



Office of Governor Christopher T. Sununu
Press Conference
Thursday, November 19, 2020 at 3:00 p.m.

Governor Sununu:

Well, good to see everybody. Thanks, everyone, for joining us, yet another Thursday. Only one more week until Thanksgiving, which is kind of nice. But obviously there's a lot going on across the State of New Hampshire in a lot of different ways. So, a lot of, I think, significant announcements today. But we will start things off with Dr. Chan and a update from the Department of Public Health.

Dr. Chan:

Great, thank you, Governor. So, we are announcing 529 new people diagnosed with COVID-19 in New Hampshire. 327 of these people were confirmed by PCR. And 202 people tested positive through antigen testing. And so, we're seeing antigen testing increasingly used in the community.

In the last week, we have now averaged about 400 new infections per day statewide. And we are currently at 4,006 people with active infection throughout our State. Our PCR test-positivity rate continues to slowly increase. We're at a PCR test-positivity rate of 4.1% today.

And in terms of hospitalizations, there are 98 people currently hospitalized with COVID-19 statewide. We're going to be focusing, I think, a little more on this hospitalization number than others, because it also relates to questions about hospital capacity. 98 people currently hospitalized, that's more than double the number as of two weeks ago.

And sadly, we have two new people to report today who have died from COVID-19. Both of these individuals were associated with long-term care facilities, bringing the total number of people that have died to 506 people who have died from COVID-19 during the course of this pandemic in New Hampshire.

So this pandemic virus continues to show widespread and increasing transmission within our communities. All counties within New Hampshire are now at a substantial level of community transmission. And as we've highlighted, it's not only the numbers of infections that are increasing, the hospitalizations and deaths from COVID-19 are increasing. The PCR test-positivity rate is increasing.

We know how to control spread of COVID-19. But unfortunately the difficult part is that this continues to be a collective effort. Public Health is unable to control spread of this virus on our own. And so, we need, as we said last week, buy-in and help from individuals and businesses, and communities to heed the community mitigation guidance to slow and control spread of COVID-19 within our communities, especially as we approach the holiday season. That includes limiting travel, avoiding gathering with people that are not part of your household, maintaining social distancing when around other people, and wearing cloth facemasks, even when indoors, and in areas where other people may be around. With that, I will hand things over to the Commissioner. Thank you.

Commissioner Shibinette:

Good afternoon. Couple of long-term care updates today; today we are announcing five new outbreaks at long-term care facilities. First one's Colonial Poplin in Fremont with six residents and two Staff; Maple Leaf Healthcare Center in Manchester with 25 residents and 11 Staff; Oceanside Center in Genesis with 35 residents and 12 Staff; Ridgewood Center with 3 residents and 2 Staff; and Studley Home, which is an assisted living in Rochester, with 19 residents and 2 Staff.

As you can see, we are escalating in our number of long-term care outbreaks. And so, we are announcing some additional testing protocols today for long-term care facilities. Earlier this week, we've made available an additional \$6 million in testing for long-term care facilities. We are going to be recommending that long-term care facilities go to weekly testing on 100% of their Staff. CMS guidance requires that long-term care facilities in counties with an over-5% positivity rate do this anyways. And there are a couple of counties that are either over or hovering around this.

So, before long, most facilities are going to be required to go to once-a-week testing. And we are going to recommend that people start going. If they don't have to go, they can go as late as December 1st. But we've set up our systems to take care of this, starting December 1st. So they all have contracted labs. They will be just taking specimens from their Teams and sending it off to their commercial labs once a week.

The second testing program that we are making available -- all this is completely voluntary -- is we're going to make Binax cards now available to the long-term care facilities to test visitors upon entry. So this is an extra layer of protection that we're hoping that the facilities will use for people that are coming in to visit loved ones.

So, in addition to the normal screening and temperature-taking, the facility will be able to use the BinaxNOW card to do an antigen test on the visitor. We will be releasing guidance around this tomorrow. The guidance is going to require serial testing, which is the best way to catch new infections is when you test the same people in a reoccurring timeframe, so whether that be weekly or every other week. So we will be starting that, if not the end of this week, early next week, to add in an additional layer of protection for the facilities. That's all I have. Thank you.

Dr. Daly:

Great, good afternoon, everyone. I'm Beth Daly, Bureau Chief for Infectious Disease Control here at the State Health Department. And I'm going to speak with you today about our vaccine-planning efforts around COVID-19.

So, our State has been planning for potential pandemic vaccine distribution for at least two decades now. We have a number of plans in place to support this type of major vaccine distribution. And we also have many partnerships with different entities who are going to help us do this work.

We also are drawing upon the experience of the 2009 H1N1 pandemic, as well. So we're going to leverage all these plans and the work we've done before with H1N1 to help inform how we approach the COVID-19 vaccine distribution.

In terms of the COVID-19 vaccine planning, we have been planning for this at least since the late-spring, May and June, planning for the eventual availability of a safe and effective COVID-19 vaccine. We've developed a written plan that was submitted to the Centers for Disease Control and Prevention back in October. And that's available on our website.

However, this was a draft plan and it's a plan that is going to have to live and be updated, as we proceed forward, learning new information about the actual vaccines that are provided to us, and as the national approach also changes, too. CDC is constantly providing new information and updating their plans. And we adapt to those plans.

We do plan to leverage our private-sector Providers, like pharmacies, Primary Care Providers, and hospitals to achieve our shared goal of making this vaccine easy to access, as easy and fast as the influenza flu vaccine that we provide each year. We know that there's several different Manufacturers that are developing COVID-19 vaccines. And most of these vaccine formulations will require people to get two doses of vaccine. This will typically be spaced 21 to 28 days apart. There is one vaccine that's currently in development that does not require a second dose.

The two vaccines that are farthest along in the process of getting approval is the Pfizer and Moderna vaccines. And preliminary data from these trials of these vaccines show high efficacy in preventing COVID-19.

Next slide, thank you. So, we expect that the vaccine coming to New Hampshire is going to be in very limited supply initially, although we don't have any exact numbers from the Federal Government just yet. What we're going to do is look at those national recommendations around who should receive this initial allotments of vaccine, and then adapt those recommendations to our own State and local needs.

Our plan will call for a phased distribution of vaccine, as the vaccine is made available to us. So we're going to plan to start vaccinating those people who are at highest risk for severe illness and dying, as well as our essential high-risk Healthcare Workers and First Responders.

So, as such, this first phase of vaccine is going to include our long-term care facility residents and Staff. This is because more than 80% of the deaths in our State have occurred in this setting. And then, we may also need to potentially start in areas of the State with the highest rates of transmission, depending on how much supply we receive.

And then, the next slide, thank you. So, in terms of this timeline, we are expecting Pfizer and Moderna to apply for their FDA approval for their vaccines any day now. It will take FDA approximately two weeks to review their safety and efficacy data from the vaccine trials and then to grant approval for those vaccines to be used. That timeline is an estimate and it could be accelerated or potentially take longer.

Once FDA approves the vaccines, then the data will go to ACIP, which is CDC's Advisory Community on Immunization Practices. And they're going to be the ones who are going to look at this from a medical perspective, looking at who should get this vaccine. And they'll make their recommendations. And then, we will incorporate those recommendations into our plans, accordingly.

So, in terms of a general timeline, that is, of course, subject to change, we are expecting to have vaccine in mid-December. And we will spend our first few months vaccinating people in Phase 1. This, of course, is contingent upon the available of vaccine. But we might expect then to begin vaccinating the general public outside of that first phase in the spring. And again, subject to change, we will keep you updated on that.

Our goal is to make it easy to receive this vaccine. And as such, these vaccines will be administered in a variety of different settings across the State, including our hospitals, Healthcare Provider offices, through pharmacies and clinics.

So this is the best information we have available at this time. And we will continue to update you. We often get asked of what we know about the cost of the vaccine. And right now, what we are hearing is that this vaccine will be at no cost to the person being vaccinated.

This is a major undertaking. And we're really fortunate in New Hampshire to have great partnerships. And these partners are going to help us and collaborate together to get this big job done that's before us. And then, there's just many considerations in the planning that you may have questions: medical side; technical side; and the logistics of all that. And we're working with our partners to solidify all of those plans. But we are ready to accept those first doses of vaccine when they're made available to us. Thank you.

Governor Sununu:

Great, thank you, guys, Dr. Daly and Commissioner Shibinette, and Dr. Chan. Thank you, guys, very much. So, today we have a few other fairly significant announcements. And then, we can open it up for questions.

So, effective tomorrow, the State will be enacting a statewide Mask Mandate, and obviously a decision that did not come lightly. Many factors were clearly taken into consideration with regards to the data and the impact, and the effect on our citizens and businesses.

As with many mandates across the country, similar Mask Mandates, this mandate will apply to all indoor public spaces and outdoors, as well, when social distancing cannot be maintained. People who have tuned into these press conferences over the last eight months, I think, know very clearly how seriously we've encouraged mask wearing. It works. The data shows that. It has been proven. The social distancing, incredibly important, as well. But, today, we're really elevating that message even further, given enough seriousness of the current crisis and this latest surge in COVID cases and hospitalizations.

Throughout the crisis, the State has remained consistently, obviously, in urging folks to wear their masks. Again, knowing that the data backs up and supports the importance of it, knowing that, in this current surge, this is now really a statewide issue more than ever before, not just confined to the highest levels within the southern tiers of Rockingham and Hillsborough County, as we saw in the first wave of this virus back in the spring, but really understanding its impact throughout the entire State and all populations in all counties.

We've always said -- or I should just say we've said all along that the Mask Mandate was always on the table. And we were going to make sure that we let data, as you can see behind me, really drive a lot of our decisions. And it is clear, in looking at the data, that this Mask Mandate is in the best interest of our citizens.

So, we always talk about not just having a single metric, or a single datapoint. What you see here are some of the most important datapoints around the Mask Mandate that we've been focusing on. First off, you have our percent-positive. Maybe a month, two months ago, our percent-positive rate was under 1% pretty consistently. Now that we're doing all the antigen tests, when you add the PCR tests into that, you have a percent-positive rate somewhere averages between 4% and 5% right now. And so, we're really hitting back to those percent-positive levels that we saw all the way back in March and April.

For a while, we talked a lot about how more than half the towns in this State didn't have any COVID. Zero active cases of COVID in more than 50% of the towns for quite a while; that number has drastically changed showing its widespread effect over the entire State and well more than 75% of the cities and towns in the State now have active COVID cases.

The counties that we currently have with what we call substantial spread -- substantial spread is defined as, I believe, 100,000 cases -- I'm sorry, more than 100 cases per 100,000. It's kind of a normalization of that datapoint. 10 out of 10 counties; every single county, as Dr. Chan alluded to earlier, is officially categorized as having substantial spread, not light, not moderate, but really substantial. That's the highest level of spread.

We have our long-term care facility outbreaks, with the five outbreaks. I think there were five more that we added today. We are back up to 11 long-term care outbreaks. And the 2 big issues that we're focusing on, the biggest variables here have to do with the economy and healthcare workforce, long-term care workforce. Now, the issues happening within those long-term care facilities and when it comes to the Mask Mandate that we're putting statewide, we think we can have the biggest impact and frankly the most flexibility with the economy, but the biggest impact in maintaining our COVID numbers at a manageable level.

But now we're at 11 outbreaks. I think we were down to 1 or 2 just a couple months ago. So this number's rising. And as I think most folks understand, this is the area of the highest risk. You have individuals that are elderly that have many other underlying health conditions. And unfortunately we just know that the fatality rate within those congregate settings can be quite high. So, again, we've really crossed a barrier there to say the least.

Staffing; we talk a lot about the staffing shortages in long-term care and hospitals. It really is a crunch nationally. We've discussed that. There's virtually no State that doesn't have an issue. And definitely here in New Hampshire, well-over 70% of our hospitals and long-term care facilities have indicated some type of staffing crunch. Some are more extreme than others. But they're all experiencing some level of staffing need, folks doing a lot of overtime, whatever it might be. That was really the impetus, this datapoint here, this greater than 70%, was really the impetus in driving the additional \$35 million we put towards long-term care facility Staff, specifically around Medicaid patients. And we did that last week.

Also, the testing that Commissioner Shibinette talked about today, the additional \$6 million we're putting towards the additional sentinel testing, if you will, within the long-term care facilities, specifically. Again anything we can do to provide another tool and resource to really what has been identified as one of, if not the most, vulnerable population during the COVID pandemic.

And finally, the two-week hospitalization rate; so, over the last two weeks, you can see it's just over 100%. I think today we're just about 100 people in hospitals with COVID. Two weeks ago, that was less than 50. So we have doubled the number of individuals over the last two weeks that are currently in our hospitals.

Now, we still have capacity. That's the good news. But what we're really trying to do is get ahead of this. We're really taking actions today knowing that we're not necessarily going to see the positive results tomorrow, or the next day, or even next week. But three or four weeks down the road, when this hospitalization number can really potentially start putting a lot of pressure within our hospital system, we don't want to have to close hospitals.

We don't want to have to go back to the restrictions that were in place. All of this is being done to maintain the flexibility, frankly. Maintain much of the success that New Hampshire has had with, again, keeping our COVID numbers low, our economy strong, and our healthcare system open and operational for the folks that are going to need it the most.

So, when you put in all six of these variables, all six of these puzzle pieces, if you will, as you can see we've really crossed thresholds in all of them. And that, again, shows us both on a regional level

within the State, a statewide level, and looking at the different constituencies that are most dangerously impacted by this. The Mask Mandate going into place we know can have a very positive effect.

The Mask Mandate, again, not to go through every exemption, there are some exemptions in there. One of them, I want to point out, is really schools. And really schools have done a tremendous job in New Hampshire, I mean, a phenomenal job in New Hampshire. And their success is something to be championed. And I think the folks that deserve the credit there is I think Department of Public Health did a great job working with Administrators, Principals, and Teachers, and the students, themselves. Those folks that are on the frontline managing, wearing their masks, maintaining social distancing, following those rules and guidance documents that both the State the local jurisdictions put into place.

The fact that we technically have zero outbreaks in schools -- we have clusters. We have about a dozen-or-so, maybe even more of a dozen-or-so of clusters of illness, where, from an outside source, there have been small clusters in there. But the interschool transmission of COVID is virtually zero in this State, which means we don't have outbreaks. We have very little transmission between cohorts or between clusters.

That is a real testament to the value of wearing a mask. Virtually every school has some form of mask rules implemented across the State. It's working. The students are following the rules. It's being managed by the Teachers and the Administrators. They're making sacrifices. They're making changes in their system. But it's working and it's proven to be successful, which is a great datapoint that we lean on a little bit to know the value of wearing a mask and the importance of it now across this entire State.

Obviously, when we first got in, and as the second wave started to hit us, one thing that we started to really look at was that asymptomatic spread. When it comes to the Mask Mandate, if you're in a public place, maybe you're in a store and you can't maintain social distancing in any way with other folks that aren't from your immediate family, obviously it's never anyone's intention to asymptotically spread COVID. But it's happening and it's happening at an incredibly alarming rate.

And when you take that risk, if you will, if you're not wearing a mask, you don't just risk that one other individual getting COVID. You risk that individual, then, spreading it to potentially a loved one. You risk all the folks that come in contact with that individual or yourself having to be quarantined. You risk kids having to be put out of school for weeks, while they, too, are being quarantined. It isn't just the health risk directly around COVID, itself. But it's all the other mitigating issues and indirect issues that come with that when you're not wearing a mask, when asymptomatic transmission hits to the levels which we've seen it across the State. Wearing a mask is really all about keeping friends, family, neighbors, critical workforce members, and those they care for safe, and allowing our economy to stay open.

Okay. A couple other subjects we want to talk about, and then we can open it up for questions. The other one, speaking of the economy, is today we're announcing the finalization of Round 2 of our Main Street Relief Fund, \$95 million. Notifications for \$95 million in economic stimulus to nearly about 1900 businesses across New Hampshire is being released today and tomorrow.

About \$53 million of that \$95 million, about \$53 million of the Main Street Relief 2.0 funds will be going to about 680 first-time Applicants. So, there are about 680 Applicants who didn't even apply in the first round, and this second realized that their losses were significant, came back, and reapplied as part of this round. So while that number's much better than the initial round, our economy is fairly strong, it's a good sign that doing this was clearly the right thing to do. There are hundreds and hundreds of businesses with some real revenue need out there and that had truly been affected by the COVID pandemic.

About \$42 million of the \$95 million is going to about 1200 additional Reapplicants. So about 1200 businesses got Main Street Relief money in the first round, came back for the second round. They don't get as much in the second round obviously as the new Applicants, but what we call kind of a waterfall provision. Everyone gets a pro rata share of the remaining dollars. And that equates to about \$42 million for those additional 1200 re-applicating businesses.

The average award for all Applicants was approximately \$50,000. The average award for the new Applicants was about \$78,000. The Reapplicants was about \$34,000. So clearly that isn't -- as I say, it's not chump change. It's money to pay bills, pay taxes, keep folks employed, keep the economy moving forward, keep these businesses viable, which is all very, very important, when you look at the overall, both the economic and physical health of the State. We know a strong economy drives a lot of opportunity with maintaining personal health, as well.

The last thing I want to talk about very quickly is just kind of talking about Thanksgiving a little bit. Obviously, we know that everyone has had to adapt through the COVID crisis. I don't think anyone has been immune from some of the sacrifices that had to be made in one way or another. Some were very severe. Things have looked very differently this year. And they will continue to look differently well into next year, as well. I think a lot of us understand that, whether it's a birthday party or a wedding having to be delayed, and things of that nature.

And Thanksgiving and the holiday season is upon us. And they aren't necessarily going to be what they usually look like, either. And obviously we're not going to cancel Thanksgiving. And we're not telling folks what they can and cannot do within their own homes. That is not by any means what we're going to be doing within New Hampshire.

We continue to caution, though, against large gatherings, and encourage some of those good COVID practices, like masks and social distancing, to be practiced, even in familiar settings, even amongst family members. Again, it's those familiar settings that are actually allowing a lot of the asymptomatic spread to happen.

Nobody intends to give COVID. And I can tell you, the over 500 individuals today, I can guarantee you, that we announced that have COVID, last week I'm sure none of them thought they were going to get COVID, either. You don't think it's going to happen until it does. But when it does, it can have real ramifications for you, your family, your business, your kids going to school, whatever it might be.

So we just want folks to really be very cognizant of that and understand the level of seriousness that this second surge is bringing upon us. We all have a part to play and we all have that personal responsibility.

Now, usually, around this time of year, planning would be underway for an inauguration to be held indoors at the State House. A lot of folks have been looking at what's going to happen in this next term. We have 400 Members of the House of Representatives. Usually the inauguration takes right there within the body of the House. But for obvious reasons, putting hundreds and hundreds of people in a close, packed area is not very practical this year to have such a large group indoors.

So we are announcing a socially-distanced outdoor swearing-in event on January 7th at the State House Plaza. And again, we just want folks to be aware. It obviously still has to proceed. There has to be a swearing in. But there will be an event happening. But it will be outdoors. I don't know if that's ever happened before. And I don't know. Maybe in 2021, the weather will be just beautiful. But my guess is I'm planning for 20°-below. You never know.

Now, also, this is on, I think, a pretty happy note, a pretty exciting note, myself. Normally in conjunction with the swearing in, Governors will hold an inaugural celebration, an indoor party, again, of

hundreds of people. Probably not very practical, given COVID and having that in January. So we've come up with, I think, a pretty innovative and frankly a more inclusive idea.

So, this year, my Team will be raising money as part of the Inaugural Committee, as we often do. But instead of a single large gala event in January, we will be encouraging sponsorships and giving so we can host a series of free family outdoor events hopefully this summer, as we come out of COVID. Hopefully, we get to a point where we are COVID-free. Obviously, no date is set in stone.

But the way to really say, to kind of celebrate coming through it, if you will, a way to say thank you, a way to give back to the State of New Hampshire and the citizens, frankly, who have just done so phenomenally. The Governor can mandate this. The Governor can say that. But, at the end of the day, if we're going to manage COVID, it really is up to all those individuals making those sacrifices.

So we will be raising hopefully a whole bunch of money, frankly, and have a whole bunch of free family outdoor events across the State for everybody to participate in. And we're just trying to innovate a little bit, use what might have traditionally been a big and single celebration, and really bring it across the State, hopefully this summer, when we come out of this. And I think a lot of us feel confident we can get there. The light is at the end of the tunnel. But we will see where it goes. And with that, we will open it up for a variety of questions.

Q&A Session

Governor, can you explain a little bit more of the why now with the Mask Mandate, in terms of some of the numbers we've seen? It's been going up slowly for a few weeks. So why now versus two or three weeks ago, when we saw we were on this upward trend?

Governor Sununu:

Sure, can you go back to that data slide, please? So these numbers that you see on this data slide, these are numbers that are really just popping in this past week. The fact that the hospitalization rate has doubled, that really just happened, I think, today, is officially when we kind of crossed that over 100% threshold.

The fact that we had the five more outbreaks today, we're now up to well-over 10 outbreaks across the State. I think last week we still were in the four or five range, something like that. Our percent-positive had bumped up a little over 4%. But now it's consistently within 4% and 5%. And my guess, it's likely going to keep going up.

The number of towns with COVID, right, when you see Coos and Grafton now have the level of community transmission that was not seen, we had a couple little outbreaks here-and-there about three or four weeks ago. But now we really see it more prevalent.

And the now is also not so much about now. It's about tomorrow. It's about really three and four weeks from now. So we know that when you put some of these mandates and stipulations in place, you're really hedging against the crunch that could come on the system three or four weeks down the road.

Look, even if the numbers of hospitalizations only go down 10% because of masks -- I think it can go down a lot more than that, frankly -- that could be the difference between opening the surge centers and not opening up the surge centers. But taking these actions today help guard against that down the road. You just don't want to have the whole issue get too far ahead of you.

Now, our numbers have been consistently rising, maybe not as fast as other States. But they are rising. And right now, there's no sign that they're going down. My sense is -- and this is a guess. This is a Governor's guess. There's been a lot of those over the last nine months. We've been pretty right -- this is about an 8- to 12-week surge. That's typically what you see with surges. That's what you've seen over in Europe.

So we're smack in the middle of it right now. So we still have a while, a ways to go here potentially, before we see the end and before we see a downturn. So taking action today helps manage that.

We still have a decent amount of capacity within our hospital system. But one of the things you have to caution against is we had a lot of capacity in our hospital system early on, because everything shut down. We don't want to shut down. Hospitals don't want to shut down. We want to make sure that people can go into the hospital and get their knee surgeries, or God forbid they have a heart attack or something more seriously. They're going to have a bed. They're going to have those resources available to them.

We want to keep that open. And because of the testing ability that we have now, hospitals can do that in a very safe way. There's a lot of confidence going into hospitals. Folks should feel very comfortable and confident going to a hospital or to their Provider for work.

But, over time, we just know that this number here is likely going to keep going up. And so, that bed capacity's going to get tighter and tighter, and tighter. So let's take the action today. Let's do what we can today statewide. Raise that level of importance, knowing that the holidays are upon us, as well.

Unfortunately, it's only going to get worse, but, again, nothing we can't manage. And with this Mask Mandate, seeing where some of these variables are going, I think that, over the next few weeks, we can start getting some of these -- see these numbers start leveling off. But it is going to take a few weeks, probably.

So what are the exemptions in the mandate? And what's going to be the enforcement if people choose not to comply?

Governor Sununu:

So there's a couple exemptions in there. Overall, if there are rules already in place through guidance documents that mandate masks, those are the rules that -- the specific rules that will drive the decision. So, for example, restaurants already have certain rules and stipulations around wearing masks. That does not change. Schools have certain stipulations around mask wearing. That does not change.

This is really about the interaction of individuals outside their own family members in public, whether they're walking through the mall, or they're in a crowd, whatever it might be. That's really where we see a lot of that transmission and transmissivity happening. And that's it. I mean, you can look. The Order, itself, will be made available. There's a couple other things in there, nothing out of the ordinary, by any means.

As far as enforcing it, if people clout (ph) it, what's going to happen to them?

Governor Sununu:

Well, one thing that I think we should all take a lot of pride in, when it comes to enforcement, whether it's on restaurant guidance or whatever it might be, we always work with individuals in this State, not just at the State level but at the local level. We're always trying to find a positive solution. Education is the best tool that we have in that. And that's really what we're going to be relying on, going forward.

There are certain areas of business that it appears to be more problematic. I go to a gas station. Nobody's wearing -- or a convenience store -- nobody's wearing masks. And if you say to the person, you should be wearing a mask, you get a lot of shaming or issues related to that. Are there cultural messages or targeted enforcement that you have for this?

Governor Sununu:

Well, in those situations, if you go to a gas station, if you're talking to a -- are you talking about people that work at...

No.

Governor Sununu:

Oh, okay.

I'm talking about people.

Governor Sununu:

Oh, just people in general, yeah, sure. So, one of the things that we heard from a lot of, whether it were restaurants or stores -- let's just call it a store is actually a very good example. They were looking for this Mask Mandate, because what happens is maybe the store has a Policy and they have Employees getting harassed and all of that sort of thing.

If anything, I got big shoulders. Blame the Governor. That's okay. We really are taking this as a statewide approach. So there are individuals in those cases. And we know a lot of individuals aren't going to be very happy with the Mask Order. It was obviously nothing that we took lightly. We try to be very data-driven in terms of what we do. But again, we hope that those individuals situations, folks understand the seriousness of it. There is an Order out there. We do expect people to abide by it.

But there's no fine or specific penalty?

Governor Sununu:

Well, I mean, I guess technically there is a global mechanism with the Attorney General's Office in terms of folks that don't follow rules or guidance, or Orders, whatever. But it's not specific to a restaurant guidance or a youth sports guidance. It's kind of a global entity there. But, again, we're not counting on that, frankly. We think that we just need to work with individuals. I think the numbers speak to themselves in terms of the severity of the issue.

But, Governor, in the past, you've spoken to these Mask Mandates haven't necessarily led to lower cases in States that have had, or counties that have had these Mask Mandates. Is the research clear now that they do work, that they do reduce cases?

Governor Sununu:

Well, I think what we're really looking at is, for this Mask Mandate, when you talk about a statewide, we've always wanted to support them at a localized level. I'm making this decision statewide because specifically around a lot of the rural areas of the State, if you will, the Grafton, Sullivan, Coos County, counties that typically, I mean, for a while they had maybe two or three cases in all those counties combined. And now it's hard to find a town that doesn't have a case there.

So I think what we're really trying to do is elevate the message and make folks understand this is not a southern-tier issue. It is a statewide issue. And they have to take it very seriously, because that community transmission is now shutting down schools that otherwise -- again, not by the metrics, the schools don't necessarily have to shut down. But you get people reacting because they get a couple cases of COVID. They shut down the schools. Again, I believe all schools right now, the data says they should all be open, because there's no outbreak in any school. But they have folks reacting at that at a local level.

It's their right to do so, of course. But what we're trying to do is hedge. Hedge where they haven't had COVID in their town maybe to-date. Maybe there are some towns in the State that still haven't had COVID until there's past week-or-two. And that's what we're trying to do. They're getting kind of shocked by it. We don't want them to feel shocked. Frankly, we want them to understand that this is an elevated message that does apply to everyone, regardless of where you live in New Hampshire.

Governor -- oh, go ahead.

Just a bunch of quick things; so in your email that your office just sent out, it says shall wear a mask, not will wear a mask. So, are we doing shall or are we doing will?

Governor Sununu:

Shall, yes. Shall.

Okay.

Governor Sununu:

Yes.

When is the data chart maintenance information going to be updated online?

Governor Sununu:

You mean the new dashboard?

The dashboard.

Governor Sununu:

Soon, I think we went over it earlier this week. They're adding a couple other variables in there. So I don't know if the Department has anything more. But I was talking to the group directly myself two days ago. We went over a lot of it. It looks really good; can't wait to get it out. But it should be soon. I can't give you a better date than that.

Yeah, couple of things on contact tracing, since the cases started increasing, there's been a lot of information that's not available. I think yesterday it was 169 cases, where the State did not find out who the residency of the cases were. Is this a problem of not having enough Contact Tracers? There's been some reports in the press that the State is going to curb contact tracing. And then, I'd like to follow up on some specifics on that.

Governor Sununu:

Sure, State is not stopping contact tracing. I have to tell you I think there's some media organizations who have very misinterpreted what's going on. And Lori or Beth can talk a little more in detail. We are simply finding the priorities around contact tracing, as the need and the demand grow so big. We're prioritizing those cases.

To the 169 that you're talking about, I can't speak to them directly other than to say the vast majority of folks are simply not picking up the phone. That's why I think it's so good that more we're leaning on our Providers to get the information. Your Doctor, you're more likely to pick up the phone from your Doctor, maybe from the Government.

We're leaning on schools. Schools are doing a lot more of their own contact tracing, because you're likely to pick up the phone from someone from your school or whatever it might be, if your child was in a situation that required some sort of quarantining or provision.

So I think by decentralizing it a little bit, it still allows a lot of the contact tracing to happen, even at a more efficient level, while the State is still taking the priority cases, and really the more larger cases, the more significant outbreaks, things of that nature. But by no means is this State stopping or slowing down contact tracing. We're simply kind of readjusting and prioritizing, as that need builds up. And we're bringing more and more Staff on to handle that, as well.

So I think that's likely the vast majority of the issues. For those folks who were not making contact, if someone doesn't want to pick up the phone, there's only so much you can do. And we will still call multiple times sometimes. But we're maybe not calling seven times to get hung up on seven times. Maybe it's two or three times. But we are making the effort with these cases.

And just one other thing specifically on the contact tracing, and I understand the privacy issues. We dealt with this in March. And we never got the answer of there was one person in a certain county who refused to quarantine themselves. They were one of patient 1, 2, or 3 of the very beginning. And we never actually found out how many people in that county contract Coronavirus from that person not following the guidelines of quarantining themselves. Where are the patient 0, 2, or 3 with this outbreak? We went from literally in a few weeks 5 to 10 cases in Concord to 80. Like unless no one is wearing their mask, no one is washing their hands, that just doesn't seem like a realistic type of thing to happen, when we're not outside. We're not shopping. There's no one Downtown when I'm Downtown. Can you explain, without getting into privacy issues? Was it all of the Youth Hockey Players just passing on exponentially 5, 10 people getting sick from each one of those Hockey Players? What exactly started this ramp, beyond just there's community spread in the State?

Governor Sununu:

So, I'll take that. There's community spread in this State. There is no patient 0 in this second surge. Every single State in this country is going through exactly what we're going through. Virtually no one is immune.

So it's happening everywhere. It's happening in so many different areas. And it is happening all at once, as a lot of these factors that are out of our control, whether it be weather or folks coming indoors, congregate settings, whatever it is. A lot of factors are coming together at once, not in New Hampshire, not in Concord, but frankly all across the planet. If you see the surge that happened in Europe, virtually every country in Europe went through their second surge recently.

And again, if you look at the rates of increase in virtually every State they're all like this, right? Even the first surge, some had a surge. Some States didn't. Some were steep. Some were not so steep. This one's very different. This second surge is very different. It's a lot steeper. It's a lot bigger. It's everything, frankly, unfortunately, that we anticipated.

I would tell you one of the reasons I show the graph -- I'm not showing it this week -- but where we show all the New England States, they're all doing this. Look at the numbers of Connecticut or Rhode Island. Holy smokes, I mean it's so high. It's like going almost backwards. It's unbelievable how steep they're rising. And they're doing everything they can, and they're putting every tool and resource that they have at it.

But unfortunately, there is no single patient 0. It wasn't just hockey or that restaurant, or that school, or that congregate setting, or that church, whatever it was. It was a confluence of all of it really happening at the same time across this entire country.

So, I know you want a more specific answer than that, I'm sure. But this second surge, because it's so consistent, that's the evidence and the data that supports, I think, the thesis that I'm not saying it couldn't have been stopped by any means, but this was coming. And this is why we were so vocal about predicting it back in May, because there are a lot of variables that simply you cannot control.

But you can control how you manage to it. That's the most important part. How you manage around it is the most -- and that's why, I mean, obviously we talk about control the virus. And I push the issue a little bit with saying it's a virus. It is nothing that itself, in itself, can be controlled. But you can absolutely control the management techniques that you put forward to keep it as low as possible, to keep it within the realm of your systems that you're relying on to provide the best health services and care to the individuals that are counting on it. Sorry.

Question for Dr. Chan potentially; Doctor, can you describe the difference between -- and I know there's some major difference, but the congregate setting of school and the congregate setting of long-term care. Obviously, one's 24/7 and one's just a few hours a day. But why are schools seeing so little transmission, but long-term care it just gets in there and, boom, and explodes.

Dr. Chan:

Yeah, so good question. The question is: why are schools seeing so little transmission and long-term care facilities have seen such dramatic outbreaks, I think, to rephrase it? And just to put some numbers on the schools, I think, well, for the last two or three months, there have been probably over 530 students and Staff with COVID-19 that have been in schools. And that's affected over 240, I think, actual facilities.

And despite that level of potential introduction of COVID-19 into schools, we've seen, as the Governor has mentioned, very little in-school transmission. I think actually the total number now is at 7 small clusters averages maybe 5 infections per cluster, but not a lot of forward transmission within schools, or outbreaks within schools. And I think, as the Governor said, that speaks to the hard work that the schools, themselves, the Teachers, the Administrators, the School Boards have put into making schools a safe environment.

Why are schools different from long-term care facilities? I think by their nature, long-term care facilities are a residential living place. People are living there 24/7. They're coming into close patient care contact. Staff are coming into close patient care contact with residents. There's a difference in the type of procedures that are performed, the duration and the intensity of close contact. Many of the residents are obviously older, have chronic medical conditions, need more intensive one-on-one care. There's different medical procedures potentially being performed in long-term care facilities. So I think there's multiple reasons why, when COVID-19 is introduced into a long-term care facility setting, it's been much more difficult to control, as opposed to in the school setting.

The other piece of this may be -- and I think we're still learning about how COVID-19 affects different people. There may be a difference in terms of the potential for different age demographics to spread COVID-19. Again, the research is still developing on this. We do know that anybody can become infected with COVID-19, including kids. And anybody can go on to spread it to others, again including children can spread between other kids and to adults.

But there may be lower risk of that in the younger pediatric population than with older adults. Again, there's still an area of developing science. But there's multiple reasons, I think, why schools we believe can still operate safely, despite increasing and substantial levels of community transmission, but why we continue to be very concerned and struggle with long-term care facilities and the ultimate impact that COVID-19 has on the residents of long-term care facilities, right, the hospitalizations and deaths. And

so, I think you're going to see different approaches, depending upon where we're targeting interventions and how we protect different populations.

Given the scope of the current surge, and obviously even now there's tighter protocols around testing of Employees of long-term care facilities, I mean, should people who are out and about adopt a regime of being tested regularly at this point, in order to stop the community spread that is going on?

Dr. Chan:

Yeah, so I think we've continually emphasized the importance of testing. And testing is one layer, one measure that people can take. But it doesn't negate the need for ongoing mask use and social distancing, and good hand washing. Those still are the core strategies that we have to prevent this virus from spreading person-to-person. And we still believe it takes close contact to somebody's respiratory secretions to spread this virus.

But certainly testing is widely available throughout the State. People that are symptomatic with even mild symptoms of COVID-19, so if somebody has new cold or viral symptoms could be COVID-19. People should get tested for COVID-19, if they're symptomatic, even with mild new symptoms of COVID-19.

For asymptomatic people, people without symptoms, testing remains available. And people can choose to get tested. And it's a strategy that we have employed and recommended be used in different settings, certainly like colleges, universities, congregate living settings. And especially around the holiday season, it's a strategy that people can and should maybe even consider getting tested before they travel, getting tested after they travel. I do know that there's some ongoing discussion and potentially further guidance coming from the Federal Government around these types of strategies.

But I do want to emphasize it is one layer, or one measure, of protection, and that even with implementation of different testing strategies, it doesn't make the risk zero. So, we still need to go back ultimately to the social distancing, the facemask use, the good hand hygiene, avoiding social gatherings with people outside of our households as the primary ways to control spread of this virus.

Let me ask you. How many times have you been tested at this point?

Dr. Chan:

Well, I don't typically answer personal questions. But I have been tested in the past, and I've been tested negative.

You are the State's top Epidemiologist. But I mean, I'm just curious, as just somebody who's out and about.

Dr. Chan:

Yeah, I mean, again, we encourage testing. We recommend testing. People need to be tested if they are having symptoms of COVID-19. And testing remains available for people that don't have symptoms. And we encourage people to seek out testing as one of the strategies.

But we're not going to mandate that everybody go out and get a test. But many people have chosen to do that. And it remains one of the layers, one of the strategies, especially as we enter the holiday season. People might be traveling. People want to figure out how to be maximally protective of family and loved ones. They can look to implement different testing strategies, even if they're not having symptoms. And that testing remains available.

Can I ask a question about hospital capacity?

Dr. Chan:

Sure, I might not be the best person to answer that.

Okay. Well, I'm interested in knowing roughly how many beds we have available. And if there's a trigger point or a number that would invoke a standing up on these hospitals that we had in the past, thanks.

Commissioner Shibiante:

Thank you. So, we do have a general idea and it's not as simple as a finite number, right, because the difference between springtime hospital capacity and today's hospital capacity is obviously today we have a fully-functioning healthcare system. And we want to keep it that way.

So, today, our total census across the State, we're right around 2350 give-or-take patients in our inpatient settings. So the hospitals will say that they can flex up at least 10% without needing to scale back any type. So you're talking about another 250, 300 beds.

Once you get there -- let's say that's a 2600 number -- that's a point. And it's really regionally, right, because there's some hospitals that may have hardly any. But regionally where people will start to scale back some of the services they provide, inpatient and outpatient, to staff additional inpatient beds.

So, somewhere between 2600 and 3,000, 3200 beds, you're going to watch the healthcare system start to change the way they do business based on the regional rates of COVID, so that they can take care of more COVID patients in the hospital. So that may look like stopping elective surgeries. Or it may look like shutting down some outpatient settings.

Once we've done all of that, if we've shut down all of our outpatient settings, we've shut down other parts of the hospital systems that are elective, and we've done internal surge, because that's always our first line of defense is let's do internal surge so that everything is contained in one building, that is when we would look out to external surge.

So we have some of our surge facilities that we set up in the spring, are still ready and able. We have two fairly sized -- one very large one and one medium-sized one -- that can be stood up within 24 hours; and several that could be stood up within 48 hours, or 72 hours.

So we're ready to go. The goal is to manage it all internally first, right? So I think what you'll see is the hospitals on an individual basis manage the type of care they provide, what their ICU census is, what their overall capacity. And they flex, depending on what's going on within their community.

I think, at this point, it's fair to say we still have quite a bit of capacity left. But that is changing very, very quickly. If we doubled our hospital capacity in two weeks, if we double again in another two weeks, that's going to start to strain us. And so, this type of action -- putting in a Mask Mandate -- allows

us to put a protective restriction in place so that, three weeks from now, we are in a better place hospitalization-wise.

Commissioner, Coos County Nursing Hospital has put in a request for additional PPE and Staff to help them through the outbreak. Are you aware of that situation? Do you have an update on the staffing?

Commissioner Shibinette:

Yes, so PPE isn't a problem. We have plenty of PPE. We've supplied PPE to almost everybody in Coos County. We do have a Staffing Contract that has not been able to find people to employ at Coos County. It's a geographic issue. That Contract has filled over 600 shifts in this State at different nursing homes.

I know that Coos County Hospital has borrowed some Staff from their local hospital. They have gotten them to fill in. I think they are still in a critical place for Staff. We haven't been able to find Staff to send up there.

PPE and testing's not a problem. We're doing both of those. But unfortunately we haven't been able to find -- and this is something that we dealt with in the spring in the Manchester area. This is not much different than that. When we were in the spring, it was the sheer number of outbreaks in Manchester, right? In Coos County, we have one nursing home that is in critical-staffing mode. In the spring, we had about 10 facilities with critical staffing, and we were sending some of our Contract Staff. But they were also sharing Staff with the hospital in a lot of ways. We had nursing facilities in Manchester that other entities had sent in Staff for them. They had borrowed Staff from other facilities. They had used some volunteers. They had changed job duties. They had put their Management on the floor.

Coos County is doing all of that, right? It is a place that we are familiar with, because we've been there before. And I think that we're going to continue to work to do everything we can to try to find additional Staff for Coos County. But, I think that they're going to have a very rough couple of weeks, as they try to get through some of those staffing issues that they're facing right now.

Could we call up the National Guard to help there? Would that be something that the State could consider with Active Guard Duty People doing medical things for us already?

Commissioner Shibinette:

So I think that, so there are several States that have put National Guard into their nursing homes. Some States have put National Guard into every nursing home. And I think what we're seeing is that when they do deploy those National Guardsmen, it is in a non-clinical function. And that's what we've traditionally seen across the State.

We have requested additional help from FEMA to go to that nursing home and one other nursing home in the State who also has critical staffing. And FEMA is reviewing our request now to send Federal resources. So these are all of the areas and the Agencies that we can tap. So, could we use National Guard? It's an option. But I don't think there's a clinical component that is available to use. At least that isn't how they've been used in other States.

Real quick, Commissioner Shibinette, since you're right there, there's been 30 or 40, or 50 kids each day that have been as part of the positive test results, that have been reported over the past couple of weeks. The Governor was just talking about the success story of the schools, where there's less than I think a little bit more than 100. But those are kids and Staffers. I mean, are these kids getting it at the daycare centers? Are they getting it from their parents? Are they getting it from high school parties? How are so many kids getting infected?

Commissioner Shibinette:

I think what we've seen consistently is that household contact is a high-risk area, for sure, so whether it's a parent or a sibling, or an extended family member. Social gatherings, also a high-risk area; we've had cases over the last several weeks of Halloween parties on college campuses, block parties back early-fall. We've definitely had those household social gatherings with extended family members, and, in some cases, with kids. We've also had Sports Teams, for sure. We've heard a lot about hockey, but it's not just hockey. It is other social gatherings and/or sporting events. So, I think it's a combination of all those things.

Governor, can I go back to schools for a second, just Policy question?

Governor Sununu:

Sure, thank you, Commissioner.

So, as you know, I mean, some districts are going remote. Others are staying with their current plan. But at what point should the State get involved, when you have districts that are having their worst cases, especially granted given the numbers that are going up?

Governor Sununu:

Specifically around schools?

Around schools, yes.

Governor Sununu:

So, Dr. Chan and his Team at Public Health put together a great rubric to look at, in terms of a couple different variables. It's about two- or three-paged document that identifies when schools should potentially be switching from fully remote to hybrid-hybrid, to fully in-person, whatever it might be. And schools should be following that.

It wasn't done to fill some time. It was done by Epidemiologists and the best and the brightest that we have in the State that understand these issues, understand the transmission rates and how things can move, and at what point you should be making different changes.

So I think what the State has put forward, in terms of that document that helps schools identify when they should and shouldn't be moving from one phase to another, whether it's remote or hybrid,

whatever it might be, I think that document is spot-on. And I would encourage all districts to use the data and the variables that we've provided.

Governor, does your Mask Mandate supersede local or municipal Mask Mandates? And how does it apply to youth sports?

Governor Sununu:

So, to youth sports, was that the last piece? No, so local municipal Mandates take charge. If they're more strict, they can be more strict. I mean, ours is kind of the baseline, if you will. And if additional Mandates want to be put on by the local level, that's their choice. And they have every right to do so. In terms of youth sports, again we're asking youth sports to follow the guidelines, the masking, and the guidelines that we've already put into place. And do we have some of the phone? Take some calls.

Holly Ramer with the Associated Press:

Hi, given that a lot of the transmission is happening in people's homes, I mean, that's come up at a lot of these news conferences that people are gathering with friends and family. Are you worried that a Mask Mandate could end up dragging people inside more? And was there any consideration? I think Rhode Island, their facemask requirement is that they're required whenever people are with others from outside their own household. Was there any thought to going that far?

Governor Sununu:

So, I guess the first question, I don't think the Mask Mandate will drive people inside. I think 15° weather is going to drive people inside, frankly. And that's kind of the reality of the season we're in. So I think that'll be the biggest driver in terms of unintentionally pushing more congregate settings within your family and familiar settings.

Our Mandate says any time you cannot socially distance from folks outside your family in a public setting, you need to wear a mask. I don't know exactly the details of some of those other States that mentioned, Maryland or whatever it might be. But if you cannot socially distance from others outside your family, indoors or outdoors, you have to wear a mask.

Donna Jordan with The Colebrook Chronicle:

Yes, yes, good afternoon.

Governor Sununu:

Hi.

Donna Jordan with The Colebrook Chronicle:

Hello, I have a few questions for you. The first one is a couple of days ago you had requested 500 additional National Guard Troops, plus the authority to keep the 400 you currently have. Was wondering when you'll hear if that request has been approved; do you have any plans to disperse them to assist, for example, throughout Coos County? What is your expectation for those extra Troops? My second question is, when we get to January 1, what are the COVID funding resources that will be gone? For example, will there be testing that's no longer free for those who have no insurance? Or how will the State continue to financially battle this healthcare crisis without the Federal assistance? Third question is, at this point in time, the Nursing Hospital in West Stewartstown is in the middle of their crisis, with over half of their staff and over half of their residents battling this virus. Have you had any other facilities in the State with over half the Staff and half the residents infected? And my last question is, I was wondering, of the 529 new cases today, can you tell me how many were for Coos County? I know yesterday we had 26 new cases, whereas the day before we had one. Thank you.

Governor Sununu:

Well, thank you. And I'll take those and -- excuse, I mean, I can tell you of the 529 new cases we have today, I don't think we have the exact number. We can maybe try to look it up for you. But we don't have the exact number within Coos offhand. So, we will try to get you that number.

In terms of the additional funds that we've requested through what we call Title 32 Status with the Federal Government, we just were looking for their financial assistance, as was provided early on in this crisis, to be able to use our National Guard flexibly and be able to have the Federal Government help us pay for some of those costs around the COVID-related issues, whether it be working at the food bank or whatnot. The Guard helped us with testing facilities. They helped us with contact tracing. They continue to do so.

And so, some of the areas, not all of them -- it's not limited by any means -- that we could potentially use the men and women of the National Guard would continue to be the food bank, contact tracing, vaccine distribution, transportation issues surrounding the vaccine, testing, as testing demands become higher and higher. More of our testing is just within our community Providers. But if we had to set up more of the emergency testing facilities, whatever it might be, so it could be a variety of different things that we use them for.

As you noted, come January 1st, we cannot use at least the flexible CARES Act funds that we had previously received and were spending down. My sense, we will spend the vast majority of the remaining dollars that we do have within HHS for things like testing and whatever might be. But those dollars really have to be spent by December 31st.

So, post-January, a lot of those resources go away. That doesn't mean that our efforts will be diminished in any way. We will put the dollars that are needed, even if it has to come out of our General Fund, put the dollars that are needed to combat this crisis, whether it's on vaccine distribution, whether it's on additional testing, whether it's on additional staffing needs, whatever it might be.

Some of the CARES Act funds outside of the \$1.25 billion managed by the Federal Government will continue to come. We get a lot of direct Federal Grants in a variety of different programs, everything from HUD to HHS, to housing, whatever it might be. And so, there are certain funds that will continue to come post-January 31st [sic]. But, some of our internal flexible dollars that we've been using out of our CARES Act funding will not be there. But again, that doesn't mean that we're going to hold back.

My sense is there will be some type of relief, or stimulus package. I don't think it's going to happen before December 31st. Others might disagree with that. I don't think Federal Congress is actually going to do anything before then. But in the new session, I think our hope is in January/February, at some point a relief and/or stimulus package comes, providing flexibilities where we could either backfill some of the funds we've spent.

But the good news is this. Our economy's very strong right now, very strong, much stronger than we anticipated. That has allowed less of a deficit, many more resources available to us than we probably would have anticipated us having at this point, just six months ago. So, that is not true for every State. In fact, it's not true for most States. But it is here. And so, we do have some of the financial resources available to us. If we have to make tough decisions in other areas, we will do that. This is a top priority, obviously, for the State. And we will keep addressing it.

Your last question has to do with the issue of having other facilities other than West Stewartstown that may have more than half of Staff and residents. I'll turn to Commissioner Shabinette to see if she knows that off the top of her head.

Commissioner Shabinette:

Thank you for the question. We've had, specifically in the spring, several facilities have more than a 50% affected rate for both residents and Staff. I know we had one facility that had 97% of their residents contract the virus. So, a 50% rate for residents testing positive and Staff testing positive is not an uncommon rate for long-term care outbreaks. Thank you.

Governor Sununu:

And again, the only other caveat I would add to that is, understand that, of all of our different types of long-term care facilities, assisted living, whatever it might be, there's different sizes, right? Some might have 10 or 12 people in it. Some might have hundreds. So, you also have to take that into consideration, as well. But, yes, when it gets into those long-term care facilities, the attack rate is unbelievable on this virus, and it can have devastating effects.

Michael Graham at the New Hampshire Journal:

Thanks so much. I have a quick question for the Health folks and then a couple for the Governor. So let me start with the Health people. Have there been any confirmed fatalities of people under 60 without comorbidities here in New Hampshire?

Governor Sununu:

Come on up. I'm going to ask Dr. Daly. See if she can pull this one off her head.

Dr. Daly:

So, thank you for the question. Almost all the people who are under the age of 65 -- or 60, I'm sorry, have had comorbidities. We don't like to release much detail on the people who have passed away.

Michael Graham at the New Hampshire Journal:

Sure.

Dr. Daly:

I'm not going to put it out of the realm of possibility that there may have been one. I would just have to look at the exact data. But by and large, for the most part, these people have had underlying medical conditions, as many Americans in that age group do.

Michael Graham at the New Hampshire Journal:

Thank you so much. Governor, a couple for you; first on your Mask Mandate. Some of your fellow Republicans are not happy about it. In fact, State Representative-elect Keith Ammon says, "I will be attending the House Republican Caucus tomorrow without a mask. Try and stop me." Governor, do you plan on trying to stop him?

Governor Sununu:

No, look. I understand there's a lot of folks that aren't upset. I don't think it's Republican or Democrat. Last time I checked, masks don't have a Political Party. It is not a political issue. It's really not. It's simply about data. It's about numbers. If individuals don't want to look at the data, understand the data, and understand the impact that they could have upon their own family and their communities, people are going to do what they're going to do.

Again, I'm not going to speculate on what might happen at the Caucus, or whatever it might be. But we will simply say that a Mask Mandate will be existing tomorrow. It will be in effect. And we encourage everyone to understand it is not about them. It is not about -- this Mask Mandate is not about you. It is about those around you. It is about those other Members in that Caucus. It is about the legislative body as a whole. It's about your family. It's about your workplace. It's about your school. It's about everybody around you.

So, the data is clear. If folks don't want to look at the data, I can't force them to listen to reason. But it is clear. It isn't speculation. It isn't conjecture. It isn't a hoax. This is so real. And it is skyrocketing all across the country. And I'll leave it at that.

Michael Graham at the New Hampshire Journal:

And then, finally, another challenge with winter approaching, a health issue involves the homeless people who were at the encampment on the State property in Manchester. Just a couple questions: have you offered to assist these homeless people at the encampment with other services? Have they been offered beds? And has the City of Manchester done anything to help?

Governor Sununu:

Every single individual at the encampment that you're speaking of at the Courthouse in Manchester has been offered a bed. Every single individual has been offered services. Every single individual has been offered those things multiple times over the past week.

And hats off to the folks at Health and Human Services, even the State Police that has assisted us, a lot of folks all coming together to talk to individuals one-on-one, to work with them on an individual basis. I think we had almost two dozen individuals we helped place into beds and in shelters, and with additional services just today. And so, we've had a lot of success working with them, as individuals. We know that the number of people there has dropped precipitously. But there's still a lot of folks that are there.

Unfortunately, you have also a few protesters that are there. They are now onto the property. It's become a bit of a different situation. But we're still going to work with those homeless individuals to make sure that, again, at least something is offered to all of them. And yes, every single one of them has been offered.

There are actual protesters who have told individuals, don't take the services being offered. I have to tell you, I can't tell you how dangerous and frustrating that is. These individuals are out there. It was 15° last night. Encouraging anyone to stay homeless when it's 15°, when you've been offered a warm bed and shelter makes no sense. And it is dangerous. It is absolutely dangerous. So, that aspect of it baffles me. But again, we're working with them as individuals. And we're going to continue working with them today and onward.

I'll say this. The City of Manchester has offered absolutely no assistance in this whatsoever. And they've been very brazen and very vocal about that. But that's okay. They don't want to help. That's fine. Our Department of Health and Human Services is working directly with some of the Providers in Manchester that are also willing to help provide these services. We have Providers from other parts of the State who have come in to take care of the problem in Manchester: Providers in Derry; Providers in Dover offering things; Providers in Laconia and other places all offering to help to be part of that support, to be successful.

Why Manchester doesn't want to participate, that's on them. But the State is there and we will pick up the pieces, and, again, try to convince these folks to take the services and the housing that is being offered. We've tried days and days on-end, and with some success, to be sure. But we will see where it goes. We're going to keep working with them. I think that might have been it. Yes.

Can I just follow up?

Governor Sununu:

I can't believe I outlasted David. God bless him. You're incredible.

Can I just follow up on the housing thing real quick?

Governor Sununu:

Yes.

Two quick questions on that: first off, with your Housing Commission concept, you've sent a lot of people to tackle that issue. But you've only given them three weeks. Now, I know most of them are probably not traveling outside of the State for the holidays, so they won't have anything else to do. They can look at a lot of things. But is that really enough time to come up with concrete plans? And then, the second part of that

is, when you sent out the recent data concerning all of the money that the State had been provided to many of the communities, as well as what the communities were spending, when you add all of those millions and millions of dollars up, I think we're at a 125 for a unit now in the State. It's around \$125,000. You could almost build the permanent something, or find the nonprofit to build the permanent something, and then just have them build the homes for hundreds of people.

Governor Sununu:

To your point, Manchester could have used their COVID funds and refurbished a facility. They were offered facilities. They could have built it right there in the City. Why they don't choose to do that, you'd have to ask them.

Yeah, but most of it's State. Isn't a lot of it State? Don't you and/or the Federal Delegation have control of that to say we don't want this to just go into all kinds of different programs? We want you to actually take these funds and build homes. I mean, within reason.

Governor Sununu:

Well, you mean the COVID dollars that we...

Or any of the dollars that are slated, there's 415 there and 2.3 million there. I mean...

Governor Sununu:

If they're COVID dollars -- yeah, if it's COVID money, it has to be related to somehow COVID-related. Now, the homeless crisis has been exacerbated by COVID, in that you don't have the tight capacities that you're allowed in some of the previous facilities. So you need to create more beds and more space.

And again, if certain cities or towns want to do so, they had every ability to do so. We didn't really put -- they could have used their COVID dollars for that. There's a lot of flexibility with those dollars, because you got to understand maybe certain districts had to put more to schools for some reason, some stipulation they had in what their needs were. And it goes back to that old saying. I say, Colebrook is very different than Manchester, right, and vice-versa. So they all have different needs, so we wanted to allow them that flexibility. But, yes, they absolutely could have done that. Yeah, did you ask a question in the beginning there? I think I skipped your first question. I apologize.

Just about the housing, you put together a Housing Commission.

Governor Sununu:

Oh, yeah, the Housing Commission that we're putting together.

I mean, could they really get it done in three week -- you've given them three weeks.

Governor Sununu:

Yeah.

It's a holiday week. Most people are going to be...

Governor Sununu:

I'll be working over the holiday week.

Yeah, no, I'm just...

Governor Sununu:

No. Yeah, we've given them three weeks. So a couple things: we have a Statewide Homeless Plan. It exists. We manage to it. We're kind of reconstituting a group to kind of relook at it, refreshen it, and I think restructure it a little bit. It's a bit outdated. It works, but it is a bit outdated. And I think we can always do better.

So we're going to bring some new individuals onto that group, and then we're going to take it in phases. And I think the first phase, which I've kind of given three or four weeks to go after, is, okay, what can we put on the table legislatively, because the legislation has to get in soon? So let's not miss that opportunity to look at some of the long-term issues that we can bring to bear. And I think legislation's one of the one things we can do.

If there are short-term things where, just in a few weeks, where they can say X, Y, and Z, these three things with an Executive Order would really make a difference, we can do that, too. But it doesn't -- yeah, to your point, it doesn't stop after three or four weeks. That's just kind of Phase 1. Then, we will take it into a longer phase and a longer phase.

That'll also give us some time to understand what additional Federal resources might come to bear, if there's a stimulus package or whatnot. But it's really just kind of starting that process. And we're going to have a variety of different individuals on that.

Andru Volinsky was asking me to be on it. I think he'd be great. I think someone like that, with that kind of experience, putting him on that group to have not just a political variety but also that experiential variety would be terrific. Oh, sorry, I was looking to Commissioner Shabinette like she was going to ask me a question. Okay.

Can I ask one last question?

Governor Sununu:

Of course, because it's been an hour 20 minutes. And if we didn't get past an hour 20, it just wouldn't be a normal day.

Bars.

Governor Sununu:

Bars, like drinking bars?

Drinking bars, okay?

Governor Sununu:

Is that where you're, like...

I can't...

Governor Sununu:

Do you want a list? I can...

Yeah. No, I know other States have looked at limiting the hours. And you had talked about it earlier. A lot of neighboring States have gone to 10:00 or shut them down entirely. Is that the next sort of tier or...

Governor Sununu:

No, I don't think so. I obviously hope not. I think what we're trying to do is maintain flexibility within our economy, understand that when you start restricting business -- we can do it. There's a card to play there, if we had to. But, boy, we're really kind of really regressing backwards now. We really are.

And so, not that we wouldn't, but we've looked at it. We've talked about those possibilities. We've talked about a couple other possibilities that might be out there. But I think the biggest and most impactful thing we can do now is the Mask Mandate, knowing where those variables are. And we have had a couple outbreaks in -- more than a couple, frankly -- in restaurants. And we work with them as proactively as we possibly can.

There have been some fines that have even gone out. And I think that's gotten the message out, frankly, that they have to take this seriously. They don't want to be shut down. And so, we're hoping that I think some of the enforcement actions around there are going to have a positive impact, in terms of the transmission within bar areas and things of that nature. So, we could do it, but nothing we're looking at right now. We're really trying to keep on the mitigation efforts within the community.

I'm sorry, real quick. So, you would probably be against the President-elect's, some of his Transition Team Members, discussing a four- to six-week Federal lockdown of the entire nation, then, probably?

Governor Sununu:

That would be an absolute disaster. Yeah. If anything, New Hampshire is a great example, and Maine, and Vermont. There are States that are great examples to show that we can manage, by keeping our economy strong.

By just locking everything down is not going to make COVID go away. This idea that if we just lock down and shut everything down for six weeks, COVID would go to zero, it won't. And COVID started with one individual.

So, the negative health effects of that, I think, would be disastrous. I think when you look at the isolation, the mental-health issues, the issues of kids not being able to go to school, I mean, it compounds on itself. Just the thought that if they're going to shut the whole country down for four to six weeks, I would hope that the new Administration seriously rethinks that. And if they tried that, I can tell you that not just New Hampshire but I think most States, Republican and Democrat alike, would stand up and say, hold it. We know how to manage.

Governors have been on the frontlines of this issue for nine months. We got some of the best and brightest people that have driven our success. We know how to do this a lot better than a single, big government, top-down solution. That is virtually never the answer. And if I haven't been strenuous enough, we would strenuously object, as they say. Was that *A Few Good Men*? I strenuously object, with a smile. I'll always do it with a smile, usually.

Okay. Well, thank you, guys, very much. We appreciate everyone joining us. And we know it was a bit extended, but there's a lot going on. We want everyone to be safe over the next holiday week. We will see what it brings. But again, I think with these new mitigation efforts in place, keeping our economy strong, ensuring that our economy can stay open, ensuring that our healthcare system can stay viable with the workforce needs that we are going to need over the next few weeks, I have no doubt that we can manage. And we truly can be successful. So, thank you, guys, very much. Have a great weekend.