



Office of Governor Christopher T. Sununu
Press Conference
Tuesday, January 5, 2021 at 3:00 p.m.

Governor Sununu:

How are you? Good to see you. I walked in and I didn't see David. So, I thought, there's no press conference today. Well, it's good to see everybody and we appreciate folks joining us. We know we had to take -- we took last week off because of the holiday and hope everyone had a great holiday.

We're in the new year, 2020 [sic] is here. If you didn't think it would happen, ta-da, here we go. Lot of stuff to cover today. I think a lot of really good and positive news. Let's start with a Public Health update from Dr. Chan.

Dr. Chan:

Thank you, Governor, and good afternoon. I will keep this short, because, as said, there's a lot of stuff to cover. In terms of the numbers, we are reporting 667 new people diagnosed with COVID-19 today in New Hampshire. 427 of these individuals tested positive by PCR. And 240 tested positive by antigen testing.

In the last week, we have continued to average about 750 to 800 new infections per day statewide. And the current number of active infections stands at 6,480, which is consistent with where we were a couple of weeks ago. Additionally, our test-positivity rate over the last week -- remember this is both the antigen and PCR test-positivity rate combined -- has averaged over the last week at about 8.7%, which is also consistent with where we were around a couple of weeks ago. So that test-positivity rate is hovering around 9% still.

Hospitalizations have gone up, as have deaths, over the last few weeks. Currently, there are 305 people hospitalized statewide with COVID-19, and, unfortunately, 11 new people that have died that we are reporting today. Nine of these individuals are associated with long-term care facilities. In fact, in the last week, there have been 57 total people that have died from COVID-19 in New Hampshire. About 1/3 of these are not associated with a long-term care facility. And 2/3 are associated with a long-term care facility. So we know that deaths are occurring, related to COVID-19, and the impact is being seen both in our community, as well as in long-term care facilities.

So, I'm going to hand things over to Dr. Daly in just a minute to give a vaccine update. A lot of our focus right now is shifting towards trying to make vaccine readily available. And until we have more vaccine throughout the State, we continue to need people to avoid the social and group gatherings. Wear facemasks. Socially distance. And if and when someone is offered a vaccine, we are strongly recommending and encouraging that person to get vaccinated, if the vaccine is appropriate for them. We know that the vaccine is both safe and very effective. And we need people to get vaccinated to prevent and control the spread of COVID-19. Thank you.

Dr. Daly:

Great, good afternoon, everyone. So, over the last three weeks, we have distributed 53,675 doses of vaccine here in New Hampshire, and 30,035 people have received their first doses of COVID-19 vaccine.

The Department started releasing these data publicly on our website last Thursday. And you can find this information, in detail, in terms of who exactly -- which entities have received this vaccine and who are administering the vaccine in our State.

You've also probably noticed that CDC has begun reporting this data publicly online, as well. They've released this information yesterday for the first time. And you could see that New Hampshire was clearly on track with many other States in the country, in terms of administering vaccines. In fact, even today, they have elevated New Hampshire to show that we are in one of the highest groups for administering vaccine in the country.

So it's really important, as you look at those national data, there's going to be variability from day-to-day. And it's important that we not overread into a single day's worth of data. There are certain caveats to that data, such as some partners only share their information with CDC a few times a week. And so, there's going to be variability. And we want to look at these data. They're important data. We want to look at them over several days, before we start interpreting them.

This week, we've received an additional 17,175 doses of vaccine, which will be used to continue vaccinating our highest-risk Health Workers, our First Responders, and those long-term care facility residents and Staff. We've also begun receiving second doses now, because the first doses of vaccine in our State were administered three weeks ago. Those are being provided to the sites that administered the first dose, so that they can provide that to those individuals who received their first dose.

We expect to receive similar amounts of vaccine next week, as well. And our State-run fixed vaccination sites have been open for one week, right? So a total of 20,000 people to-date have registered to be vaccinated at one of those State-run fixed sites. And 5,209 people have been vaccinated to-date. An additional 10,000 people are scheduled to receive vaccine at those sites.

These sites are currently only open to people in Phase 1A, which, again, includes our high-risk Ambulatory Care Providers and First Responders. As we move beyond Phase 1A, we will let the public know, as they become eligible for vaccination at these sites.

In terms of an update for the long-term care facility pharmacy partnership program, CVS and Walgreens continues to vaccinate our long-term care facilities. And to-date, they've completed 62 vaccination clinics in these types of facilities. And they have an additional 66 scheduled, over the next week. So this program is very much up-and-running and increasing the number of facilities they're getting to.

So, to-date, we've received enough vaccine in our State to vaccinate 73% of Phase 1A individuals for their first dose of vaccine. And based on our anticipated vaccine allocations that we will be receiving in the future, we expect to be able to offer all of those individuals in Phase 1A their first doses by the middle to end of January.

At that time, we would expect, then, to move onto Phase 1B. Today, we're prepared to announce which groups will be included in Phase 1B. We have a slide to share that information with all of you. So, Phase 1B is going to include those people who are over the age, 75-and-older; individuals who are medically vulnerable at significantly higher risk with having two-or-more conditions that are on a list that we will make available on our websites.

These types of conditions include conditions such as cancer, chronic obstructive pulmonary disease, certain heart conditions, obesity, pregnancy, sickle cell disease, and others. So we will make that available online.

We're also going to be opening vaccination to Staff and residents of facilities that serve the people with intellectual and developmental disabilities, as well, and Corrections Officers and Staff working in correctional facilities. So that's Phase 1B. We're not there yet. We're at Phase 1A. But we're letting you know who we're going to get to next. And we're going to let you know when we get to Phase 1B.

We're also ready to share with you the rest of our Allocation Plan after Phase 1B. Next slide; so the next phase after that group, we're looking at an approach of trying to get the people who are most at-risk for developing severe complications of COVID-19, including hospitalization and death. So much of our strategy is based on the age of those individuals and whether or not they have medical complications. So, in 1B, we're doing those over the age of 75. In that next group, we're going to do 65 to 75 years old. And we're also going to include our K-12 school Staff and childcare Staff.

Next slide; 2B, then, will naturally come the 50- to 65-year-old individuals. And then, 3A will start to include those people under the age of 50. But before we open it up to everyone under 50, we want to try and get those people who are at moderately increased risk for developing severe complications of COVID-19. And again, we will be looking at that list of medical conditions that we will make available online.

And then, the last slide will be everyone else who hasn't yet been vaccinated. And we expect to start vaccinating those broader groups, under the age of 50, several months from now, late in May or into the summer months.

Okay. So, in terms of how people are going to receive their vaccine -- next slide -- vaccines for people in these groups are going to be administered in a variety of settings that include hospitals, Healthcare Provider offices, pharmacies, and our State-run fixed sites. If supplies allow, we want this vaccine to be as easy to get as the flu shot.

So what you need to do, then, going forward, is to keep your eye out for information that we will be sharing with you, as we open out to each of these next phases, looking at information on our website, as well as information from your Healthcare Provider, who we're going to lean on to help us vaccinate those people who are at high-risk for complications, those people who have medical vulnerabilities.

It's going to, again, take us several months to get everyone who wants to be vaccinated, vaccinated. And this means, again, as Dr. Chan said, that we must remain vigilant in taking those steps, as individuals, to prevent COVID-19. Thank you.

Commissioner Shibinette:

Thank you. I have a brief update on outbreaks. Today, we are announcing the closure of three outbreaks. Colonial Poplin; Coos County Nursing Hospital; and Grace House in Windham, all closed their outbreaks over the last week-or-so. We have 15 new outbreaks to announce: Aurora Assisted Living; Bedford Hills; Bel-Air Nursing Home; Bentley Commons; Colonial Poplin; Department of Corrections, Calumet House; Harmony Homes by the Bay; Hillsborough County House of Corrections; Hillsborough County Nursing Home; Pheasant Wood Center; Residence at Salem Woods; Rockingham County Nursing Home; Saint Francis Rehab. and Nursing Center; Sullivan County Nursing Home; and Woodcrest Village. That's all I have. Thank you.

Governor Sununu:

Great; thank you very much, Dr. Chan and Commissioner Shibinette, and Dr. Daly. Great work. So, where to start? Just a little bit more on the vaccine, obviously I think Dr. Daly did a great job. There's a lot of information there that we presented.

And as she explained, just to back up a little bit, in terms of where we are with distribution of the vaccine, I know there's been stories that we're behind. We're ahead. You just got to be careful of that snapshot in time. I think that's really important. Obviously, the most recent information on the CDC website identifying New Hampshire as being one of the most proactive in terms of getting the vaccine out is great news. And we want to keep that up. But it's all variable depending on the amount of vaccine you're getting on a single day and most importantly the timing of the reporting back to the CDC. Sometimes if there's a day-or-two delay in there, it can just cause a little bit of confusion.

So, a little bit more insight in terms of how we're determining the following groups, as we go on from 1A and determining the groups of 1B, 2A, 2B, and then 3A and 3B, our philosophy's actually very simple, very straightforward. We want to make sure we're very transparent about that.

Those at highest risk get the vaccine first. It's really that simple. I know there's been discussion about the idea to identify individual work groups, or business groups, essential workers that are more essential than others and whatnot. Really the only two groups that we've identified and that we are segregating out of the population, based on their work, are Healthcare Providers, for obvious reasons, those essentially that are taking care of those at the highest risk; and education Staff, Teachers. We're doing our best to make sure that schools can remain viable, can remain open for our students going forward, because that's such an important part of our population health.

But, again, in doing so and effectively lining everybody across the State up, if you would think of it that way, in terms of the highest risk on-down, and making sure that we're addressing those issues first, it's not that some of the workers in some of the more what you could technically classify as the most essential fields of work, it's not that we don't want to prioritize them. It's not that we don't care to vaccinate them. It's not those individuals we worry about as much. It's the parents of those individuals, or the child of that individual that may have a health condition, something of that nature. And it's those folks that we want to make sure get the vaccine first, really addressing the highest risk at its core, if you will.

Moving onto the hospitalization -- and again, all that information on vaccines will be available on our website. That chart is going to be made available. I don't think it's up there just yet. Maybe by today or early tomorrow morning, we will make sure, at least, the chart is up so people can start digesting a little bit and understand there could be some overlap, as well.

What we also tried to do, finally, on vaccines is make sure that each of these groups -- 1B, 2A, 2B -- were manageable in size. You don't want to have one group be so large that it takes four or five months to get through the vaccination of that group. That would create a lot of questions, I think, in terms of when folks could realistically expect to get their vaccine. And getting expectations right for the population, I think, is very important. We just want folks to be able to have a general sense of when their time will come. And there could be a lot of overlap from those groups, as well. You could have someone that qualifies in group 1B and 2A. And it's up to them as to when they want to become vaccinated. Again, the vaccine is not going to be mandated for anyone, but as it becomes available.

And then, the last piece here is knowing that, when we talk about vulnerable populations, when we talk about the conditions, the comorbidity situations, cancer or otherwise, things of that nature that

may make someone more vulnerable and therefore further up in the line in that group 1B of the vaccination, we're always also going to provide flexibility to the Doctors and the Medical Providers, if there are those extraneous circumstances. Maybe if someone has a condition that might not be listed exactly on our list, there are always -- a Medical Provider is always going to be granted the flexibility to make that call, to make that decision, to make sure that, in those other circumstances that we might not have put directly onto paper, that those folks can be prioritized, as well. So we always want to defer to the Medical Professionals that way.

I'm going too fast. If David loses his glasses, it probably means I'm talking too fast. So a little bit on our hospitalizations, we got some questions this morning. And we just want to quickly address it. Overall, our hospitalizations have ticked down a little bit. But they're really stable, which is, if anything, good news. I think our daily census today is still well-over 300, people within hospitals that have confirmed COVID.

And again, we've always predicted and imagined that number still could go up. There's always going to be a lag. The number of cases of COVID seems to have stabilized a little bit. But it's still very, very high.

Well, our hospitals are in constant communication with each other. We're in constant communication with them, doing our best as a true statewide system to manage the availability of beds. And of course, if we ever were to hit a time when we need to open up a surge capacity, we are absolutely prepared to do so. The men and women of the National Guard stand ready. And we can open up those facilities in about 24 to 48 hours.

But we're not there yet. I think the hospitals deserve a lot of credit. They're doing a great job managing, working not just with our folks in the Department of Public Health, but within themselves in the system to help ensure that there's capacity there and those that need the most severe healthcare, based around COVID and other conditions, as well. It's going to be there for them.

Another topic, just to jump into a little bit, is the Federal relief. So a lot has gone on in the past couple weeks since we've been here. Congress did pass another Bill. And it was signed by the President. That was definitely great to hear. I think a lot of us had relief that there was some Federal relief coming.

So, we want to talk a little bit about what is in this latest Bill. We don't have all the details, in terms of, if you will, the rules and the guidelines around how each dollar will be administered. Obviously, we're hoping for as much flexibility on the State level, as possible.

But, just to give you some general numbers to talk about, we are estimated -- and again, these are just estimates based on what we've seen described in the first draft of the Bill -- or I should say in the Bill, itself, as opposed to a lot of the guidance that will come on in the coming weeks. About \$36 million has been allocated to New Hampshire for vaccine distribution, which will obviously help us vaccinate as many of our citizens as possible.

\$20 million for childcare and childcare development in the form of block grants, that's always good. That usually provides a lot of flexibility around childcare. About \$150 million for education stabilization funding for our elementary and our secondary schools, so that's great; approximately \$150 million to go into our elementary school system and our secondary schools, a phenomenal opportunity.

Roughly \$90 million for higher-education relief; approximately -- or I should say just over \$180 million for increased testing, contact tracing, containment, and mitigation. Those are more of the traditional Health and Human Services costs that have been borne through the CARES Act funding

to-date. Obviously, we're still well in the COVID crisis. Even as we vaccinate, we still need a lot of contact tracing, testing, and things of that nature. And assistance from the Federal Government is obviously very much welcome.

Approximately \$200 million -- that's a lot of money -- for emergency rental assistance to help people stay in their homes, especially through the winter months, so, so important. And again, we don't know exactly the rules and definitions around how that money will be spent. We've already done our own programs of this nature here in New Hampshire. So, obviously, if we have some flexibility, that would be wonderful just to allow individuals to apply for rental assistance, or provide additional housing. We will see what the rules are around that. But \$200 million for rental assistance and housing is just phenomenal.

And then, finally, about \$40 million for our highway fund and to offset some of the revenue replacement, maintenance, and turnpike assistance. You don't think of it too much. But the fact that so many folks earlier in the year were simply not on the roads, they weren't buying gas. They weren't paying tolls. And therefore, the revenue hit was pretty sharp to the highway fund. But some of this additional support, I think, is going to put us in a much healthier position financially, in terms of making sure that our roads can be plowed. The potholes can be fixed.

And all these investments will allow our State to increase testing capacity, invest more in childcare and education, ramp up vaccine distribution, and simply prevent people from potentially losing their homes and being out in what could potentially be tough economic times. We're doing very well here in New Hampshire. There's no doubt about that. But there's still a lot of families that are struggling, have been affected by COVID, economically. And this assistance provided by the Federal Government is a great first step, not just to help the State, but to help a lot of individuals and our citizens around our communities.

A couple questions on unemployment insurance, so that program was also signed in conjunction with the Bill. It was authorized in conjunction with the Relief Bill that was put forward. New Hampshire will start issuing the new \$300 Federal enhancement today, which is great news.

These payments will be for claims filed for the first eligible week ending January 2nd. So it actually goes back a week. But the fact that our system was ready, I think Richard Lavers and George Copadis here at the -- in Concord did a great job with their teams, making sure our systems were prepared. Today is literally the earliest day that the States were allowed to do so. And we paid over 14,000 people that extra \$300 today, which is great. So we're off and running with the additional unemployment assistance.

And then, finally, one more thing, we had some questions surrounding the inauguration. A lot of folks have been discussing some of the change in plans that we've had to make for the inauguration. The inauguration is going to happen this week. It'll look very different than what we had originally anticipated, unfortunately.

As a lot of folks know, we've had to cancel our outdoor plans. We planned to do it outdoors, to be socially distanced, something a little different. But, unfortunately, due to public safety concerns surrounding myself, my family, and frankly all those in attendance, we did have to make a change.

I think it's pretty evident, unfortunately, that people have become much more aggressive. They have been targeting my private residence, my wife, my family, and kids. That's where they are. And I think it's been reported quite widely that the protests have clearly crossed a line, frankly. And it's my responsibility to provide for the family's safety and the safety of our citizens, anyone that potentially would have been in attendance at that inauguration.

So, in lieu of a larger outdoor ceremony, we are going to hold a smaller inaugural ceremony indoors with a small group of folks, socially distanced, which will be live-streamed for people who would like to tune in. It will be held at noon, as originally planned, in terms of the timeframe, on Thursday, January 7th. And we will put out a link for folks to view it on our social media pages.

And then, at 7:00 p.m. this Thursday, later that evening, I'll deliver a live inaugural address. It will not last more than 30 minutes. It won't be like a press conference. I promise. And obviously we hope that everyone does have a chance to tune in. But that will be at 7:00 p.m. this coming Thursday. And again, we will have a livestream link for anyone interested in tuning in. And we've also been told, I think, MUR's planning on carrying it, at least, which would be great. With that, we can open it up for some questions. Paula, good afternoon. How are you?

Q&A Session

Good afternoon, Governor. I was wondering if Bridges House could be a place that you could use as refuge for your family and for the safety of the State. Have you thought about that?

Governor Sununu:

It could be. It's not very conducive. I have kids in school. Look, one of the -- I've mentioned this a little bit before. New Hampshire is an amazing place, in terms of accessibility to leadership, not just the Governor. The fact that a lot of folks have the cell numbers of their Representatives, or their State Senators, or even the Governor, a lot of folks have that cell number, too.

My father was Governor was back in the '80s. And back then, our phone number and our address were in the phonebook. Anyone could pick up the phonebook and call the Governor. And that accessibility is a great thing. It's a great thing for the citizens to have.

But it also has always come -- whether it's myself or my father, or Governor Lynch, or Governor Hassan -- but it always comes with, I think, a respect of privacy. And I think that's unfortunately where the line has just been crossed, as it comes to families.

Folks want to protest, come on up to the State House. I'm at the State House almost every day. Come on up there. And you can protest in the public sphere. A lot of folks do, do that. That's probably a more appropriate place for such protests to happen, as opposed to a residential neighborhood.

Unfortunately, The Bridges House is wonderful and we typically -- before COVID, we were keeping it open for nonprofit groups and folks to come and use it, as a place. It really is the people's house, if you will. It's not incredibly conducive to have a family live there fulltime, unfortunately. And again, we try to just keep our lives as normal as possible. So, no, unfortunately, I think that's just not quite an open.

And to follow up, I have a question. I heard that there would be some protesters at UNH tomorrow, folks with disabilities who feel that the decision to have a drive-in ceremony or -- was not good. Do you have...

Governor Sununu:

For the Legislature, because the Legislature's going to be appearing at UNH in their automobiles, I believe.

Yes, right.

Governor Sununu:

And so, this is something around that. Okay.

And the disabled feel that they're being disenfranchised by the way that the Republican majority has decided to hold this, and not given an option to attend virtually. Do you have any comment on that, that they should have offered the option of a virtual voting and public?

Governor Sununu:

And attendance?

Yeah.

Governor Sununu:

Well, I guess I would just say any group in the State, given what surrounds COVID, obviously I think every avenue should be pursued, in terms of allowing as much accessibility to a public meeting, or a hearing, or public participation as you can. So whether it's viewing or participating virtually, I always -- I would always support that, to be sure.

Governor, in the holidays, we had the ability to pen a message to stay safe around this time. We know you want to gather. But if you're going to do it, keep it smaller or just don't do it at all. Now, we're sort of in this open space, right? And the virus is running more rampant than it has before.

Governor Sununu:

Sure.

How do you convince people -- and maybe Dr. Chan can chime in on this, as well -- to stay the course, if you will, especially as they start to see vaccination numbers go up? Maybe there's going to be a mental trigger like hey, this is getting better. I can start doing XYZ again.

Governor Sununu:

Yeah, so, I think that the point, if I may, we don't have holidays to really galvanize a message around, per se. I would ask folks to do this. You wake up every morning and just have a little metric for yourself. If the day ends in a Y, be sure that you social distance, wear your mask, and do everything you can to stay safe.

You can't take a day off. There are no days off. There really aren't. We will get to an end. And as I continue to say, now is absolutely the wrong time to loosen up. Now would be unfortunately one of the worst times to get COVID, when we're so close to the end.

But we're not there yet, right? You're have to finish. It's a marathon. We've always said that since March. We knew this was going to be a long haul. We're in the final miles, but we haven't crossed the finish line by any means. And so, folks just really do have to be disciplined.

We have, I think, a very aggressive public messaging campaign. We will keep that up, not just with our messaging that we do at our press conferences, but with digital media and all those sorts of things. Wearing masks, that provision that we put into place in November is going to stay into place, at least in the near future. And folks have to adhere to that.

We have guidance that we require, whether it's you're at a restaurant or in retail. We've allowed our economy to open so flexibly, I mean more flexibly than almost anywhere else on the east coast, frankly. And we've done it in a safe way, and overall our numbers are lower than the national average, when you look at fatalities and when you look at the number of folks that are contracting COVID.

So we've allowed that to open. But everything has a guidance around it. There are some limitations there. And if we adhere to that, then we can keep going strong. And so, it's working because we, as a collective, are doing the right things to make it work. And so, it's not by accident. It's not by coincidence. So, as much as we can encourage folks to stay true to that message, stay diligent with yourselves, your families, and your loved ones. Don't let up now.

But, Governor, with regard to the -- as Dr. Daly said -- advising people and trying to keep watch on when the vaccine will be available, if I'm in -- and I'm not -- but if I'm in the last group, everyone else not vaccinated, how long -- when should they start focusing?

Governor Sununu:

Yeah.

When do you think it's a legitimate...

Governor Sununu:

So, can we go back to the slides? Just that was great. I know Dr. Daly, she did a great job through that.

She did great.

Governor Sununu:

So, Phase 1A, this is where we are. This is ongoing. And again, we should have at least all of the first shots administered through Phase 1A, approximately 100,000 individuals, but the first shots for all those in this phase who want it by about mid-January or so, second or third week in January.

And then, we start through 1B. And 1B, there's about -- you can't see it too well. This is about -- we estimate. It's very rough guess, frankly -- about 225,000 individuals in group 1B. Again, over 75 years old, having a significantly higher risk for a medical condition, potentially, Corrections Staff, and Staff and residents at our IDD facilities; and again, we estimate this to take a couple of months, January to March or so.

As you go to Phase 1 -- sorry, Phase 2A, about 175,000 individuals -- and this is pretty rough now, because we just don't know how fast the vaccine is going to come in, in February and March. We're not 100% sure. So we're thinking around the March-to-May timeframe here for Phase 2A.

And then, Phase 2B, the March, April, May timeframe, about 200,000 people here that potentially could get the vaccine; now we know not everyone will get the vaccine. Maybe 50% to 75%, I mean, those are rough numbers, of course. So it's all pretty rough right now. And then, Phase 3A, and then finally Phase 3B, as we hit May and into the summer.

So, as you look at this -- and you can go online and check this out. And you can say, hey, I'm in Phase 2B. Check in with your Providers. We will be providing more information to the Doctors over the next couple weeks, so that they understand how to make sure that folks are registered in our system. They can reserve their place to get it how those Doctors will get the vaccine allocated to them. And so, we will have more information for them. And then, folks can just keep kind of checking in at the website for details.

So, still a lot more information to be provided, because we know what's next. That's the question a lot of folks are at. What do I do now? And that's a very logical question. So, we wanted to make sure folks know we've kind of identified who these groups will be. We will be providing more information, as these press conferences go on. We will keep updating the website, as it becomes more available.

Just I'll go a little further with the answer, if you don't mind. As an example, one of the questions that I was asking just -- and we've been discussing for the last couple weeks is, this is New England. We have a lot of Healthcare Workers that might live in Vermont but work here in New Hampshire at Catholic Medical or Dartmouth. And so, they're part of that group. They're technically Vermont's residents, but they're obviously getting vaccinated now, which is wonderful, because they're caring for our citizens.

We may have a lot of crossover with folks. Maybe you're in one State, but you have a Provider in another. So we will be working with our surrounding States to help also identify what type of, if you will, guidance and regulations we will put around, is it just a New Hampshire resident that can only get a vaccine here in New Hampshire? No, probably not, there has to be some flexibility there, because there's just so much crossover with States.

So, my point in throwing that out there is there's just still a few details here to be finalized, to be sure. And part of that isn't just within New Hampshire. It's talking to our partners in other States, seeing how they're identifying their groups, 1B and whatnot. Every State is going to be a little bit different. But we're going to try to make it as seamless as possible. And it'll take a few weeks to work some of those details out.

But, 1B won't even start until mid-January. 2A won't start until probably a couple months after that. So we'd just ask folks to keep checking in. And we will keep folks updated, as we go. I think the next few weeks will be really pivotal, as we kind of nail down some of these details so the customer, if you will, the consumer, the citizens know what to expect. It's all about expectations. Hi.

Hey, Governor. So what's the rationale behind waiting until Phase 2A, estimated to begin around March-or-so, to vaccinate Teachers and childcare Staff, when that affects so many people across the State?

Governor Sununu:

Yeah, when you look at -- we're really lining folks up just based on risk of health. Let's go all the way back to March, if you will. This is all about making sure our healthcare system doesn't get overrun; making sure that we have capacity in our hospitals; and making sure the most vulnerable to fatality are protected. And so, that's really what we're looking at in Phases 1A and 1B.

And those populations, about 100,000 in 1A, about 200,000-or-so in 1B, and then we get the only other professional group that we're segregating and identifying is Teachers, because we want schools to stay open. And if any of those Teachers are medically vulnerable, if they are over 75, whatever it might be, of course they get moved up in the line, because they are at higher risk.

So it really is making sure that the direct individuals at the highest risk are taken care of first. And then, you start building out from there, in terms of folks that may come in contact with those individuals, and so on, and so forth.

Can we hear from Dr. Daly on an issue with -- is there any significant numbers of Healthcare Workers who are refusing the vaccine? Are you keeping track of that?

Dr. Daly:

The question was around vaccine uptake among Healthcare Workers. So what we've heard from our hospital partners is that between 70% and 85%, depending on the facility of Healthcare Workers, are accepting the vaccine and getting vaccinated. That's just their initial numbers from the very first weeks of this campaign. And we would expect that, as people see their colleagues getting vaccinated, that those numbers will increase with time. So it's around 70% to 85% in those Healthcare Workers. It may be lower in general population, as we move forward, in terms of, for example, First Responders, who we're vaccinating now.

How does that compare to your goal, I guess, for that group of people?

Dr. Daly:

Well, we would like more than 70% of individuals to get vaccinated. It's looking similar to how many people get vaccinated against influenza each year right now. But certainly we will see how that plays out, going forward. In order to get enough immunity in our communities to prevent COVID -- widespread COVID-19 transmission, we really need above that 70%, 75% percent people vaccinated.

Governor Sununu:

And if I could, I'm just going to have one more point to that as a reminder. If you're in group 1A and you choose not to get the vaccine for whatever reason, down the road you can always get it, right? It doesn't mean that there's a cutoff. Sorry, you had your chance. You're out of the mix. You can always get

it, especially as more folks may -- there's -- more folks might come into the long-term care facilities or become a Nurse or a Healthcare Worker on the frontlines. There's always a chance for anyone who chose not to get it early on to get it down the road.

I have a question for Commissioner Shibinette about long-term care. I'm interested in knowing, first of all, if a outbreak has occurred, you can't give the vaccine. Will that be slowing down -- will outbreaks be slowing down the vaccination clinics across the State?

Commissioner Shibinette:

I think the commitment from our pharmacy partners is that they're going to have multiple clinics. And people that have had COVID, they're at lesser risk for contracting the virus right after they've had COVID. So it really is about prioritizing who's getting the vaccine first, making sure that there are multiple clinics set up in every facility, not just for residents, for Staff, in case it was their day off.

So what we're hearing from our long-term care facilities and our pharmacy partners is that there is an established relationship there to make sure that there are multiple clinics set up. So it's not -- I wouldn't say that it's slowing it down. It's just requiring them to put more clinics on the books.

And if we get to a point where we have all of these people vaccinated, will we be able to open the doors up to more family and more activities? And is there something for them to look forward to, to get us through this?

Commissioner Shibinette:

I mean, that is the ultimate goal, right, is to protect our elderly and get them back into their social circles and engage with their families. So, I think, when we look at our goal for COVID vaccination overall, it's probably the population that we're the most concerned about and that we want to get vaccinated is our elderly, specifically those in long-term care. So, typically, we say, after the second dose, plus 14, 15 days, is when you would expect to have that immunity. So, we will be reevaluating it at that time. But, yeah, that is the goal.

Commissioner, do you have a number on the outbreak at Hillsborough County Corrections Facility, just the number of inmates, the number of people there with COVID?

Commissioner Shibinette:

So, it's a fluid number. I'll give you what I have right now. So we did a -- we did testing on Wednesday and then again on Sunday. And we will be doing testing again there later this week. So, right now, we have approximately 100 residents there that are COVID-positive and approximately 27 Staff. Those numbers are probably going to even be changed by the time I leave the podium, because we're actively running tests in our lab, as we speak.

And how are you working with the Superintendent there to quell the outbreak? We know there's been some attention on their protocols.

Commissioner Shibinette:

Yeah, so we transitioned their outbreak management to us on Thursday evening. So, prior to Thursday, Hillsborough County House of Corrections fell under Manchester Public Health. When we first received the initial couple of cases and we really recommended that we go in and test an entire unit. And when that unit came back and there were several positive, we did say that we were going to transition it over.

So we have almost daily calls with them, sharing Public Health guidance, just having someone designated for them to call when they have questions. We set up a full testing event on Sunday, where every incarcerated person was offered the opportunity to test. And then, we will be -- and we tested Staff on some of the affected units also over the weekend. We will have a full Staff testing event coming on the end of this week. So, really working with them hand-in-hand since Thursday, since we took it over.

There have been other corrections outbreaks, as well. Is there any sense of the number or degree of inmates, or Staff, who are seriously ill with COVID? Are many of them not very seriously ill? Do you have any sense of that at all?

Commissioner Shibinette:

So, I know that in different corrections facilities, in some of our longer-stay corrections facilities -- I'm not sure if that's the right term -- you may have older individuals that have more underlying conditions, right, whereas at the County Jails, you have shorter-term residents where they may have sentences of 90 days or 6 months.

I have not heard of a lot of hospitalizations out of our County Jail outbreaks. I have heard of a couple of hospitalizations out of both the Prisons in Berlin and in Concord. So, definitely some serious illness; the Jail and the corrections system is a microcosm of our society when it comes to underlying conditions. You have inmates that have diabetes and asthma, and all of those conditions. So it puts them at the same risk of anybody else in our community, and probably more so, because they're in a congregated setting where social distancing is very difficult.

Is there anything that these Prison facilities should have done differently to limit the spread of this, before we started seeing so many cases in various Prisons and Jails around the State?

Commissioner Shibinette:

Yeah, I think the correctional facilities run into the same problem that every congregational -- or congregate setting has, which it's very, very difficult to socially distance. They don't have the option of just staying home and not interacting with the other people that live there, and their Security Staff.

So, different facilities, based on their setup and their physical structure, were able to handle it in different ways. You have some Jails and Prisons that had the physical space to set up a quarantine unit. That's ideal, for sure.

Definitely the screening at the door, the regular surveillance testing; we had a County Jail in Strafford County that was doing surveillance testing on their Staff back in April and May, and contracted to do that. So everybody handled it a little bit differently. Everybody got the same guidance. Some did -- most did what was necessary.

But I don't think that there's anything necessarily to prevent it from going in. You have Corrections Officers, Dietary Staff, inmates that are coming in-and-out. Just based on our degree of community transmission, you're going to see it get into the Jail. The goal is: how do you contain that spread once it's in? And really good quarantine facilities have a separate unit, separate cells, bunking arrangements is really -- it's really key.

Governor Sununu:

Do we have some on the phone?

Holly Ramer with the Associated Press:

Hi, thanks. I have one question about contact tracing and then another question about the inauguration. My question about contact tracing, it appears that the daily updates for the last several weeks no longer include information about how many people are being monitored. And I assume that coincides with the change in prioritizing who gets contact tracing and who doesn't. But can someone address that and give a sense of how many people you're doing contact tracing for these days? And then, my question about the inauguration changes, I know that there was that one person who was arrested. But what specific evidence is there that multiple protesters at the Governor's home were armed, or that armed protesters were planning to go to the outdoor inauguration?

Governor Sununu:

Okay. I'll have Dr. Daly talk about the contact tracing first.

Dr. Daly:

So, the reason why we discontinued reporting on the people who are being monitored, either for isolation and quarantine, is because we stopped monitoring individuals throughout the entire course of their isolation and quarantine period. So we're not doing that monitoring.

We still reach out to individuals who have been identified as close contacts, provide that quarantine guidance. Let them know, if they have any questions, they can call us back. But we're not doing that daily calling that we once were.

Similarly, for people who are being reported to us who have COVID-19, we are reviewing every case that gets reported to us, looking through the information that we have available to us. Identifying those individuals who are prioritized for investigation, based on the information we've previously shared about who that is, and then we will investigate those cases. We will, again, notify them and make sure that they are aware of the isolation guidance. But we're not calling them every day during that isolation period. So there's no monitoring happening. In terms of how many people we're investigating currently, it's probably around 1/4 to 1/3 of all cases that get reported to us, based on our prioritization.

Governor Sununu:

Well, thank you, Dr. Daly. So, the question has to do with the inauguration and some of the security surrounding that, and frankly the threats. So I would simply say that I think the question was what evidence do we have. Is that was your question, Holly? Oh, Holly, sorry?

Holly Ramer with the Associated Press:

No, what led specifically to the idea that there were -- were there multiple protesters at your home, who are armed, or that there were multiple armed protesters who are planning to go to the inauguration?

Governor Sununu:

Oh, sure. So, as it pertains to the inauguration, the decision to change the inauguration was not done lightly. It was not solely done because of the protesters at my home, although that was a very significant contributing factor. There are other very direct threats that are made, unfortunately, and they've just simply been escalating.

In terms of the issue of the protesters at my home, I would refer you to their own social media posts where they are encouraging each other to arm up and come armed. I mean, those are their posts. I mean, I'd ask you to -- you can refer to those directly beyond that.

Paul Hayes with The Caledonian-Record:

Hi, I just have two questions. First, do you have the current numbers for Country Village Center in Lancaster? And second, I was hoping the Governor could just provide an update on State Police adoption or use of body and cruiser cams. Thanks.

Governor Sununu:

Sure.

Commissioner Shibinette:

Country Village Center, right now we have 9 residents and 8 Staff, for a total of 17 people positive for COVID-19.

Governor Sununu:

And the question -- I believe the second question revolves around the issue of body cameras for our State Police. It's an issue I've been working with Commissioner Quinn for, for some time. I believe they finally got an RFP out, and maybe even in December. It might actually be out for a Request for Proposal for solicitation to acquire the body cameras and the training that would go along with it. So they're well in process. And we're going to get them up-and-running as fast as we possibly can, frankly.

Michael Graham at the New Hampshire Journal:

Thanks so much. A couple of vaccine-related questions; the first one has to do with the controversy sprung up around the country where you've had people who've had vaccine doses that couldn't be re-refrigerated because of the issues having to do with temperature, and what to do with them. Governor Cuomo caused an outcry when he started threatening that if someone was given the vaccine who wasn't in their 1A group, they would be fined. And that caused some problems. They pulled it back. Do we have -- does New Hampshire, does the Health Department have a plan, a policy for if you have these doses that are in danger, and the scheduled people have all shown up, to do something with them, rather than have them go to waste? In Israel, where they literally stopped a pizza guy outside the hospital and said, do you want a shot? We got one left. Do you have a plan to deal with this, because of the unique issue of handling these doses that have to be kept at super-low temperatures? Then, I have a quick follow-up.

Governor Sununu:

Sure, yeah. I'll have Dr. Daly talk about that.

Dr. Daly:

So, this is a great question. Obviously, the way that the vaccine comes with multiple doses in a single vial, there is some risk and some expectation that there may be some doses that do go unused and expire before they're able to be used.

We certainly want to keep this as small numbers as possible. And so, we do have plans in place, thinking about the long-term care facility pharmacy partnership program. We're working with those pharmacies to make sure that if they had too many doses for a particular clinic, that they're able to provide those vaccines to us. And we will use them at the State fixed sites.

Likewise, if our State fixed sites have remaining vaccine at the end of their clinics, they're working with their local partners to bring in people who have Phase 1A, something like a waiting list of calling up the local Police Department or Fire Department and say, do you have people who haven't been vaccinated yet? Please send them over. We have additional doses yet.

And likewise, our hospitals who are doing much of the administration right now, they similarly are going to use all the doses they can on those at highest risk. But they might move to the next group, then, if they have a few doses left of vaccine after a clinic and say, okay, you're in that moderate-risk group. You're appropriate for vaccination in Phase 1A. We're going to vaccinate you next right now, because we have a dose for you. So we have plans and policies in place that keep those numbers very low.

Governor Sununu:

Great job, thanks.

Michael Graham at the New Hampshire Journal:

And I'm glad you mentioned the First Responders, then, versus long-term care, because one of the other issues being debated is whether to distribute these short-supply vaccines, these first rounds of doses, to people who are in the frontline, and therefore more likely to encounter the virus, but tend to be younger and healthier, versus older people who are less likely to encounter COVID, but if they do, the outcomes are worse.

And it appears that you've kind of spread them around, rather than answering the question of who is the more important priority. As you know, the CDC's guidelines, which have since been updated, were criticized, because they included the suggestion that social justice concerns should be applied. And therefore, because the Nurses and frontline Workers tend to be more racially diverse, they should be prioritized over the elderly, who tend to be more white in the United States, currently. Was there a social justice aspect? Did you take in considerations of race, ethnicity, etc.? And is there a formula for frontline Workers versus the elderly, knowing that if an older person gets the disease, they are far more likely, by factors of 10, to die from COVID?

Governor Sununu:

Sure, so I'll kind of take that second question first. And then, I'll have Dr. Daly come up and talk about our plan, in terms of allocating a certain amount of our vaccine to ensure equity across the State with some of our lesser served communities, communities that tend to be inequitably served, as it pertains to healthcare.

When it comes to the supply that we're providing for, for example, the elderly and those that are older and the medically frail in our long-term care facilities, as well as our frontline Workers, we really kind of split it a little bit because the frontline Workers, you're right. They may be younger and healthier. But they come in direct contact and are so vital for the care of those that are very vulnerable.

So obviously while they, themselves, may not be as high-risk, they are at extremely high risk for transmitting the virus and coming in contact with those. And unfortunately, inadvertently, that's how it tends to spread often within many of our long-term care facilities. It's a asymptomatic Worker, or whatever it might be, that comes in. And we know how that can go. It can be a very tough situation.

So, working with CVS and our partners, help making sure that they have enough and meeting the quota that is necessary by Federal Guidelines, that they have enough to get into the long-term care facilities for the residents and the Staff of those facilities; and then, at least through 1A, the bulk of the remainder of it going out to the hospitals, for the most part, that would administer to their frontline Workers; and then, finally the fixed sites that we've set up to take care of the First Responders. So, it really is about the most vulnerable that are most at-risk of death, and those that take care of the most vulnerable that are most risk of death. I'll have Dr. Daly talk a little bit about the 10%.

Dr. Daly:

So, we have a commitment of equitable allocation of vaccine. And part of that plan involves meeting the needs of those people who've been disproportionately impacted by COVID-19. This includes people who are in racial and ethnic minority groups.

And so, in order to get to those populations who may be harder to reach for us, we are going to work with our Regional Public Health Network, starting in Phase 1B, to provide some vaccine to them, about 10% of what we expect to receive, to go out into communities. Meet people where they're at, in either different community group settings, organizations where they will come together. Working with those Community Leaders to encourage uptake of this vaccine, sharing messages of its safety and efficacy, and trying to get at those individuals, again, who have been disproportionately impacted by COVID-19.

We're working on getting the elderly vaccinated as quickly as possible, especially those in our congregate settings. That's already happening and in place. And our long-term care facility program has all of the doses, 100% of the doses that it needs in order to carry out those individual vaccination for

those individuals. And now, we will be moving forward with trying to get at those individuals in the racial and ethnic minority groups.

Governor Sununu:

Great job, thank you, Beth.

Todd Bookman with New Hampshire Public Radio:

Thank you. I may have missed it. But what phase will inmates of both State and local correctional facilities be vaccinated?

Governor Sununu:

Sure, they're part of our congregate living setting.

Dr. Daly:

Do you want me to go over it?

Governor Sununu:

Yeah.

Dr. Daly:

Well, so, as the Commissioner said, we're going to treat them like anyone else.

Governor Sununu:

Yeah, and you should answer. Sorry. What it is?

Dr. Daly:

We're going to treat them like everyone else.

Governor Sununu:

Right.

Dr. Daly:

So if they're at high-risk, either medical or age, they're going to get that.

Governor Sununu:

Right, so just double-checking with Dr. Daly, the prisoners are treated similar to everyone else. If they're elderly, if they have medical vulnerabilities, they fall in those categories, as we have defined.

Tony Schinella with Patch:

Thank you very much. I'd like to know when -- oh, two quick things -- when, if at all, the specific fatality information on all of the State's COVID-19 deaths be available to the public and the press, specifically a breakdown of comorbidities similar to if you look at the way the State reports overdose deaths? We get toxicology information for each type of drug that may or may not -- or a combination of the drugs that could have caused the death. I think -- and this circles to the second question -- the reason that it might be good to have this, especially for some of the lower-age groups, where there really isn't an explanation for why the people are dying, is that you -- State Health Officials gave warnings about not going to gatherings at Thanksgiving. And we see this huge spike on December 2nd and/or a large number since Thanksgiving. We've seen these large numbers. But, the biggest one-day count so far is over 1200 on December 23rd, almost a month after Thanksgiving but before Christmas, when there were probably lots of family gatherings. And as you've already said, we expect more cases to come forward. So, were there any specific incidences or outbreaks that connected to those cases, a general sense that you can give us? And can we get the specific death information about comorbidities, so that maybe, while we're staying at home, we can tell people, if you have these things and you're in these age groups, and you get infected, your chances are slim that you're going to die, but you might? Thank you.

Governor Sununu:

Sure, well, I mean, I'm going to ask Dr. Daly to come up and talk a little bit about that. I would tell you that I think since -- for the last 10 months, we've been very clear. If you're elderly, you're at a higher risk. If you have underlying health conditions, you are at higher risk. Certain health conditions may be riskier than others. But pretty much any health condition, even the slightest form of asthma, can potentially be a risk.

And so, I understand the need to want to narrow it down to say, well, these health conditions are dangerous with COVID, and these health conditions aren't. I don't know if I would ever say that there's any underlying health condition that is not a contributing factor, or does not potentially bring you to higher risk. And I say that simply as Governor, not as a doctor. I don't know if there's any additional comorbidity information that we're -- that we could potentially provide beyond that. Yeah, sure. Come on up, Doctor.

Dr. Daly:

So, we do investigate all the deaths that get identified and reported to us. And we do have information on their comorbidities. Obviously, we have to be careful about sharing any potential confidential information that may pertain to a specific individual.

But I think it's possible to provide information, in aggregate, on comorbidities. So I'd just encourage you to reach out to our Public Information Office, if you'd like more specific information based on what we can share with you that's not identifying.

And then, in terms of your question around December 23rd, or if there was any real drivers to that in terms of outbreaks, no, there haven't been any specific large outbreaks, other than the ones you've heard about in the institutional settings that the Commissioner has shared with you. As we have increases in community transmission, we're seeing those increases occur in our congregate settings, like the Jails, Prisons, and our long-term care facilities. So, there have been some rather large outbreaks in those settings that will obviously contribute to our increase.

But in terms of the general population, we have had small clusters of individuals associated with private gatherings. And again, that just reinforces that it's really important that we avoid those private gatherings, even when they're small. We're seeing transmission occur in those settings.

Steven Porter with Seacoastonline:

Thank you so much. I have two questions. The first one is a follow-up on the timeline that Dr. Daly outlined earlier. Specifically as we enter Phase 1B and the phases thereafter, who will make a determination as to whether someone's health history qualifies them for vaccination under that phase? And if it's their Physician, how will the State make sure that those determinations are being made consistently across the board?

Governor Sununu:

So the answer is, yes, their -- the Physicians have the ultimate determination, because, like we said, we're going to give them the flexibility, based on the guidance that we give them in terms of the areas of highest risk, the areas that specifically the CDC has outlined as the areas of highest risk. But their Physician has the ultimate say. And was there a second question?

Steven Porter with Seacoastonline:

There was, actually. Back on that first question, though, what is the State's mechanism for ensuring consistency from one Physician to the next? Is there a mechanism in place?

Governor Sununu:

We haven't defined one as of yet. I think there is going to be some inconsistency. Physicians can make determinations based on what they see with their patient's history. Every patient has a different medical history. Every level of every medical issue that may come up, every medical condition that may be, may have its own severity. You could have folks not just with asthma but severe asthma. You could have Stage II cancer, Stage IV cancer. You can have a lot of different factors in there.

So, there is a lot of gray area, frankly. And again, we leave it up to the best and the brightest. It's our Doctors, our Physicians, and those that know the patients the best to help make that decision, based on the guidelines that we present them.

Steven Porter with Seacoastonline:

Understood, thank you. And then, one more question. I know, Governor Sununu, you said now isn't the time to let up on precautions, like wearing masks and maintaining physical distance. But once someone has been fully vaccinated, once they've got that second dose, can they ease up on some of those safety precautions? Or are you still recommending that they continue to follow them?

Governor Sununu:

No, they absolutely have to follow them, absolutely. I think as we go down -- because they can be a transmitter, potentially, still. There's still risk there, potentially. And again, we're just getting through the first weeks of the vaccination. Actually, I mean, just the first individuals maybe this week and early next week will get their second dose of the vaccine. So technically no one in the State is even fully vaccinated yet. I don't think it's actually gone out yet. So, we're very early on here.

One of the things we will be looking at, as we go forward, are some of those additional provisions. And again, for example, travel provisions, right? Will there be changes in the quarantining provisions for recreational travel for those who are vaccinated? And those are the things that we're going to look at, as we go down the road.

We're not at that point yet, by any means. And therefore, yes, everyone needs to be very vigilant on wearing masks, social distancing, washing hands, all of those provisions. Let up on nothing, because that type of lax attitude is what could create an even higher spike.

I mean, hopefully our numbers have seemed to have stabilized. They're still very high, but they seem to have stabilized. But there's nothing to say that if we let up, they're not going to go even higher. So, we're in a place where we can manage right now. But we have a lot of outbreaks in long-term care facilities and whatnot. We're still managing a lot on our plate, to be sure. And we're not out of this by a longshot. It is January 5th, right? I mean, we got a long way to go. And people have to appreciate that. Okay, great. Adam?

Governor, we're hearing anecdotally about some difficulties staffing some of these clinics -- the vaccination clinics, the pharmacy side, sometimes the hospitals. Is there anything the State can do to help there? Or is that just a matter of workforce and it has to go someplace?

Governor Sununu:

No, always. So, one thing we do is we do maintain a constant communication with CVS and our Pharmacy Providers that are providing that -- the distribution of the vaccine in our long-term care facilities. And there's always the opportunity, if they need additional workforce, we can work with them to see what might be possible and provide it.

We have our -- at our fixed sites, we have the men and women of our National Guard at the ready. They've helped us a lot with a lot of logistics. And so, we can always train them up, if additional Staff is needed.

So there's a -- obviously, a healthcare staffing crunch across the entire country. But we're monitoring those situations. And the good news is this is New Hampshire. So we can deal with them very much on a one-to-one basis. And I know Commissioner Shibinette and her team have been working in conjunction with those folks, because we do want to make sure that when we can go to two or three, or four lanes at once, getting the vaccine at some of these fixed sites, that we have the opportunity to do so. But, obviously, each situation might be a little different. Each region of the State might be a little different.

So, we have a new Administration coming in, in Washington, that's promising a more robust Federal response on the vaccine. You have your plan here. You've laid it out. If the Biden Administration comes in and says we'd like to take some of this over and move faster, are you going to welcome that? Or do you want to stick with what you've got?

Governor Sununu:

I don't think the Federal Government's going to move faster than the State of New Hampshire. No. I mean, look, we work with them. We're great partners with the Federal Government. I think the Federal Contract with CVS in the long-term care, that's required a lot of oversight by our teams, even though it's supposed to be a direct Federal Contract. We're in constant management of that to ensure accountability.

Any time the Federal Government is in direct control, there's a sense that we get removed from it a little bit. And so, that accountability can not be there. Well, we want to stay very accountable, too, with that. And the best way to do that is allow States the flexibility to administer it as they see fit. So, no, we'd want as much State flexibility on the administration going forward as possible. Paula?

I saw that you were skiing this past week during the vacation, and I wondered what your impression of how the industry is adapting to the COVID protocols and...

Governor Sununu:

The ski industry, in particular?

Tourism, in general.

Governor Sununu:

Tourism; yeah, I think tourism's been doing very well, in terms of adapting to the protocols that we have in place for the COVID pandemic. I can tell you I've seen some stories of ski resorts that are offering their own testing for folks that come up and might need a test before they go back across the border to Massachusetts, whatever it is. So, I think the ski resorts and some of the other winter recreation sites, and tourism sites, have done a very good job trying to be very proactive, right, very thoughtful.

I did not go into any of the base lodges. I didn't ski that many days. I just skied a couple days. I didn't go into any of the base lodges. But you could kind of see outside what was happening in terms of them monitoring the numbers. And you could see inside folks were, I think, doing a pretty good job of maintaining social distancing between parties.

So, it's not going to be perfect, of course. But I think they had enough time to plan. They were doing everything they could to manage. And it seemed like everyone was, obviously, having a good time. And being outside skiing, I just -- if anything, I got more runs in than normal, because me and my kids, we just stayed on the lift the whole time and stayed in the fresh air. And conditions were good. I was surprised, even after that heavy rain. Conditions were actually pretty good. And they're getting better every day. So, buy your tickets now.

Governor, it's not COVID-related, but there was a Federal lawsuit that was filed today from a national organization with some State partners regarding young adults and placement in foster homes, and pretty strong language referring to unnecessary warehousing of folks. And I know on social media, you had some pretty strong response. And I wanted to give you an opportunity to talk about it here, if you would.

Governor Sununu:

Well, you have an organization in New York that is nationally known for preying, frankly, on these types of systems that deal with, in our State, the DCYF, Division of Children, Youth, and Families, looking for settlements, looking for long-term payouts, if you will. We have made more progressive reforms in our child welfare system here in New Hampshire in the past couple of years than in the history of the State.

We had a real crisis when we came in. And we dealt with it. We jumped right on top of it. We left no stone unturned. We brought in new individuals. The number of individuals leaving foster care is going down now for the first time, after years and years of increasing. The number of caseload for each of our Caseworkers is down substantially. So it's more manageable. It's more one-on-one. And we've gotten just simply great results.

And this New York group with their Wall Street law firm wants to come in and try to push around, and tell the State of New Hampshire how to manage a system that we've done great reforms with, frankly. And if anything, I'm most disappointed with the New Hampshire partners that have helped them file this lawsuit, because they know. They know the reforms that we brought in here. They know what a great job Joe Ribsam and Commissioner Shibinette, and the entire team at DCYF continue to do. Those folks haven't slept in two years, because they are going after this day after day, simply to provide better services for these kids.

And to think that this group out of New York that preys on these systems is going to come in here and push around the State of New Hampshire, and basically bring our reforms to a grinding halt with lawsuits, absolutely not. No.

I got -- I'm going to pull back there, because I get very passionate about that, because we put so much effort on it. We've put all the right people on it. We didn't let politics get in the way. We didn't let some of the traditional barriers and excuses stop us from doing what is right by our system.

And again, is it perfect? No, of course it's not perfect. We're always challenging ourselves to get to 100% in such a tough system. I mean, you're talking about abused kids. You're talking about finally putting in prevention services that weren't there for years.

We've done that. And actually, not only are we saying we've done these things, but we're actually seeing results. If you look at that data dashboard that DCYF has put out, I think that's been made public. You can see the data just over the past two or three years getting better and better in all of these different metrics.

So we're on a great path here. And I get very frustrated when these outside groups are just looking for some extra cash, looking for some money. And it's just not right. If we had major problems continuing in our system, if we weren't able to make some of the reforms, if we weren't seeing the results, I think they'd have more of a leg to stand on. But to come in and try to sue us, and bring it all to a grinding halt at the expense of these kids who have to go through what they're going through every day, we're not going to get pushed over on it, he said with a smile. I get heated on that one. So, thank you. Yes?

Oh, yeah, we talked yesterday about how the State is receiving fewer doses of the vaccine than its neighbors, or it was. What do you say to Healthcare Workers who are receiving the vaccine and getting supply at lower rates than they had expected?

Governor Sununu:

Well, again, I think, as we tried to address earlier, I think that one snapshot with the CDC -- of that CDC, I mean, if you looked at it today, it's completely different. Now, we're one of the States that are most aggressive, in terms of getting our vaccine out. So, you've got to be careful not to look at a snapshot and make too many assumptions.

I think we're doing very well getting it out, in terms of what was anticipated. If you go back to what we were told we were going to get back in November -- and this was an issue, if you remember, a couple weeks before Christmas. The Federal Government came out, and General Perna -- or Admiral Perna came out and said, yes, sorry, we probably shouldn't have set that expectation as aggressively as we did. And here's what we anticipate coming.

I think, from that, we've learned we basically get a call, if you will, or a report from Washington. Here's how much you're going to get next week. And that's what we can expect. And for the most part, that's been able to come through.

So we are getting our fair share, as it pertains to all the other States in the country. That's the most important thing. We're getting the vaccine out, as anticipated, in terms of the schedule, which is also good news. And that gives us a lot of confidence to talk about what we talked about today, in terms of where 1B might be, where 2A might be, and 2B might be.

It's all very fluid, of course. But, so far, I think the team has done a phenomenal job in terms of getting it out. I think that the Healthcare Workers in the hospitals have done a great job. I mean, I always go back to Heidi, when she stood up there as the first individual that got the vaccine in New Hampshire. And I mean, she just had that mic-drop moment, where she said, look, we're going to stand here. The vaccine is safe. It's so important. If you've walked a shift in her shoes, as she said, and saw what she has seen, then I think everybody would understand the importance of being safe and getting vaccinated.

So, I think the team is doing a great job. And we're going to stay right on it. If, for some reason, we truly see our numbers legitimately dropping below our neighbors, or we're not getting our fair share, I got pretty much everyone's cell number in Washington that we need. And so, we can get the right folks on the phone and push the buttons we need to push, just to make sure that we're being treated fairly, like everyone else. And so far, we have been.

And on the Federal relief, what was the total amount that the State got? And do you feel that that's adequate for now?

Governor Sununu:

Under the Bill that was signed?

Yeah.

Governor Sununu:

When you add everything in, I mean, we've heard the number of approximately \$2 billion, when you add it all in. But that includes everything from the potential for our share of unemployment insurance, funding that would come out of the PPP Program, assuming the Federal Government reestablishes that, as the Bill intends, and then all the other subprograms that we've talked about.

So, it's really hard to say, because we're never quite sure how much we will get out of the unemployment insurance, because we can guess how many folks will apply for unemployment, right? If you looked at our numbers now, assuming they stay steady, \$300 per week times all those individuals; or how many businesses would apply for PPP support. So those are just kind of estimates. And based on those estimates, what we saw in the past, it could be in the real of \$2 billion. But you just don't know.

Do you know how long that'll last us?

Governor Sununu:

The money?

Yeah.

Governor Sununu:

Well, it's a variety of different programs that can be spent at least through 2021. And I think there are some programs that might even go beyond, like the education money, I think, may even go beyond, because the schoolyear goes into 2022. So I think some of the education dollars can be used well-into 2022, as well.

Does that seem adequate for now?

Governor Sununu:

Specifically for schools?

Yeah, or in general.

Governor Sununu:

Does that seem adequate. I think what they've provided for the vaccinations, for contact tracing, for some of the immediate needs of the COVID crisis, I think they've done a very good job with that. I think where I think a lot of us were hoping to see something in -- more in terms of the stimulus: economic stimulus dollars, infrastructure dollars that had frankly have been discussed for the last nine

months out of Washington, but weren't really materialized here. A little bit on transportation, but not so much on some of the physical infrastructure, job-creating opportunities.

We were able to do a lot with our CARES Act funds here, in New Hampshire, as you know, to help stimulate businesses. But, there's not a whole lot of that, other than the PPP Program, which that exists in a limited timeframe. My guess is they'll do another eight-week program, as they did before. It's just my guess.

So, what happens after eight weeks? Is the economy coming back at 110%? That would be great. But I think especially in other States around the country, that's likely not the case. Maybe here in New Hampshire; that's likely not the case.

So, my sense is President-Elect Biden hasn't even come in yet, right? So, when he becomes President, my sense is he's going to want to put his stamp on the COVID issues, as well. My sense is they'll be submitting some type of Bill through Congress, whether it's a Stimulus Relief Bill or additional economic package. So it'll be interesting to see what that is.

I'd be shocked if they didn't do anything, right? They're going to want to do their own thing, as is expected with a new Administration. But we really don't know exactly what that will look like. So, there could be more opportunity coming.

But, if nothing else came, I think they've done a good job laying a groundwork and a framework to get us through winter and spring. And that's really what we're focused on right now. Okay. Well, great. Well, thanks, folks. I apologize for going a little long. It's great to be back, kind of in the swing of things in January.

Long way to go, of course; the vaccine is being distributed. We wanted to get information out to folks so they know where they are in this mix, what group they can look forward to. And we will continue to provide additional information, in terms of what next, in terms of the citizens of the State. If they know they're in a certain group, what can be expected from the Healthcare Providers, how to enter the reservation system to get the vaccine, how the fixed sites are working. Still a lot of work to be done, and we will just be as transparent as we can with all of it, as it's made available. Thank you, guys.