



Office of Governor Christopher T. Sununu  
Press Conference  
Thursday, December 10, 2020 at 3:00 p.m.

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**Governor Sununu:**

Well, good afternoon. Thank you, everyone, for joining us this morning -- this afternoon, I should say. Obviously, we want to begin today with the incredibly sad news that a lot of us received last night. As announced last night, House Speaker Dick Hinch did pass away very unexpectedly yesterday. And we can obviously all appreciate the sadness that his wife, Pat, and his children have to feel today. Dick was an incredibly close friend, not just of mine but a lot of folks across the State. I think he was a close friend of probably a lot of folks in this room. A tireless leader, an incredible advocate for his community, and he will, without a doubt, be very, very sorely missed.

Earlier this afternoon, the Attorney General's Office did announce that the Speaker, Hinch's, cause of death was from COVID-19. And really just a stark reminder, unfortunately, that this virus really doesn't care if you're in a long-term care facility, or if you're an Elected Official. No one is immune.

It's spreading in our communities. It doesn't just affect the elderly. It affects everyone everywhere. And we have to stay vigilant, not only for ourselves, but especially for those that we may come in contact with, whether they be our family, or coworkers, whatever the situation might be. We all hold that responsibility and have to maintain it, as much as COVID fatigue is setting in with a lot of folks. Now, more than ever, especially given the time of year that we're in, we know that a vaccine is on the way. But we just really can't take our foot off the pedal. We got to stay vigilant. It really can have drastically negative effects, as unfortunately we all saw yesterday.

Before we go into a Public Health update, I also want to provide an update on the situation at the New Hampshire Veterans Home and the multi-Agency effort that has been underway for some time in support of the home and the Veterans, themselves, at the New Hampshire Veterans Home up in Tilton. It's pretty incredible that, for the first eight months of this pandemic, we saw outbreaks in long-term care facilities and residential facilities across the State.

Hat's off, Commandant Peggy LaBrecque and her Staff did just a phenomenal job, and continue to do a phenomenal job. They kept COVID out of that facility completely for quite a long time. And as we know, that unfortunately just takes one case of COVID to get into a facility. It happens. It can happen in a variety of different ways. And the attack rate on this virus is so severe and so aggressive. We know it can have incredibly negative effects.

So, as soon as the Veterans Home identified the first case, just a month ago, on November 10th, we all gathered together. The State took some immediate action. One of the first things we did was request assistance from the Federal Veterans Administration, who sent 17 Medical Personnel, including their National Infection Control Team, from the Federal VA were dispatched here in New Hampshire to assist on a staffing basis to the Veterans Home.

My Office and the State remains in daily contact with Commandant LaBrecque and her Staff at the Veterans Home simply to constantly assess what the needs are and provide them anything and everything they do need, whether it's PPE, N95s, cleaning materials, whatever it might be. We are there,

have been there, and will continue to be there for them, as well as all the other long-term care facilities. anyone who's going through a similar outbreak. And we have a lot of them. We have somewhere in the neighborhood of 25 or 30 outbreaks. I think we will get an update from Commissioner Shibiinette in different types of congregate living settings. And we're there for all of them.

And hat's off to the Team at Public Health. I know they're talking to them. We have an entire Team dedicated to that and working with them on a daily basis to make sure that they have what they need.

One of the biggest issues that we face and that the entire country faces on a nationwide level is staffing, and the staffing shortages that we've seen all across this country. And unfortunately, New Hampshire Veterans Home is not immune to that. Staffing shortage is not just because of COVID-positive cases, but the subsequent quarantining of individuals that often has to happen in these situations.

We did contact the Federal VA and we have asked them. And they've agreed to allow their Staff that they provided to us to stay a little longer, which is going to be a lot of help. The National Guard has stepped up. They're providing a lot of the more administrative-type services there, so more of the fulltime Staff can be on the frontlines with the patients.

So it really has been an all hands on deck approach. We want to thank a lot of other individuals across the State just volunteering their time and offering to volunteer their time and services to help with the situation at the New Hampshire Veterans Home.

We will just remain right on top of this situation, not just, again, with them, with all of our long-term care facilities. Commissioner Shibiinette and her Team really worked very hard establishing quite a stockpile of PPE. So where we used to kind of play it almost day-by-day with PPE, we've established a very robust stockpile. So whatever folks need, we do have it available. We can make it available on a moment's notice.

Some of the funding in the CARES Act funding, if it's a funding issue, it doesn't really seem to be -- these issues don't seem to be funding-driven as much. The rapid antigen tests, we've made available to New Hampshire Veterans Home, so they can stay right on top of the testing with their Staff and their residents at a moment's notice. And we will continue to make similar such accommodations for anyone going through the outbreaks.

But all across the country, the numbers are skyrocketing. We know that. Maybe not as high in New Hampshire as other parts of the country, but they are still incredibly high. We're seeing five, six, seven times the number of COVID cases today that we did back in March and April.

A lot of hospitalization, we've, I think, now officially doubled our total hospitalization number that we originally saw back in the spring. Still have capacity and we can still manage, working with the hospitals in a variety of ways. We will talk about that a little bit later on in this press conference. But we can manage. And the numbers are high. But it really does take that all hands on deck effort. And we will stay right on top of it. With that, I'll turn it over to Dr. Chan for the Public Health update. Excuse me.

**Dr. Chan:**

Great, thank you very much. And good afternoon, everybody. So a numbers update at the State level, we are announcing 695 new people that have been diagnosed with COVID-19 in our numbers today. 382 of these individuals tested positive by PCR, and 313 by antigen testing.

In the last week, we have averaged around 750 to 800 new infections per day statewide. And the number of people with active infection currently in our State stands at 6,303. That is an increase of almost 2,000 people from a week ago, at this same time.

Our test-positivity rate -- again this is now including antigen and PCR tests combined -- the overall test-positivity rate is averages about 9%. Again, that's up from a week ago, when we were at around 7%. So the testing data is demonstrating increasing community transmission.

And as the Governor alluded to, we currently are at 248 people currently hospitalized statewide. That also is substantially up from a week ago. And then, sadly, 14 new people that have died from COVID-19 in the State, 13 of whom are associated with long-term care facilities; this brings the total number of people that have died in New Hampshire during this pandemic to 584 individuals. In the last week, there have been a total of 40 people that have died from COVID-19 in New Hampshire, alone, in the last week.

So we know that community transmission continues to increase. And without a high level of compliance for mask use, social distancing, avoiding social gatherings, avoiding travel, especially around the holidays, the rates of infection and spread within our communities will likely increase.

Keep in mind that probably less than 5% of the population in New Hampshire has been exposed to the virus and has immunity or protection. So that leaves a large proportion of our residents in New Hampshire that are susceptible to infection. And so, without high compliance to the mitigation measures, the numbers are likely to continue to go up at a concerning rate.

And when community transmission is so high, we know that that puts our long-term care facilities, our businesses, our schools at risk for introduction and spread of COVID-19. And so, it continues to be the collective responsibility of individuals, businesses, communities to protect our institutions and to protect the vulnerable individuals in our State. And I will hand things now over to the Commissioner. Thank you.

**Commissioner Shibinette:**

Thank you and good afternoon. Today we are announcing for our long-term update, we have three outbreaks to close: Mt. Prospect Academy; St. Teresa's [sic]; and Woodlawn Care Center, all closing their outbreak status.

We have 14 new outbreaks to announce today: The Courville at Bedford-Carlyle Place; Crestwood Center in Milford; the New Hampshire State Prison, the Men's State Prison; the Elms Center in Milford; Epsom Healthcare in Epsom; Evergreen Place in Manchester; Hackett Hill in Manchester; The Inn at Fairview in Hudson; Lakes Region Community Services Fairview Home in Laconia; Merrimack County Nursing Home in Boscawen; Pines of New Market; Pleasant View Nursing Home; Riverside Rest Home; and Warde Health and Rehabilitation Home.

So those are all new long-term care or congregate living outbreaks. And we will release our regular chart each week with the number of cases, rather than go through every individual. That's all I have. Thank you.

## **Governor Sununu:**

Thank you, Commissioner. Two more items, and then we can open up for questions. One, again, is just a little bit of a reiteration on hospital capacity. Hospital capacity is -- continues to be a driver, in terms of what focuses our efforts. We always want to make sure that we're creating -- having capacity in our healthcare system, creating capacity, when we can.

Working with the hospitals especially has been, I think, very fruitful over the past couple weeks. Commissioner Shibinette and her Team have been on really almost a day-to-day basis with a lot of these hospitals, and the Hospital Association as a whole. Our message to them and our partnership with them has been very clear. And whatever they can do to help manage some of the capacity issues that are tighter in the southern part of the State, maybe utilizing some of the beds with other hospitals in the northern part of the State, and we just want to thank them. We just know a lot of hospitals are working together on this overall capacity solution, which we think is great.

Some hospitals have started to pull back a little bit on some of their elective surgeries and procedures, we've heard over the past week. And we commend them for doing that. That's a tough decision, but a decision that definitely has to be made.

And we obviously stand at the ready at the State level to open up any of our surge facilities. We have five locations we could open up within about 48 hours if we really needed to, from the southern tier all the way to Littleton, out to Keene. So we do have that opportunity, working with our -- the men and women of the National Guard to open up those surge facilities. Luckily, we're not there yet. But we do stand at the ready in case the surge into our hospital system were to deem it necessary.

And then, finally, obviously, I just want to touch up on the vaccine. A very large rollout, the initial rollout of the vaccine, we anticipate receiving just over 12,000 doses in our first weekly shipment. That's expected to arrive in the coming days, very likely within the week, if not sooner.

And as the State works to roll out what will ultimately be one of the largest logistical undertakings in recent history, we have tapped a very familiar face to help coordinate all the efforts at the State level, not just within Health and Human Services, but the National Guard, the Attorney General's Office, all the different Agencies that really have to come together that make such a logistic undertaking so critical. You got to do everything you can to get it right.

And so, we've asked our familiar face, Perry Plummer, to rejoin us on at least a semi-temporary long-term basis. We will see how long it takes to get the vaccine out. Perry's an absolute genius, when it comes to logistical organization and simply getting stuff done.

And knowing that we're entering the winter season, that'll allow some of the other Staff Members, whether they are within the Emergency Services, the Department of Public Health, Safety, the Attorney General's Office, the National Guard. Some of those folks can focus on some of their core mission and services, because there are still a lot of necessity there.

But, having Perry at the helm, I think, gives a lot of folks confidence that, as we undertake this, that we're going to be able to get what we need where we need it. Knowing that there could be some hiccups, there's always some bumps in the road that you don't anticipate. But having an all hands on deck, full-team effort, and a partnership like this, I think, will be nothing but beneficial.

The last piece with the vaccine is we've had a lot of folks call both the Department of Public Health as well as my Office that just want to help out with vaccine distribution in a variety of different ways. The Commissioner was mentioning that we've had Dentists that want to volunteer their time to administer the vaccine, things like that. But there will be a need, to be sure, whether it's on Interpreters, or folks that

can help on the administrative side, people that can help with transportation or to-and-from a vaccine center for individuals. IT help, security help, logistics help, whatever it might be, a lot of folks want to step up and be part of that solution. And that's just awesome. That is everything that we want to see within the spirit of the Granite State.

And so, we do have a website, which is [nhresponds.org](http://nhresponds.org). And folks can go to that site and sign up in a variety of different ways that you can see here: security staff; traffic control; whatever it might be. And we will try to find a way to participate in your area. We're going to have vaccination opportunities all across the State. And anyone who wants to step up and be part of that solution, we just think that's great. So, [nhresponds.org](http://nhresponds.org) is where to go. With that, we can open it up for some questions.

### Q&A Session

*Good, have you considered any kind of outside review of what happened at the New Hampshire Veterans Home? And at any point -- I know you've had Staff step in. But at any point, did you consider relocating any of the patients to other facilities to provide more safe care for them? Or was that even...*

#### **Governor Sununu:**

Sure. Well, to the second part of your question first, did we consider moving any of the patients to other facilities? No, no. That can actually cause spread of the virus. We've seen that activity work out very negatively in other States, unfortunately. So, no.

And they can great care. I mean, the Veterans Home really does have a great Staff, great care. They have what they need. And if they need anything, Peggy just picks up the phone and calls, and asks. And she has. So, no, we didn't consider moving any of the patients.

They have what they call neighborhoods. It's like their wings, if you will. And this was primarily isolated in two of the neighborhoods. It has gone off two of those neighborhoods a little bit. So I think they did a pretty good job isolating it. It's just unfortunate that the attack rate has been so aggressive there.

And in terms of an outside review, I mean, that's part of the Federal VA up here. Their Infection Control Team will do a part of that outside review. It's not a review to say this is exactly what happened and this is how it got in. It could have come -- COVID could get into a facility in any number of ways.

But it's just making sure that we have the right process and procedures internally. We feel very confident that the process and procedures that had been put in place there early on, we know they worked, because they did work, right? For so long, they worked very, very well during our first surge. They worked incredibly well over the summer.

So, again, we will take any advice, or help, that the Federal VA may -- they want to provide. But we are looking at that. Given that we're in the middle of the outbreak, there are folks there from the outside taking a look at it. And we will obviously, as we always do, do kind of an after-action assessment, as well.

*Can I get the numbers of the people who are at the Veterans Home now, and the number of people who have been sick and recovered? Is there any statistics that...*

**Governor Sununu:**

Do you have the recovery numbers, as well? I know the Commissioner might have some details.

**Commissioner Shibiinette:**

I don't have recovery numbers but I do have, like, the latest numbers, the totals: so, 87 residents with COVID-19, 81 Staff, 168 total, and 27 deaths.

*So you don't have the old percentage number of the total population there?*

**Commissioner Shibiinette:**

No, so what you're looking for is the attack rate of the overall population. We can certainly get that by finding out what their capacity is. So I can have Commandant LaBrecque follow up and get that information.

*Do you feel like it's going up, or it's coming down now, in terms of the cases? Are we climbing with new cases? Or are things starting to get...*

**Commissioner Shibiinette:**

I think that things stay pretty active for several weeks, after you have an outbreak. So I think this outbreak at the Veterans Home looks very similar to some of the outbreaks we've seen. So, it's still active.

*Just a question, Commissioner, while you're up there about the Governor's mentioned that the virus can get into these long-term care facilities a number of ways. You announced a pretty large number of new outbreaks in long-term care facilities. Is it because of community transmission? Somebody could be asymptomatic. How is it continuing to get into these facilities?*

**Commissioner Shibiinette:**

So, what we've seen, not just in New Hampshire but across the country, is that, as you see community transmission increase, the risk goes up. The -- and I've said this before -- long-term care residents, they don't have the liberty of socially distancing away from their caregivers. So if their caregivers are infected and asymptomatic, there is a high risk of exposure and spread there, even with PPE and all the things that we put in place in long-term care. Nothing is 100% perfect all the time, right?

So, oftentimes, you'll see kids that are in school have parents that work in nursing homes. And you have spouses of the people that work in nursing homes. And then, you have families that come and visit, residents that go out to the hospital, new residents that come into the facility. There are all potentials there, right?

And we never know exactly how it got into the building to begin with. And I don't know. Back in March, I would always say the best place to stop COVID is at the front door. Once it gets in, it's next to impossible to track and to try to figure out how it's spreading, because it spreads so fast and so insidious, because there's asymptomatic spread.

So, do we know how it gets in? No. I mean, the -- it's more likely than not that an asymptomatic Staff Member brought it in, unknowingly. But it also could be asymptomatic visitor or a resident going out to a hospital and being exposed, while at a hospital, or at a Doctor's appointment, or something like that.

*Real quick, on a kind of data clerical question, since Thanksgiving there seems to be a delay in the expediency, reporting the daily case count to the point that you're having to filter them out every couple days. Is this a contact tracing issue, or just you're doing -- you're not doing 50 and 100 anymore? You're doing 500 or 700, or 800. Can you just walk us through, because there's a lot of confusion in the community? And I know that we're all trying to -- and we appreciate all the way you're breaking it all out.*

**Commissioner Shibinette:**

We're trying to break it out so that the day that it was -- it's allotted to the day that it should be allotted to. So, you saw our numbers ballooned very quickly. So, we need time, within DHHS, to move operationally to flex our Staff up. And we did that last week, with moving several Staff over into kind of the case investigation, line-listing, data-reporting part, so that we were able to process all of the positive cases coming in.

But you do have a backup. Thanksgiving Day, if -- even if you have a slow day, right, you have that many more cases to catch up on the next day. And so, we've done that. I am confident that -- and you'll see the numbers are slowly shrinking with the days prior, right, so that we will be caught up in the coming days.

*May I follow up? And for both of you, there's been Teachers, a number of Teacher Unions, community supports have both been privately and publicly accusing the State of spreading false information about Coronavirus at the school settings. They say that neither the State nor district -- and I should say "false information". Those are the keywords that I've heard from a number of people. They're saying that districts in the State don't actually know what's going on in some of the schools. They're asking for more money. They want daily testing of students and/or fully remote learning. So, first, to you, Commissioner Shibinette, what can you and us do to end the mystique of, or confusion, that Coronavirus is not spreading in the school setting, and that the data that you're reporting out from schools is accurate?*

**Commissioner Shibinette:**

Well, we have a daily dashboard just for the schools. I mean, that's up-to-date every day. I don't know how much more transparent you can get when every day we're updating the numbers in the schools.

So, we have prioritized case investigation, contact tracing for anybody under the age of 18, to make sure all school-aged kids are getting the full case investigation, the full contact tracing. So I'm not

sure where they're getting that there's any false report. Our numbers go from a positive test into our line listing for infection control, right to the dashboard. So there's no fudging of those data. It is what it is.

*Can I ask you a question about contact tracing with respect to Representative Hinch's death?*

**Commissioner Shibinette:**

Sure.

*Will there be a -- what are your plans for contact tracing, and if you can give us any information as far as that?*

**Commissioner Shibinette:**

So, we will do a full case investigation, as we do for anybody that's positive of COVID-19 and in one of our prioritized categories. We will do contact tracing, based on what we find from that case investigation.

Beyond that, the information that gets shared publicly is based on the public's need to know. So if there is an event that was attended or something like that that we aren't able to identify all the close contacts, then we would do a public notification like anybody else. But, it's going to proceed like a regular case investigation and contact tracing case.

*With respect to Organization Day, which was the 2nd, okay, will you go back to Organization Day and all the contacts that there was, and ask...*

**Commissioner Shibinette:**

So, part of the case investigation is to investigate the date of onset of symptoms. And then, we go back a couple of days from there and do all of the contact tracing for it. So if onset of symptoms was the day after organization day, then, yes, we would go through and identify all the close contacts for that day. But it just depends on what the case investigation leads to. If onset of symptoms was yesterday or the day before, it may not go all the way back to Organization Day. We just...

*Do we have a date for onset of symptoms?*

**Commissioner Shibinette:**

I don't have a date. And we wouldn't release it publicly, anyways, right? It's really we have to remember that although he's a public figure, there is a right to privacy when it comes to protected health information. So the only way we would ever release anything is if there was a very clear public need to know. And right now, we're not seeing that. So we only started our case investigation today. So we are just at enough very beginning of it.

*Are you allowed to tell us when he was last tested, before his death, for COVID-19?*

**Commissioner Shibinette:**

No.

*Do you have any numbers from anyone who was at McIntyre Ski Club, between November 20th and yesterday?*

**Commissioner Shibinette:**

No.

*Okay.*

*Along those lines, Governor, how concerned are you? A Member of your Staff tested positive. You put that out earlier. And now, we see Speaker Hinch. How concerned are you that COVID-19 is throughout State Government? Are you concerned about that at all?*

**Governor Sununu:**

Well, the issue with my Staff Member and Speaker Hinch are two very separate incidents, to be sure. We're always concerned. I mean, one thing that we're trying to emphasize today is everyone should be concerned, whether it's in the workplace at the State House, or workplace at Administrative Services, or workplace at Fred's Flower Shop.

Everyone should be concerned that this can -- this has a very aggressive attack rate. It can be very asymptomatic. If anyone has any thoughts, go get a test. Everyone has the ability to go get tested. And if your symptoms are severe, go to the hospital. Go to the Doctor.

So it isn't just about State Government at all. Unfortunately, Dick's passing is, I think, a real -- as tragic as it is, as heartbroken as we all are, it really is a warning sign that we are far from over this. And just because you're not in a long-term care facility, just because you're not elderly and infirm, does not mean you are not just by any means immune from COVID, but it can have very, very severe repercussions, very, very quickly.

*We know that Republicans had a get-together at the Ski Lodge. Should they be doing anything different? Will there be any sort of different precautions taken now, in the future, that you want to see?*

**Governor Sununu:**

Well, with any of the events, whether it was the Caucus, or the Organization Day, or individual meetings, or whatever it is, anyone that may have come in contact with anyone known to have COVID, or they have any concerns, I think folks should definitely go get tested. If they had close contact, if they couldn't socially distance for some reason, if they weren't wearing a mask, or for whatever reason, whatever it might be, folks need to take those precautions very seriously.

And so, it's not just that one event. It's not just Dick's situation. It really is a global message that we're really trying to emphasize here. So, yeah, if anyone was involved there and anyone thinks they may have been in contact specifically with Speaker Hinch, of course they should monitor potential symptoms and likely get a test.

*Do you think State Leaders need to do anything else? You think the State House is taking all the proper precautions or anything you would change?*

**Governor Sununu:**

So, I spoke with Senator Morse earlier today. He was proactively reaching out to Dr. Ballard at the Division of Public Health, and talking about what additional precautions they may take to ensure a safe and healthy workplace within their offices, both in the Speaker's Office, the Senate Offices. Making sure that if folks wanted to work remotely, they could do that. Making sure they were making appropriate accommodations, as most Employers, I think, around the State, not just within State Government, but otherwise are doing so.

I commend them. I think Senator Morse and working with Sharon Packett (ph) on the House side were doing a very good job of saying, okay, what flexibilities do we have to provide? How do we do it? What's the safest way to do it? And working with the Experts to making sure it's done right.

*Can I follow back on the school question?*

**Governor Sununu:**

Sure.

*You have put a lot of trust in your Officials and you commended them. They appeared to be doing a good job. Can you speak to some of the Teacher concerns and whether or not you trust what you're seeing for data and everything else?*

**Governor Sununu:**

Yeah, our data is spot-on. It really is. I think we do a great job. The only time you're ever going to see real gaps in our data is simply obviously if a student were to get COVID, that sometimes will spread. That information might spread through the community just parent-to-parent or student-to-student in a matter of minutes or hours, before the State gets the information and is fully through their contact tracing.

So sometimes the information you see on the State site may fall back a day-or-two from the actual onset, because the folks within the contact tracing group are doing their work. They're working with the schools and all the different folks that that student might come in contact with.

But the data you see on the dashboard, it's updated daily. It's correct. This idea that there's false data or false information out there, that's absolutely wrong. And nobody should be saying that. It's a very dangerous thing to be putting out there, because what they're doing is really trying to undermine

the validity and the security of a system we've worked very, very hard not just to get up-and-running but to get right.

I've always said transparency is that foundation of public trust. And we still have a crisis on our hands. And folks need to know that, when we're being transparent, they can count on the data. It's accurate. And hat's off to the folks across Health and Human Services for their not just creation of the dashboard but the incredible work they put in to making sure that it's accurate.

If a Teacher's Union wants to spout off to get more money or more this, or more that, frankly I have no patience for any of that. Schools have the ability to make choices at a localized level. That's the flexibility we gave them and it's a system that's worked very, very well, frankly, for the most part.

I know there's frustration with a lot of parents, schools closing, very -- kind of very aggressively closing, when there weren't -- sometimes in some cases almost no cases of known COVID in the schools. But when it comes to the transmission within a school setting, it's minimal-to-zero, as far as I know. We've had clusters here-and-there. But those are from outside sources. But the idea that it's being transmitted classroom-to-classroom, or student-to-Teacher, those cases are very few and far between. And that's, I think, hat's off to the schools and the Administrators, themselves, who have done a very good managing.

And hat's off to the student's too. I mean, my kids go to school. They always have their mask. They're wearing their masks. They follow the protocols. They want -- the students want their schools open. I know I've met very few students in the past six months that haven't said, I would love to get back to -- they all want to get back to school. And so, the ones that have that opportunity don't want to lose it.

So, my sense is, and my understanding is, the students have also done a great job trying their best to stick to the protocols, keep themselves healthy, maintain that social distancing so, as a community, they can be successful. Paula?

*A number of meetings are going on now in-person where they used to not go in. Like, Belknap County Delegation had a meeting this week in-person. There was some concern about the location and the social distancing. Do you have a statement as to public events where people who are in a position of power are not wearing masks? Do you have something to say to them about leadership?*

**Governor Sununu:**

I have something to say to them. Yeah.

*Go for it.*

**Governor Sununu:**

I'm going to do my best to be Governor. It's incredibly, incredibly irresponsible. The number of individuals out there that want to thwart the rules and the guidance that we've put in place for people's safety, for the sake of thwarting them, is a disservice not to themselves but to those that they're surrounding themselves with and their ability to transmit this virus, often, as we now know, very unknowingly.

It's never obvious. Sometimes it is. But it's never obvious where an individual exactly contract COVID. They got it. It could come from a variety of places. But, as a community, as a State, we all have to

say we take that responsibility very, very seriously. And we're doing it not for ourselves. I've said it 1,000 times and we're going to say it 1,000 more. You don't wear a mask and social distance just for yourself. You do it for those you're surrounding yourself with.

And for those who are out there doing just the opposite, just to make some sort of bizarre political point, it's horribly irresponsible. It really is. And it has horrible consequences. I mean, that's not speculation. That's not supposition. That's fact. It will have horrible consequences. So, please, use your heads, right? Don't act like a bunch of children, frankly. There you go. I bent away from being Governor for a second. But I used all nice words. I know my mom's watching. Yes?

*It seems like just the week leading up to Thanksgiving, testing has become a little bit more difficult for people to access, especially if they're asymptomatic.*

**Governor Sununu:**

Yeah.

*With some of these folks who think that they may have been exposed either during Organization Day or whatever it is, is there anything that can be done to make testing more accessible, if you don't have COVID symptoms?*

**Governor Sununu:**

Yeah, so with the issue around testing right now, it's this weird situation where the good news is I think a lot of folks, whether you're an Employer or a school, people are saying, hey, let's take that extra precaution. Please go get a test before we come back into school. Go get a test before we come back to work. And that's the right thing, if people want to be extra careful. And that's a good thing.

The negative side of that across the country is we're kind of overloading the system again on testing. And as we know, the vast majority of testing is done by a few companies on a national level. They're always increasing their capacity to keep up with demand. Obviously demand today is literally 10 times what it was just a few months ago across the country.

We don't have the 9 or 10, or even 12 maybe 2-week turnaround times that we had earlier in the year. I mean, right now, they're still at the three-, four-, five-day range. Sometimes it might take a day or two to reserve a test. So there is a delay there. We appreciate that.

We're at the peak. We're hopefully at the peak of the second surge here. And so, demand's going to be really high and probably remain fairly high for the next month-or-so. So we're always trying to increase our capacity. We're working with UNH, for example. While a lot of their students are on break, we're trying our best to use some of their capacity.

We're using with some of the hospitals. We're increasing their individual community testing capacity. We have more access to Binax cards and things of that nature which we're bringing in. We're encouraging folks to use them, both symptomatic and asymptomatic, when the case calls for it. So we're always increasing the ability and the accessibility of testing. It's just, I mean, in the past few weeks, the demand has gone just absolutely through the roof.

Now, I mean, if you just want to go to Massachusetts for some reason, you got to get a test. Or if they're traveling up here, they might have to get a test just to go back, or Vermont, same situation there.

So, just the number of instances where folks are saying, I better go get tested, or I'm being required to go get a test has also gone up, which can be a positive. But it creates an overload on the system.

So we will just keep increasing the capacity as much as we possibly can. We're always ordering new devices, new machines, new testing materials. The good news is that the testing materials are there. We're not really turning people away from testing sites saying, sorry, you guys can't be tested today. We're only testing you guys. We're really still maintaining an openness to, if you want a test, you should be going and getting a test. I think we have some questions on the phone.

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

*Hi, thank you. I have two questions. Governor, would you encourage the House to meet remotely in January, as okayed by the State Supreme Court? And could you give us an update on the staffing situation at the State Prison, which is experiencing an outbreak now?*

**Governor Sununu:**

I'm sorry, the what situation at the -- I didn't hear the word you used, Kathy.

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

*Staffing, staffing situation.*

**Governor Sununu:**

Oh, the staffing, yes, at the Prison, of course. You bet. So, yeah, in terms of the House or the Senate, or any Body that needs to meet, if the opportunity arises where they can meet in-person but maintain social distancing, maintain masking, maintain all of those protocols that we recommend large groups put into place for such types of gatherings, if they can do that, fine. If they can't, then, yes, of course they should meet remotely, if they really can't meet the demands that the -- and the guidance that we've put into place for those types of gatherings.

In terms of the staffing at the Prison, we know that there have been cases of COVID with a few of the residents and a few of the Staff at the Prison. The National Guard is supporting some of those more administrative duties within the Prison, again to allow more of the typical Administrators to be trained up for the frontlines, if you will. So, right now, it's another situation where we monitor it daily. But we have additional resources going to the Prisons.

You can't shut down the jail, nor would anyone want to. And it is a 24-hour service. So it is a top priority of ours, making sure that we're working with Commissioner Hanks and her entire Team to make sure that we know what the demands are. And we're finding various ways to meet it.

***Donna Jordan with The Colebrook Chronicle:***

*Yes, good afternoon. Thank you. A week or two before Election Day, I had asked about guidelines for Town Meeting season next year. I'm wondering if any progress has been made on the need for guidelines, knowing that the vaccine for the general public won't be available until around that time, March or April. Towns around here are beginning to advertise for Town Meeting season and are including their dates and times for their meetings. And they're moving forward, as if it's going to take place as normal. My second question is: will the 12,000 vaccines that you're anticipating in the next week roll out immediately statewide to all*

*Healthcare Providers literally on the same day? Will it roll out over a timeframe, for example from the southern part of the State to the northern part of the State? Of the 12,000, is it really 6,000 doses with 6,000 boosters? And how many Healthcare Workers does that really reach in the State in that first batch? And my last question is: are you following a newly-created Border Committee that is creating recommendations for reopening the border? It's created by the Canada Institute at the Wilson Center in Washington, D.C. It's not something I'm familiar with. I've got to look some more up on it. But it includes Quebec Premier Jean -- former Quebec Premier Jean Charest, few others. And they apparently have a timeline to present their recommendations sometime in March to both the Canadian and U.S. Governments. And it would probably include, in order to do a land crossing into Canada or into the States, you'd have to have a testing, or the vaccine, things of that nature. Thank you.*

**Governor Sununu:**

Sure; so a lot there. I will do my best. On the Town Meeting, number 1, on the Town Meeting guidelines, I know a lot of towns -- I'm in one of them, small town -- making sure that the guidelines are set and the dates do need to be set fairly soon. There are a lot of towns that are changing their locations so they can, again, maintain social distancing, masking, all the provisions that we require of such a gathering. And if they can do that safely and within our guidelines, it's in their purview to do so.

We did make stipulations, as part of our Emergency Orders, to allow various opportunities for remote access for different types of Town Meeting. Maybe what we will do is I'll have the Attorney General put some bullets together for you, just kind of a summary of where we are. I don't know if they're working on any active changes to what we've already put into place. But we will make sure that we try to get something. To be honest, something I had not looked at in the past couple weeks, but the Attorney General's Office really oversees that, along with the Secretary of State. And we will have them put something together.

In terms of the 12,000 doses we plan to get this coming week, those are 12,000 individuals. So it's not 6,000 and then they get repeated. When we say 12,000 or 20,000 coming in, in a week, that counts for those individuals.

Those 12,000 -- and again, the Commissioner can correct me if I'm wrong. But the Phase 1A of our vaccine distribution will not -- it's much greater than 12,000. So it's going to take quite a few weeks to get through those areas, the highest and most vulnerable populations, and the areas of the individuals of highest need, including many of our frontline Healthcare Workers.

And so, no, it won't be able to cover all -- I think one of your questions was: will it cover all the Healthcare Workers in the first batch? No, unfortunately not. It'll just kind of be disbursed amongst the areas of highest need and then go from there.

And then, finally, on the Border Committee, I've heard about this Border Committee. I don't know a whole lot about it. I literally just heard about it within the last 48 hours. So we're kind of looking into what it is, who's participating, and what it might look like.

We do know that there will be a public comment period and an opportunity for either the State or local Governments along the border to, you know, add their comments and concerns over what this might look like. And at a minimum, we will participate in that fashion. But we really, to be honest, don't know a whole lot about it at this point in time. Did you want to add? Is there anything else to add on the Phase 1? Okay. Believe it or not, I think I answered it fairly correct. Thank you.

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

*Governor, you described the Republican Caucus as horribly managed and the Belknap County Delegation Meeting as incredibly irresponsible. But do you think the State has any responsibility at all for requiring that the Mask Mandate is adhered to in such cases, or for ensuring public meetings have a remote option? Or is that strictly voluntary and on the honor system?*

**Governor Sununu:**

Well, again, we treat any of those gatherings like any others. Just because a gathering is of Public Officials or a gathering is of this work group, or whatever it is, we have guidance in place that stipulates mask requirements at those gatherings. We have a statewide Mask Mandate. We have social distancing requirements for those types of gatherings, as well. And we expect everyone to adhere to them.

The State is not in a position to send out, nor would we want to, Law Enforcement to every public gathering, or every gathering of individuals that happens across the State. There are literally thousands of them every day. And we expect folks to adhere to it.

If there is an issue, that's why we ask folks to make sure that they have an accounting of who's at such gatherings, the protocols that they're looking at and using, so that when we do our contact tracing, God forbid there is an issue that may come out of it, we can be quick to the notification. Try to avoid public notifications, when we can, and when we have to. But we will always do it if we need to.

But, no, I mean, we're not going to have stipulations for different groups, just because we know them, or don't know them, or whatever it is. I'm a big believer. We have good guidelines in place and everyone has to play by the same rules.

***Jordan H. with New Hampshire Public Radio:***

*Hi, I have two questions today. The first is regarding hospitals. As you mentioned, some of them are seeing a strain, especially when it comes to staffing. And some are imposing their own new guidance regarding delaying elective surgeries and things like that. The State was offering guidance regarding those things in the spring and now we're seeing a lot more hospitalizations than in the spring. So why isn't the State offering that guidance now to hospitals? And is there a certain metric that you're watching to determine when that should happen, when that guidance should start coming from the State, or when the State should start opening up those certain spaces? And then, the second one is regarding the Veterans Home. You mentioned that there is help federally and from the National Guard coming to the Veterans Home right now. But they just made a public plea again today for Staff pretty much in every role: Nurses, Security, Maintenance Staff. So, I mean, is there any State responsibility to be doing more and offering more help there, rather than having to request help from the public?*

**Governor Sununu:**

So, I'll answer the second question on the VA Home. We're putting every resource we possibly can. I got to be honest. The tone of the question that we're somehow not acknowledging our responsibility to any of these long-term care facilities, especially the VA Home, is completely false. We've been working with Commandant LaBrecque understanding the staffing needs, the PPE needs, the financial needs, the testing needs, all of it, since -- on practically a daily basis -- since before they even had

their first case, back in November. We're constantly in contact and we maintain an incredible relationship with Peggy and her entire Staff there. So, any resources that we can put towards it, we're putting towards it.

There is a national shortage of medical and clinical staff across this country. There's virtually nobody in this country, as a Medical Provider, as a long-term care facility, who has extra Staff just sitting around. Everybody is working double shifts right now.

So the idea that we're just going to magically pull out Clinical Staff out of nowhere, we have folks coming in from across the country to assist. We have National Guard coming in. We have volunteer efforts coming in. Anywhere where we can possibly get Staff, not just to that VA Home but to the other long-term care and congregate settings across the State, we're always open to accepting that help, if folks want to step up and be part of that solution. And that's wonderful.

But it's not just a matter of, gee, you know, we will let others somehow take care of it. I got to tell you. We have and continue to put every possible effort around staffing to that facility and others. But understand there is a national crisis going on here. This isn't just about the VA Home, the Veterans Home in Tilton. It's not just about the State of New Hampshire. It's a national issue and everyone has an all hands on deck effort. Commissioner, do you want to talk a little bit about the first question?

**Commissioner Shibinette:**

So the question's about the hospital and services back in the spring. So, in the spring, the hospitals actually voluntarily scaled back their services, when we saw what was going on around the country and the globe, when it came to COVID-19. So that was a voluntary thing that happened. And we provided guidance along the way. And we certainly provided guidance and worked as partners with our Hospital Association and all of our hospital partners to bring services back up.

We had very much a vested interest in making sure that, as we brought services back up, that we didn't overwhelm any healthcare system. So we worked with them more on the scaling back up of services. So, right now, we have formal huddles twice a week with the hospitals on capacity. But, like the Governor has mentioned, we have pretty much daily contact, especially with those that are stressed.

Every hospital has an Internal Surge Plan. So, what -- so every hospital is able to increase capacity within their walls, which is the best place to take care of patients. We want to do as much as we can internally before we go to an external surge place, which is an ACS. So every hospital has an Internal Surge Plan.

Every hospital has Regional Transfer Plans. So you will see that our hospitals in the Manchester/Nashua area, sometimes they transfer patients up to maybe Dartmouth or Concord, or some of the other smaller hospitals, when their volume becomes too heavy. And some of those things are happening right now. And it's really the best way to use our entire capacity, statewide, rather than just a local capacity. We're really looking at it as a statewide system than just a small regional system.

**Governor Sununu:**

Great.

*What was your bet this week on when you would be done?*

**Governor Sununu:**

On when I would be done? 3:50, we're a little under. I figured this might be a long one. Yeah.

*Governor, at least nationally there seems to be some anxiety about the vaccine that's being developed quickly. Some persons have concerns. Given our past vaccination rate, how confident are you that we're going to get a robust response from the public about this? And I wonder if Dr. Chan could talk to us a little bit about how do you declare a success, in terms of vaccination? Is it 70%? Is it 80%? Is it where you're...*

**Governor Sununu:**

Yeah, I think so.

*Thank you.*

**Dr. Chan:**

Yeah, so I'm glad I get to answer one question before we end the press conference. So, we have every confidence in the vaccine process. The vaccine is not being unsafely rushed out, right? The reason why we are getting a COVID-19 vaccine, or vaccines, in record time, is because the Federal Government has funded production of the vaccination, while they studied the vaccine for safety and efficacy.

And where the vaccines are right now, they're going through the necessary and appropriate standard, regulatory processes to make sure that they're both safe and effective. And so, we have every confidence in the process. We know that the FDA is not cutting corners in their review of these vaccines.

In fact, today, I believe the meeting is going on or is just ending. The Vaccine and Related Biological Products Advisory Committee, the science-based Advisory Committee to the FDA, is meeting today to review the data from the Pfizer vaccine trial. And there's every expectation, having seen a lot of the data ourselves, that this vaccine will get FDA Emergency Use Authorization. That process is playing out currently.

After it gets regulatory approval through the FDA, it's, then, going to be evaluated by the CDC's Advisory Committee on Immunization Practices, or ACIP, to -- which is a medical public health Expert Advisory Committee, to weigh in on how this vaccine should be used, the medical recommendations. And so, we expect much more information coming in the coming days, as the Governor mentioned.

Based on the data we have seen, the vaccine appears highly effective, 95% effective at preventing COVID-19. And that's across different groups, across age spectrums. It appears to be highly effective even in elderly people, and safe, very low rate of serious vaccine reactions.

Now, there's going to be more information coming, once the FDA has done their review process, more information coming, after ACIP has given medical recommendations. But this vaccine review process has not cut corners. The trials have been held to the same safety standards as other vaccines that have gone through licensure and approval processes.

And so, this is welcome news, I think, given that we're 9, going 10 months into the pandemic in New Hampshire. And this is one of the ways out, right? Still the primary way to control spread of this virus is through social distancing, facemask use, avoiding social gatherings, avoiding travel, avoiding unnecessary interactions with other people. But once we have wider spread distribution of the vaccine, the vaccine is going to play an increasingly critical role in bringing this pandemic to an end.

**Governor Sununu:**

We have one more on the phone? We have a few? I should have walked right out the door, right, Michael?

**Michael Graham with the New Hampshire Journal:**  
*Best for last, Governor.*

**Governor Sununu:**

I had it. Had a chance.

**Michael Graham with the New Hampshire Journal:**  
*Best for last.*

**Governor Sununu:**

How are you, buddy?

**Michael Graham with the New Hampshire Journal:**  
*You should have taken it. I'm great. I have one question for you and then one question for the Commissioner and Dr. Chan. First, for you, this morning, Republican Representative William Marsh up in Wolfeboro said, "Those in our Caucus who refuse to take precautions are responsible for Dick Hinch's death." Do you agree with Representative Marsh on that?*

**Governor Sununu:**

Well, I got to tell you. I guess maybe it's still a little raw that Dick was a close friend. And right now, my focus is not on individuals' comments. I understand emotions for a lot of folks are very raw right now. Dick was a great friend. He was an incredibly positive guy. I mean, his loss is not going to be without feeling for the State for quite some time.

I would say this. It is unfortunately a tragic and cautionary tale that everybody -- I'll just repeat what I said a few times already -- everybody has such an important responsibility and role to play in protecting the safety of others, not just themselves. And if a mask was just about you, that would be one thing. But wearing a mask and social distancing, and taking the right precautions, and individuals that may surround other individuals, whether it be in a gathering or just in the grocery store, you're always doing it for somebody else. Please understand that. It is very real.

That hit home for a lot of folks, especially in the House of Representatives and the State House, and State Government. A lot of folks that knew Dick, it hit home really hard in the past 24 hours. So I do appreciate that emotions can be very raw right now. I think there's a bigger message and a bigger picture that I think we have to see and take away from it. And that's this is still very serious and will be for quite some time.

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

*All right, Dr. Chan and Commissioner Shibinette, I've been trying to get some information for about a week now about the State's plans to handle the vaccination cards that are going to be issued with each person who receives the vaccine. Some States are discussing how they're going to use them to monitor the shots, but also to use them to make judgments about what activities people can and cannot use. You just had the question earlier from someone who's involved in the border issue saying we want basically a Vaccination Visa, or Vaccination Passport, to travel across the border. What are your plans to use the data on the cards, in addition, obviously, to tracking the second shot? And would businesses, for example, be allowed to say, we want to see your vaccination card before we hire you, or serve you? And will the data of who's getting the shots that you have on the cards and that you're tracking be available to the public?*

**Dr. Chan:**

Yeah, interesting question. So I think what you're referring to are the vaccination reminder cards that are going to be shipped out from the Federal Government, along with the vaccine -- not only the vaccine but the supplies of the vaccine.

I just want to be clear that the purpose of those cards is for the person who's getting vaccinated, for them to have a record of when they received their first vaccine, the date they received their first vaccine, what manufacturer they -- who the manufacturer was of the vaccine they received, so that they can be appropriately informed for when they should get the second dose of the vaccine, right?

So, keep in mind that the Pfizer vaccine is a two-dose series separated by -- the Pfizer and the Moderna vaccines are both two-dose series separated by three- to four-weeks apart. So, when someone get a vaccine with one manufacturer, the second dose has to be with that same type of vaccine. So the purpose of these reminder cards is for the person to know which vaccine they got, when they got the first dose, and when they need to get the second dose, so that they can appropriately follow up and get the second dose to have maximal protection and maximal duration of immunity.

These cards are for the individual, the personal use. They are not something that the State is going to be taking, or using, or monitoring. They're personal identification cards to inform the person of which vaccine they got and when.

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

*I'm sorry, Doctor. Are you saying you're not going to be monitoring whether people have come in for their second shot? You're not going to track that data?*

**Dr. Chan:**

No, so certainly there will be tracking of data. You had asked about the cards that were coming with the vaccine. And I was explaining the purpose of those cards is for personal use. The question about...

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

*And that's all they're going to be used for. They're not going to be used by the State for any other purposes, nor the data on them, for any other purposes?*

**Dr. Chan:**

So, there are systems being put in place at a State and Federal level for monitoring distribution of vaccine and who gets one dose, and when they need to come back for the second dose. That system is going to be a vaccine management system and will be used by the State to monitor who gets the vaccine.

That system, when someone enrolls in it for vaccination, will get an automatic reminder for when they need to come back and get a second dose of the vaccine. So, that vaccine management system is an electronic system that will be used to monitor vaccination and remind people when to come back for a second dose automatically, electronically. But the cards that you were asking about, the paper cards, are meant for personal use and reminder for when someone needs to get a second dose. Thanks.

*Real quick follow-up on that: wouldn't that be protected under HIPAA, if anybody gets the vaccine, A? And B, do we have any other vaccination information? Flu shots are not public for Employers or for public records, or up. You guys go above and beyond to protect the privacy of people. Are any of those things covered under this?*

**Governor Sununu:**

So sort of just to be clear, there is a new State Vaccination Registry, separate from the COVID situation, that is being designed. Is it up-and-running yet? I think it's in process. Any day; it really -- it is up-and-running almost any day. But that's more of a global issue. We're the last State, I believe, to come into compliance with a Vaccination Registry.

Second is a whole separate secondary system, again. And I think, to Michael's question a little bit, maybe this helps to answer, the Registry is designed to see who has it, not who doesn't. Think of it that way, because whoever got that first shot, we want to make sure they get their second. But it isn't for the Governments to say, well, all these people didn't take it.

So, we're not looking to mandate it or anything like that. I know there's a lot of trepidation about the idea of mandating vaccines. I'll just keep saying it. We are not, at a State level, mandating this vaccine. And that's not our intention.

So it's really just as Dr. Chan, I think, did a good job explaining it of -- for the State to know and Providers to know who's gotten this first shot, to make sure folks are coming back in. You got to get the second shot. And we want to make sure everyone's doing that. It's not like if you get one shot, it'll work half as good and you're okay. It's not how it works. You got to come in and get the second shot for it to fully be boosted to the level it needs to be for protection.

*But just to be clear, all of those things are private.*

**Governor Sununu:**

Yes, yes. Yeah, sorry. Yeah, absolutely.

*Right.*

**Governor Sununu:**

It isn't like you can go on a public website and see that your neighbor got the vaccine, or something like that. No. Okay. All right. Well, thank you, all, very much. We appreciate everyone's patience and time. We will be back next week hopefully with some more information about the vaccine, which should be hitting the ground shortly here in the State of New Hampshire. Thank you, all, very much.