that are remote in the school dashboard, right? And so, then, even go beyond that. They were remote, but they attended football practice with the rest of Concord High School. Then, we do count them, if they attended a school function.

So, it does take some time to get, number 1, in touch with the person, in touch with a Coach, a Teacher, the School Nurse, the student, the parents. And by the time we get our case investigation done, we go, yes, that person firmly fits in that category of a positive case for Concord High School. And I'm not saying it's Concord High School. I'm just using that as an example. Or they don't.

And (inaudible) football, just to not freak anybody out, so as if they had...

Commissioner Shibinette:

Right, so regardless of the school, that case investigation is really, really important to understand whether that person is being attributed to that school or not. And so, that's why you're going to see a couple days to get us through our investigation.

Commissioner, could you just give us a ballpark on how much more contact tracing is going on now versus a few weeks ago, when fewer kids were in school?

Commissioner Shibinette:

I think that a few weeks ago, our numbers were much lower. Our contact tracing has definitely gone up. But we have more partners now, too. So that's the other thing that we need to consider that when we look at contact tracing on UNH campus, for example, we have a team on the UNH campus that is helping us do contact tracing. We have the School Nurses in the K-12 schools that are helping us do contact tracing.

So our partners are very much assisting with that. Not in different -- no different than when we were doing, like, long-term care, right? When we had a long-term care case, the long-term care facility was also helping us and partnering with us to do contact tracing around those cases. So absolutely increased; I can't give you an exact number. But we really rely on our partners a lot to help us with that, just to help identify.

I've been speaking to the Long-Term Care Administrators this week about what they like about what New Hampshire's been able to help with, and what they've had trouble with. And one thing was mentioned to me that they really loved the sentinel testing and would love for you to really keep that. And they apparently have a Petition going to try to get you to do that. Is that sort of part of why you're hedging on the discussion on how we're going to do sentinel testing going forward?

Commissioner Shibinette:

So I'm not hedging. What I'd like to say is that I'm considering all of the input that I'm taking, and not just input from them. We've gotten new information about the BinaxNOW cards that are coming and where they're being directed, understanding what we have for Federal funding and State funding. And we want to make sure that the program is really individual, right, what that facility in that community really needs to keep their residents and their Staff safe.

So, I do think that what we will end up with is probably a hybrid so that we are still going to support. And there's never been an indication and there's never been a conversation about us not supporting a testing program. We certainly do want to support them. And that when we choose to move to a self-directed testing program -- and we will do that eventually, over the next four, five, six weeks. Most States did it over the summer, right, and we didn't do it. We wanted to hold onto it a little bit longer.

When we do that, we're not going to set a date to say, okay, as of November 1st, you're on your own. That's not how we work. We really want to say, okay, who do you want to contract with? Let's help you through that. Let's make sure you have enough supplies, make sure that you have the schedule that works for you. And oh, your turnaround time is taking longer than you expected us. Let us help you. We will come out and do testing for that week for you until you get set up.

This is a joint partnership to give them the flexibility that they've been asking for, because we've also heard from the facilities that say just let us do it ourselves. We want to test on Wednesdays and not on weekends. But still making sure that we're offering the assistance that we have been from the very beginning of this pandemic to the facilities so they can get their needs met.

Commissioner, real quick, on the 10-year Mental-Health Plan Update Report released yesterday, you talked a lot about some of the success stories, expanding beds, more housing opportunities. We all know how well the Community Mental-Health Program's been working with Riverbend in Concord and some other locations. Can you just take a minute and talk about -- I mean, there seems to be a lot of instability out there even before COVID. I hear it on the scanner every night. Can you talk about where the Health Department goes from here with that initiative for a minute?

Commissioner Shibinette:

Sure, so I think what we want to see is more robust and comprehensive programs in the community. So, from very early on, when I was over at New Hampshire Hospital, I heard a lot about, we need more inpatient beds. And I talked a lot about the backdoor versus the front door. Most of you have heard me say that that the people waiting to leave New Hampshire Hospital and waiting to leave any acute-care setting for an appropriate level in the community was what was bottlenecking the system. That remains the case today.

So, for example, we had in our budget, and we had planned on standing up many community-based transitional housing beds. And that was part of our 10-year Mental-Health Plan. It was part of the progress.

In the middle of COVID, our partners were having a hard time trying to stand up new programs in the middle of a pandemic. So, what we did is we created PATH, which is the Psychiatric Adult Transitional Housing Program. The New Hampshire Hospital Team kind of pulled together and said, how can we do transitional housing here on State grounds?

And really the credit goes to the New Hampshire Hospital Team. Heather Moquin, who's the CEO over there now, put together a Team that created a 16-bed program. And we've literally stood up a 16-bed program in 8 to 10 weeks. It opened on Monday. So, we have 16 New Hampshire Hospital patients transitioning over to Philbrook Building, which is now called PATH, to empty 16 beds at New Hampshire Hospital.

The community-based programs, whether it's Mobile Crisis -- and there are Mobile Crisis Teams, to go back to a little bit about what the Governor was saying, that does accompany Law Enforcement on mental-health calls. So increasing Mobile Crisis, having crisis apartments, having a robust community mental-health system that has the whole continuum of care -- everything from the intake appointment to transitional housing or community residence that have functional supports -- is where we're going to be focusing our efforts.

Governor Sununu:

Great, thank you, Commissioner. Adam?

Governor, maybe we can hear from you and Dr. Chan on this. Dr. Chan's saying this is not a second surge. For those of us who aren't epidemiologists or aspiring, what would that look like? If a second surge was to start beginning, what would be sort of the leading indicators of that, beyond just the percent positive?

Governor Sununu:

Well, I'll kind of give the 30,000 gubernatorial approach a little bit and then I'll let Dr. Chan correct me. A couple indicators that we look at, right, so let's just take ourselves out of the New Hampshire data a little bit. We're constantly looking at other States' data around New England, potential hot spots, whether it might be Boston or New York. They might be a lead indicator, because they just have a much denser population, if there was some New England surge that was potentially happening, similar to last time.

The percent positive obviously would be a very aggressive indicator to us. If you get it back -- we talked a little bit about it last week. If you get up to the 4%, 5% range where just it's not just the number of tests and the number of positives, but that ratio is really driving. I think if we start seeing surges not just statewide but locally, too, you could have a surge not statewide but within UNH, let's say. We don't. Or within a school system, within Manchester; this one thing that we've learned through this entire process watching how the virus spreads is what happens in the southern tier, because we're more dense and more connected to Boston, is very different than what might happen in the northern or the western part of the State. So it doesn't necessarily mean we have a statewide surge. We could have local pockets of those surges going on.

And then, hospitalization, right, if you see a much more aggressive spike in the numbers of hospitalizations, which we really haven't at all, I mean, if you remember, we used to have well-over 100 people in this State in a hospital at any given time. Ten, how many do we have today? Come on up, Dr. Chan.

Dr. Chan:

Less than 10.

Governor Sununu:

Less than 10, today I think we have 8. So our numbers are still very, very low there, even though we've seen a small uptick in the total numbers. We're not seeing surges, if you will, within those hospital settings, where, again, that would cause, I think, a little more focus on the management of the more severe symptoms.

So, for us, for me, at least, in terms of those crisis points that you're looking at and you're trying to predict, those are the things where, I think, for myself, we're really trying to stay ahead. I'll let the smart guy correct me.

Dr. Chan:

So the Governor, I think, outlined very nicely what the metrics are that we're looking at to track and monitor level of community transmission. But the term "surge" really is a descriptive term to describe what we're seeing. And to some extent, it's a little bit subjective.

But if I had to try and put an epidemiologic definition on it, it would go back to the rate of change or the acceleration of what we're seeing, in terms of the number of new infections, for example, the number of new hospitalizations, the testing data that the Governor talked about. And so, what we saw very early on at the beginning of the pandemic in New Hampshire and in other States, and even with the second wave in other States around the country, was really looking at the rate of acceleration and the exponential growth of increase in the number of cases on a day-by-day basis.

And so, part of that can be looked at and defined by, like, doubling times. How many days does it take for the case count to double? And in the beginning of the pandemic, many States were seeing doubling times of three, four, five, seven, eight, 10 days. And then, as we brought the pandemic under control, those doubling times for our counts of people infected prolonged to four weeks, six weeks.

And so, surge really is a descriptive term looking at the rate of change in the number of infections, how quickly the number of cases are going up, for example. There's not a strict number to that. And so, to some extent, it's a little bit of a subjective determination.

But what we expect to see are the numbers go up-and-down and up-and-down, right? We very rarely, with any kind of data or tracking of infections, see just a complete flatline, so to speak, right? The numbers are going to go up. The numbers are going to go down. And we're doing investigations on each and every case.

We're trying to make determinations on why we're seeing increases. We believe some of the increases -- or to a large part, a lot of the increases we're seeing in the last few weeks really is because of the increased testing we're seeing. We are seeing the numbers of people with COVID-19 go up in the

younger age groups. And I think that's directly attributable to the testing strategies that are out there, both at the colleges and universities, as well as the low threshold for testing at K-12 schools.

And just to give you an example with UNH, we were talking about UNH earlier. Since the end of July, I think they've tested something like 15,000 people, Staff and students. And of those 15,000 people, they've done more than 86,000 tests. That equates to five to six tests per person over the last six or seven weeks.

So there's a huge amount of additional testing going on statewide. And we believe that that is contributing and connected to the increases that we're seeing. Once a lot of that testing is conducted and gets underway, and sort of smooths out, we hope the numbers will plateau again and then go back down. But we're watching the numbers very closely.

So, I guess, just quickly to follow with that, for the layman, we could acclimate ourselves to the 30 to 35 per day, based on the new testing regime. And that's going to be "the new normal" for a little bit now?

Dr. Chan:

Potentially going forward; a lot of testing that's being done on colleges and universities, especially in the last several weeks, really was an aggressive push upfront to prevent early introduction of testing, right? So they're testing students before they arrive. They're testing students when they arrive. They're testing students potentially a week after they arrive. A lot of testing is being conducted.

Now, that amount of testing is probably going to taper off and go down a little bit over time, as the newly or infected students or Staff are identified and spread is prevented. So, as testing drops and as there's control and prevention of spread of COVID-19, we hope -- that's the anticipation -- that the numbers will go back down.

But this pandemic has thrown us curveballs at every turn. So we're obviously watching very closely. But we don't think the increase that we're seeing right now necessarily represents a dramatic increase in community transmission or acceleration of the pandemic.

Just to clarify a datapoint on the 86,000 at UNH, that's in the 383,500 that was reported yesterday, right?

Dr. Chan:

I'm sorry. Can you clarify that? I'm not sure. So all this data is publicly...

On the data dashboard, when it says total PCR testing, 383,551, so of the 86,000 at UNH, those are rolled in there, as well, right?

Dr. Chan:

Those numbers are what UNH publicly reports on their website. And the more than 86,000 tests conducted, I believe, last time I looked at their dashboard, was from the end of July through present-day. So, if you're looking at another number from earlier, it would...

No, but, I mean, on yours, those are rolled into yours, right?

Dr. Chan:

In terms of our testing numbers?

Yeah.

Dr. Chan:

So we're currently in the process of working with UNH and other colleges to get automatic reporting of the data. So I'd have to go back and clarify exactly what our numbers include and don't include.

Certainly, any positive test gets reported to us and we investigate. We've been working with UNH, because they've brought on so much testing, to get automatic electronic laboratory reporting to Public Health. That's something that I believe is still in process and being ironed out. So, not all of the testing that's done by UNH may be captured in what's reported right now on the data dashboard. But the plan is to try and bring that in, in the very near future.

So just so we're clear, though, so all the positive test results from UNH are in our positives?

Dr. Chan:

Correct.

But their tests may not be. So we may not be at 383,000. We could potentially be -- if none of the UNH tests were counted, they could be 400,000-and-change?

Dr. Chan:

In terms of the total number of PCR-based tests that we're reporting, correct.

Thank you.

Dr. Chan:

Yes, that's absolutely right.

Governor Sununu:

And if I could, so can we go back a couple of the slides? Go back to the slides and don't go too far, Dr. Chan, yeah, just so folks can see it here. Or one back, there we go. So, this, what you see here, is that very aggressive testing protocol that UNH is implementing. For the sake of this slide, we've put some of this in manually. But I think what Dr. Chan was saying is a lot of that stuff hasn't yet been integrated,

because it's marrying the two systems. I think it should be done very, very soon, in terms of updating. And so, what you'll see is something more like this on our data dashboard going forward. But all the positives have been accounted for on our dashboard, without a doubt.

But that affects the 1% average rate. So we may not be at 1%.

Governor Sununu:

We're actually below it.

We may be way below that, depending on...

Governor Sununu:

And go to the next slide. And that's why this is below 1%. You're absolutely right. So there were a couple days, we're at about 1.4% and 1.5% last week. In actuality, we're being conservative because, in actuality, a lot of those negative tests weren't being counted. So the real number is here. But, again, it'll all be updated on the dashboard. It's just about getting their system to integrate with ours. But I think we're just a couple days away from...

And similar to the school dashboard, we're not trying to complain, right? We know it just takes time. But everybody's watching and worrying.

Dr. Chan:

Understood, yeah.

Can we use asymptomatic? Is there any place where we would know? Or does it matter how many people are asymptomatic, by percentages?

Dr. Chan:

Yeah, that's a great question about the number of percentage of people who test positive that are asymptomatic. And asymptomatic means no symptoms. And there's different degrees of asymptomatic, right? There's somebody who's asymptomatic, doesn't have symptoms at the time of the test, and remains asymptomatic.

Then, there's people that are asymptomatic at the time of the test and the test is conducted at a time just right before they develop symptoms. And so, we call those people pre-symptomatic. And then, there's people that are symptomatic, because when you test, I mean, that's why you test.

We report all of the positives on our data dashboard. We don't differentiate between those that are positive and asymptomatic, or pre-symptomatic, or symptomatic at the time of the test. Now, we do have some datapoints on that, both at a national and a local level. And the Centers for Disease Control and Prevention has estimated that anywhere around 40% of people who test positive for COVID-19 will be asymptomatic at the time of the test.

And we do have some local data to back that up, based on some of the testing programs that we have done. For example, with the long-term care facilities that the Commissioner has talked extensively about, we follow the testing in long-term care facilities much more closely. And so, we have some similar estimates from some of those testing programs at long-term care facilities, which actually aligns with what the CDC has reported nationally that approximately around 40% of people that have tested positive in certain locations, situations like long-term facilities, have actually been asymptomatic.

And that's one of the challenges with this Novel Coronavirus that makes it so difficult to control is the possibility for asymptomatic infection, infection without symptoms, but people can still spread the virus to other people, even if they're not having symptoms. And that's part of the reason, by the way, that we look at these layers of protection with business/school operations. We don't rely just on identifying people that are symptomatic and testing them. We also need to be incorporating the social distancing, the facemask use, the good hand hygiene, the cleaning and disinfection. We look to implement all of these layers of protection as barriers to preventing COVID-19 from spreading.

I'll defer to Jason. Just so...

Governor Sununu:

I'm so excited to see you here by the way. Are we going to get a sports question or...

I just do what they ask me. So apparently the Maine CDC announced the outbreak at Portsmouth Naval Shipyard, 18 cases, 4 are New Hampshire residents. First of all, is that something you're aware of? And how difficult is that to deal with an out-of-state, if you will, company with so many New Hampshire residents that work there?

Governor Sununu:

Sure, so, no, we were made aware. We have great communication with our fellow States and our fellow partners. I don't believe it's created any sort of complexity in terms of being able to do the contact tracing or understanding the New Hampshire residents that are at, or working at the Portsmouth Naval Shipyard that may either have tested positive, or may be in a quarantine position.

I think I've heard four that we know of. I don't know of any more. And we may find more. We may find out through additional testing protocols, there could be additional New Hampshire or Maine residents that test positive there. But it really doesn't add any sort of complexity, given that we talk to our partners so well, so fluid.

Can we hear from Dr. Chan whether he thinks what UNH is doing in terms of testing from an epidemiologic perspective is impressive, what they're pulling off in terms of volume?

Dr. Chan:

Thanks for the question about commenting on what UNH is doing regarding testing. And I think it's very impressive what UNH is doing regarding testing. They not only implemented a series of tests for all their students and Staff upfront. I think it was a series of at least three rounds of testing, when they

were bringing students and Staff on campus. But they've also been routinely testing students on almost a weekly basis, I think.

And that's more testing than I'm aware of many other colleges or universities, even around the country, have been doing. So I think it's a very aggressive testing program. And they have facilitated that by bringing on testing, themselves, on the UNH campus to support that. And I think that that has been, and will be, an important strategy, one of the layers of protection, one of the many components of trying to prevent COVID-19 from getting a foothold on the college campuses, preventing early introduction, being able to identify if and when transmission is occurring.

The only other comment that I'll make about colleges and universities is going back to, I think, what the Governor and Commissioner mentioned, which is we're not seeing a lot of transmission right now associated with spread in classrooms, right? And I think that what we have seen with reported clusters on UNH campus with the fraternity and with the on-campus apartment housing is exactly what we've been talking about, which is this virus likes to take advantage of close, crowded, congregate settings. And so, it's these exact settings of congregate living, social gatherings which pose the highest risk for spread of COVID-19. And I think we've seen that. But I think UNH has done a very impressive job at trying to get a hold and prevent further spread of COVID-19 on a campus. Thanks.

Governor Sununu:

You want to grab a couple questions over the telephone?

Kathy McCormack with the Associated Press:

Hi, thank you. Following today's funding announcements, could you give us an update on remaining CARES Act funds and what areas are being considered for it?

Governor Sununu:

Oh, sure; just the general question of remaining CARES Act funds. So as of today, bear with me. I think, off the top of my head, we've allocated about \$1.05 billion of the \$1.25 billion in CARES Act funds. That would leave us about \$200 million that has yet to be really truly allocated.

I'll also add that there's a good chance that you're going to get quite a bit of lapsed funds, and that is dollars that have been allocated but, for whatever reason, might not be expended. One of the clear examples is the Broadband Fund. We allocated \$50 million to the Broadband Fund. Only 17 projects actually became eligible. And about \$15 million will be used. That leaves \$35 million unspent. And that will lapse back in. So ultimately we will likely have more than \$200 million, maybe in the \$300 million or \$350 million. I'm really rounding that number. I'm not 100% sure.

We will have a better assessment of the lapsed funds and the total allocated dollars, my guess is, in about a month. And then, we will decide. We will be looking at also what additional dollars might be needed for schools or universities, testing materials, PPE, whatever it might be and whatever fall might bring, knowing that, again, we're expecting another more significant rise in the numbers at some point. We hope we don't get there, and evidence been very fortunate so far.

I mean, maybe we don't get there and we can release some of those dollars back out to businesses or some other opportunity. But right now, we're kind of holding on and really focusing on the Healthcare

Providers, hospitals, and additional direct COVID costs or expenses that may come from an increase, or rise, in numbers over the next couple months.

And also, I mean, just to add in the obvious, if Congress steps up and actually does something, which we all -- I think everyone in America hopes they actually do, that would obviously change the dynamic a little bit in terms of how many dollars that they allocate. Is it stimulus money? Is it additional CARES Act relief, unemployment relief, whatever it might be?

Todd Bookman with New Hampshire Public Radio:

Yeah, thank you. This question is for the Health Commissioner. We just got done with the State Primary. Looking ahead to the November General Election, what specific guidance is your Agency giving to Election Officials about how to handle voters or poll workers who test positive? For example, what happens if a voter, let's say, defies a quarantine instruction and shows up at the polls on election day? What kind of guidance is your organization giving Election Officials on how to handle situations like this?

Governor Sununu:

Great, I'm going to have Dr. Chan come in and talk about that a little.

Dr. Chan:

Great, thanks. Thanks for that question. So we have been working with the Secretary of State's Office to provide information and guidance for Poll Workers and Election Station Workers. We've had, I think, a couple webinars in the past to put out some of the Public Health recommendations around how polling stations can safely conduct operations. That's primarily based off of what the CDC has put out. CDC has national guidance on same conduction of polling and voting around the State. So we have certainly been promoting and working with the -- promoting that guidance and working with the Secretary of State's Office to make sure that polling stations were informed of what the Public Health recommendations are.

Now, I think your question, though, is more to what happens if there's a positive case at a polling station? To my -- as you point out, that's a relatively recent event -- to my knowledge, we haven't had a situation like that.

But the same Public Health investigation would be conducted that we conduct with any business or organization. Anybody who tests positive would be reported to Public Health. And then, we would initiate an investigation, which might take a little bit of time. We have to reach out to the person who's diagnosed with COVID-19. We would reach out to maybe a business or organization. We would probably reach out to the Organizers of the polling station to assess what risks and exposures may have occurred.

But at the end of the day, if someone is diagnosed with COVID-19 who was at a polling station with the appropriate layers of protection implemented, the risk to other Staff and people coming into the polling station should be minimal. But certainly anybody who's diagnosed with COVID-19 will be isolated. Anybody who's a close contact would be asked to quarantine. And so, that would be part of the normal Public Health contact investigation that we do. Thanks.

Governor Sununu:

Thank you, Ben.

Sean Whitcomb with the Union Leader:

Hi, good afternoon. I believe this would be either for Dr. Chan or for the Health Commissioner. We went back a little bit more about the new cluster at UNH. Can you talk a little bit about how did DHHS determine that there was this cluster? Was it related to a particular incident, when you mentioned parties or fraternity parties, or those kind of gatherings? And we wondered if you could tell us how many close contacts of those students were notified. How much contact tracing have you had to do around that second cluster? Thanks very much.

Dr. Chan:

Yeah, thanks for that question. I don't have an exact number to your second question about how many close contacts have been identified. That's the number that we could find out or UNH might have. But regarding your initial question about how we identify this cluster, this is where Public Health is working obviously very closely with UNH and the team at UNH that's implementing not only the testing but assisting Public Health with the process of contact investigation, right?

We're not usually physically present in all of these locations where people are being diagnosed with COVID-19. And so, we have to rely on our partners on the ground who are familiar with the college campus setup, in this example, who these students are that are testing positive, where they live, for example.

And so, through the course of UNH's testing, people, or students and Staff, are turning up positive. And through the course of our Public Health contact investigation, working with the college and trying to get information on where each and every one of these students are who test positive, one of the questions we ask is where do they live, right?

And so, when we start identifying a cluster, a number of individuals who are all associated with, in this case, a single apartment complex, we take that seriously and we look to investigate whether there may have been a single event or multiple events that might have contributed to transmission. To-date, I think we're up to 21 students who live in the UNH Gables on-campus apartment complex that have tested positive. So we're looking at that as a cluster. And there's not any one single event, I think, that we've found that we believe has contributed to transmission within the apartment complex unit.

But, as with any on-campus housing, there's certainly many opportunities for social mixing and social gathering, which is likely why we have a number of cases now, number of people infected with COVID-19 at the apartment complex. And I think it just goes back to highlight the fact that this virus likes to take advantage of social gathering, congregate-living situations, which is what we're seeing in this instance. Thanks.

Governor Sununu:

Great. I think that's good for the questions on the phone. Anyone?

I'd like to follow up with the school funding issue real quick.

Governor Sununu:

Sure.

So, a number of the School Officials have been raising concerns about the lack of money, FEMA, wanting the reimbursement, and other things. You mentioned it earlier. I also know that you sent out a letter to the Manchester Officials about some of the money that they received. But in your opinion, I mean, half of the money is not being spent. It's about \$16 million that's there. What's the problem? Is it just they don't know how to request it? Is it political? I mean, I know those grants are -- it's a thermometer for this one but not for that one. What is the problem? You have \$16 million sitting there and a lot of School Officials all around the States complaining they don't have money.

Governor Sununu:

Yeah, so I think there's a couple aspects there. I think the School Officials know exactly how to apply for the money, how to draw down those funds directly. So the Department of Education has worked very closely with them so they know that. That, I don't believe, is an issue at all.

I think you have a lot of districts, because every district has a certain allocation, that, remember, more than half of our towns in this State right now have no COVID whatsoever, like literally zero cases. So for those COVID costs, if you will, in those districts, they might be very, very minimal, if zero, potentially. So I think that's why about half the money hasn't even been drawn down.

You have some of the more hotspot areas: Manchester and Nashua, and a few other, the other small cities in the southern tier. I think, to-date, only one or two has actually made a formal request for more money. About 60 or 70 have drawn down 100% of their funds. And the rest of the districts across the State and towns across the State haven't drawn down all of their money yet either, or they still have dollars remaining. So it's a couple different variables there. I think it's more to the disparity of where the virus is really existing, if you will, and I think some of the precautions that those districts want to take.

Just to be clear, X school district with zero or four cases for the entire pandemic but wants everybody to have a mask will get reimbursed for buying the masks?

Governor Sununu:

Yes. Yes. Yeah, those funds are available if they want to draw down those funds and use those funds. And if they need more money for some reason, they have an avenue to request more funds. I know Manchester, a lot of folks are focusing on Manchester, because they have requested a lot more money. We're going to, again, work with Manchester. Make sure that the students have what they need.

Manchester has received an amazing amount of money through this pandemic. I think, in total, if you add everything from Main Street Relief Funds to what we've provided the city, what we've provided the school, it's something like \$85 million just in CARES Act funds have gone into the City of Manchester.

They had \$3.5 million allocated to their schools that they turned away from their schools. I'm not exactly sure why that happened. And now, they want more money for their schools. So obviously there's

a disconnect there and I'm not sure exactly what's there. But we're going to work with them, find out if they understand not just how to draw down the funds but what's an applicable COVID cost, what isn't. Make sure that what they're asking for is something that we can do. And if there are gaps there, then we're always happy to step up and help.

But they've received a lot of money in the City of Manchester, especially for schools. And then, by the way, you add all the additional school funding pre-COVID, right? We're putting an unprecedented amount of money into schools outside of COVID. The State has never spent this much money on schools, school infrastructure grants and all of that sort of thing.

And then, finally you add in the additional money the State's put in for VLACs programs; a lot of school districts, their students are going to the VLACs program. And we're putting in all the additional money required for that, as well.

So there's money there. We're providing it to the school districts. Manchester, in particular, has asked -- is the one district that has asked for millions and millions of dollars more, after rejecting a certain amount of money. So we just want to make sure that we're being good stewards of the taxpayer dollars. We're helping them understand what is reimbursable and what isn't. And we are going to make sure that we are there for those students.

And just to be clear, in your mind there isn't a resource problem with our local school districts concerning COVID funds?

Governor Sununu:

No, look, we have \$200 million sitting unallocated. I have what we call GEAR money that has been allocated to me by the Department of Education. We have \$16 million that hasn't been drawn down in the direct funds coming out of the CARES Act.

So there's a lot of different avenues. It has to be done in the right way, and for the right reasons. You got to make sure you're drawing down funds that truly can be reimbursed for COVID, or if they're just other infrastructure issues, or just general school funding issues. All those dollars might have to come from different pots.

But pretty much virtually every school district in the State has been able to draw down their dollars, spend them exactly as they needed to spend them. And we have very few requests for additional dollars, other than Manchester. But we will work with them to make sure that we do a bit of a forensic analysis, so they understand what dollars can be used how and where.

Okay. No sports questions? I was all excited. We got the Sports Reporter here. Patriots going to win this weekend?

I'm not sure about that.

Governor Sununu:

Are you allowed to predict? Are Sports Reporters allowed to predict whether they think teams are going to win?

That's a good question. I'm not sure.

Governor Sununu:

Is that an ethics thing, if you pick winners and losers?

I try to stay unbiased.

Governor Sununu:

All right. I'll have Ben Chan put some guidance together for you on that one. It's going to say that the Patriots should win. Well, look, we want everyone to have a good weekend. It's going to be a beautiful weekend, little bit cool, without a doubt. Fall is here, but it is going to be an absolutely beautiful weekend.

So get out, visit the farm, go apple picking, go up to Profile or visit a campsite, whatever it might be. There's just so much opportunity in the State right now to really enjoy everything New Hampshire has to offer in the fall. And that's great. We want people to be outside getting that fresh air, staying healthy. And just whatever we can do to kind of keep things moving forward in the positive direction that we've done here, big thanks to everybody for keeping us in really good shape and being a bit of the envy of the rest of the country, frankly. Okay. With that, we will be back next week. Thanks, everybody.