



Office of Governor Christopher T. Sununu
Press Conference
Thursday, January 21, 2021 at 3:00 p.m.

Governor Sununu:

Well, good to see everyone. Just give everyone a minute to shuffle in. Good afternoon, and thanks, everyone, for joining us for another one of our weekly press conferences. First, obviously, what I'd start, it's been a busy week all across our country. And so, we want to first start by congratulating President Biden and Vice President Harris on the inauguration yesterday. I think a lot of us who saw the inaugural speech thought that the speech definitely struck the right tone at the right time for our country. So that was, I think, nice to hear.

And obviously, as the Governor, I look forward to maintaining open lines of communication with the Administration just to help, frankly, that -- help make sure that New Hampshire has a voice with what's happening down in Washington and we can get the best results for our citizens here in New Hampshire. So, with that, let's kick things off. I'll turn it over to Dr. Chan from the Department of Public Health.

Dr. Chan:

Great, good afternoon. Just a quick numbers update for today, so we are reported 925 new people diagnosed with COVID-19. 592 of these individuals tested positive by PCR. And 333 tested positive by antigen testing. There are now 6,204 people with active infection, which is actually a decrease from the number last week, which was over 6700 people.

Our test-positivity rate continues to trend down. And the last seven-day average is below 7% now. It's at 6.8%, which is a decrease again from last week, and at the same level that we saw back at the end of November. So that's another positive trend that we're noting.

And then, finally, there are two -- actually not finally, but there are 240 people currently hospitalized statewide with COVID-19, which, again, is a decrease from the number last week. Unfortunately, there are 12 new people that we are reporting today that died from COVID-19, bringing the total to 962 individuals that have died from COVID-19 during this pandemic. 6 of these 12 individuals were associated with a long-term care facility. And in the last week, there have been a total of 65 people that we've had to announce that have died from COVID-19.

Just of note, in the last week, of these 65 people that have died from COVID-19, just over half are associated with long-term care facilities. Now, this is a lower percentage from what we have typically seen in some of our death numbers over the course of this pandemic. And so, we hope to -- we will continue to see if this trend continues. But hopefully this is actually an early indication, possibly, that the vaccination rollout in our long-term care facilities might be having a beneficial effect.

And again, that's the purpose of receiving the COVID-19 vaccine is to prevent morbidity and mortality, prevent hospitalizations, prevent deaths. So, any death from COVID-19 is too many. And so,

we certainly want to see all deaths and hospitalizations go down. And that's, again, the purpose of the vaccine.

So, we recommend and strongly encourage people to receive the vaccine when it's offered to them. But until we have high rates of vaccination in our communities, we need people to continue to practice the mitigation measures to slow the spread of COVID-19 and continue to bring our numbers down.

So, while there are some promising trends, in terms of the numbers coming down, the overall levels of community transmission continue to be very high. And so, we need people to continue to avoid those social and group gatherings, practice social distancing, wear face masks whenever out of the home and in public places. Get tested, if you're having any symptoms of COVID-19. And please continue to avoid nonessential travel. These recommendations remain in place for people regardless of whether or not they may have been previously infected, or whether they are fully vaccinated. Thank you.

Dr. Daly:

Good afternoon. I'm going to provide an update on our vaccination initiatives. So, to-date, we have received 110,160 first doses of vaccine that have been distributed to our vaccination sites here in New Hampshire. 70,869 people have received their first doses of COVID-19 vaccine. This is an additional 17,000 people who have received their first dose, since we reported last week. And we received 17,000 doses last week, which means that we are vaccinating people as quickly as we are receiving vaccine.

Among those who have received their first doses, 10,000 have received their second dose to-date. And this week, we plan to receive -- this week, we did receive an additional 17,575 doses. And this is the same amount that we expect to receive next week, as well.

In terms of an update on the long-term care facility pharmacy partnership program activities, CVS and Walgreen pharmacies in our State have now completed 147 clinics at our long-term care facilities. And they have vaccinated more than 16,000 people through this program.

In terms of our fixed sites that are operating across the State, more than 36,000 people have registered under the Phase 1A. And to-date, they have vaccinated over 15,000 people at these locations. These sites are currently only open to our Healthcare Providers and First Responders. But they will begin vaccinating Phase 1B vaccine recipients next week, as planned.

As announced last week, registration for Phase 1B will open tomorrow at 8:00 a.m. And we're working really hard to make sure that our most vulnerable citizens in our State are vaccinated first. And then, we will work as quickly as possible to make vaccine, as it becomes available, to everyone who wants to receive the vaccine in our State. Thank you.

Commissioner Shibinette:

So, I'm just going to do a quick update on long-term care and then a little bit on monoclonal antibodies. So, our most recent news on outbreaks, we are closing seven outbreaks today: Aurora Assisted Living -- they're listed here -- Aurora Assisted Living in Derry; Colonial Poplin; Crestwood; Epsom; Keystone Hall; Pleasant Wood; and Wentworth Senior Living.

We are announcing five new outbreaks today: Harbor Care Group Home; Department of Corrections Prison for Women; Edgewood Center; Ledgewood Bay Assisted Living; and RiverMead in Peterborough. So that's it for our outbreaks today.

Monoclonal antibodies, we've heard a lot about this over the last couple of weeks. This is a treatment that was originally only available to the hospitals. The Federal Government has been sending us doses and allocating it to the hospitals across the State.

So, about two weeks ago, they allowed us to start distributing this important to treatment to other Healthcare Providers in the community. Initially, we brought on very quickly the long-term care facilities. So we provide this medication to the pharmacies that serve those long-term care facilities. And we did that a couple weeks ago. So this is now available in all long-term care facilities/nursing homes across the State.

We've also brought on other partners to provide this treatment. And they're listed here on this map. You will see everything from urgent care centers to our hospitals, to even some independent Private Physician practices that have set up infusion clinics for our clients that have been -- or our citizens that have been diagnosed with COVID-19.

It's most effective when administered three days after contracting the illness. It is an infusion where you go into the hospital. It takes about an hour to get the infusion -- an IV infusion. But there is a monitoring period afterwards. So you can plan for a couple of hours out of your day to be able to go and get this infusion.

This is really set up for those that are at highest risk for hospitalization and very serious illness. It is not a treatment that is typically used for people that are in the hospital or receiving supplemental oxygen. So it really is done on an outpatient setting.

So, based on our Providers that are really leaning into this type of treatment and making it accessible to the public, you can contact your Primary Care Physician and receive a referral to go to any one of these facilities. That's all I have. Thank you.

Governor Sununu:

Great, well, thank you very much, Commissioner and Beth, and Dr. Chan, Dr. Daly. The Team has really been just outstanding. There's been a lot on the Team's plate. Perry Plummer really leaning into the logistics behind the vaccine distribution; and as Dr. Daly mentioned, tomorrow is really a very big day.

So let's start, before we open up for questions, to talk about the actual vaccine rollout in a little more detail. And a few reminders: at 8:00 a.m. tomorrow, the State will begin accepting vaccination appointments for individuals that fall within Phase 1B. And to remind everyone, Phase 1B, as you can see behind me here, includes New Hampshire residents that are 65-and-over; New Hampshire residents that are medically vulnerable, that you can call your Doctor and get the sign-off there; or family Caregivers for children that also -- under 16 -- that also might have the same type of medical vulnerabilities; Staff and residents at our IDD facilities and congregate settings; Corrections Officers and Staff; and then obviously our population that experienced health disparities and healthcare access challenges. We will have our mobile Teams ready to go next week in a couple locations, and expand that out across the State.

So, it's very exciting. It's a very big undertaking. And for the estimated 300,000 Granite Staters that do fall within Phase 1B, again the first actual appointments for the vaccine will begin on Tuesday, January 26. So, you can sign up as of 8:00 a.m. tomorrow. But the actual vaccination process will start on Tuesday and go on indefinitely, really.

Again, the fastest, most efficient way to schedule a vaccine appointment without a doubt -- and we're really encouraging everyone who can to go to vaccines.nh.gov. That's really going to be the best

way to go through the process. But for those who are unable to schedule online through vaccines.nh.gov, the 211 hotline will remain available.

But I really can't stress this enough. We need folks to be patient. We will be expecting an unprecedented call volume. Wait times could be an hour-or-more. And while wait times may be long, rest assured every call will be answered by a live person.

And knowing that this would be an all hands on deck effort, earlier this week I put out a call to our State Employees to ask Employees to frankly volunteer, to see who might be willing to volunteer to help staff up our call centers. We had hoped that roughly 100 individuals across the State Employee Departments might be able to help out. Needless to say, we were blown away when over 300 State Employees signed up to volunteer. And they are literally being trained as we speak, so that the call center will be prepared at 8:00 a.m. tomorrow.

We just know that even with 300-or-more individuals, working with our National Guard and all our other partners to make the call centers work, we very likely are going to experience maybe even tens of thousands of phone calls in a single day. It'll be one of the largest call center undertakings that we've ever had. And so, again, we just really want folks to be patient, as best they can.

The system is set up. It's going to work. Our website can handle well-over 100,000 individuals at a time. That's why we're trying to push as many folks as we can to the website. We've heard of other stories across the country of websites crashing. And I know a lot of our citizens have heard some of the stories. We've really tried to make our portal, if you will, as big as possible to be able to handle as many requests at a single time as possible. And right now, it looks like, if we can handle over 100,000, that should be enough, obviously. But we just never know how many folks are going to request the vaccine at 8:00 a.m. tomorrow.

So, be patient, if you can. The Team has done a great job building the system and building the infrastructure to make sure that we can commit all the way through what we talk about with the amount of vaccine.

Overpromising and underdelivering, that's a trademark of Washington, not of New Hampshire. And so, we've set ourselves a high bar over the past 10 months and we always seem to meet our standards and our goals. And I have no doubt that this system will work. It's just a matter of a little bit of the unknown, in terms of the number of folks that will come in and request the vaccine on day 1.

And of course, if the Federal Government does come through and can increase our vaccine allocation, there will be more reservation spots put into the system. I mean, it's very likely that some folks -- in fact, I mean, most folks will be able to and will have to register for the vaccine weeks away. If you have 300,000 people at once that can apply for a vaccination, but we're still only getting about 17,000 a week in, we get them all out. We put needles in arms as fast as we get them in. The Team has done a great job with that. But that would still take weeks and weeks to get through the first and subsequent second shot for this -- at this current rate.

As the Federal Government increases vaccines for the State of New Hampshire, we will add more reservation spots within our system and be able to move people up, and just be able to go through the whole process much more quickly. But right now, the system has the capacity and is designed for the amount of vaccine that we're currently receiving. But it is flexible. So we can make those adjustments as we go.

One more thing I do want to hit, only because it's been talked about and a bit of a topic. I think there's a little bit of misinformation out there and a misunderstanding a little bit, frankly. And that has to surround what we're doing with schools and how schools are operating.

Recently, it's become clear, frankly, that there's a lot of leadership within the Teachers Union, as well as some in local leadership that have started to, frankly, politicize the vaccination process, criticizing that the State has prioritized our First Responders. That is completely wrong.

They're saying that Teachers need the vaccine for schools to open. That also is completely wrong. We've seen frankly most schools in New Hampshire, all across the State, have been able to open either in a full model, or at least in a hybrid model, managing with COVID transmissions within those schools. All the openings and the folks who have taken these steps, opening and managing through -- successfully through this pandemic, we owe them a big debt of thanks on behalf of the kids. They're allowing those kids to have those opportunities. It's a great model. And they are showing how it can be done and continues to be done without vaccines available.

We're not saying it's easy. We're not saying it doesn't require some changes. But it can be done very, very successfully. As of this week, no K-12 public school has experienced large outbreaks, virtually no transmission within school clusters. We have clusters, but virtually no transmission within those clusters in schools. And you're seeing that trends across the rest of the country, as well.

90% of all Teachers in New Hampshire are under the age of 65. In fact, the average age is 46. It's actually my age. And so, regardless of who folks of my age, assuming you have no medical vulnerabilities, regardless of who we come in contact with, we are not in the high-risk category. And of course, if you're a Teacher over the age of 65, or you have other medical vulnerabilities, of course, you, as well, will be able to sign up to get the vaccine. You're a high-risk individual. And you can sign up to get that vaccine as early as tomorrow morning.

But I think the message here is that we can provide in-person learning safely. We've seen incredibly low transmissivity within the schools for those that have returned to in-person learning. So there's really absolutely no reason that schools need to go remote for the long-term.

And I guess I'm speaking a little bit as a parent now. I do share a lot of the frustrations that a lot of parents have out there with seeing some of these entities frankly keeping our kids from in-person learning. It's a disservice to the kids to say that the vaccine availability prevents us from opening schools safely.

Schools can frankly start ramping up today. The funding is there. The will of the students is there. The will of the parents is there. We need to be there for every child who frankly wants to get back into in-person learning but they can't. We need to be there for the parents that are struggling with the demands of remote learning while trying to hold a job.

Let's get these kids back into schools. I think that's the real message here. We've shown it can be done successfully across the State. There's no reason why everyone can't look at those models, make their adjustments, and do what's right by these kids. We absolutely have to put them first. And so, with that, we can open it up for questions.

Q&A Session

Governor, can you just describe the range you're prepared for tomorrow, in terms of the max. in taking down the website or taking down the call center, the likelihood potentially that it could be overwhelmed? I know you're prepared. But I'm just wondering what is sort of the range you've prepared for in terms of...

Governor Sununu:

Yeah, we have prepared. I'm going to ask Perry Plummer to come up. Perry's been right on the frontlines. Come on up, Perry. Well, he's been right on the frontlines handling a lot of these logistics and the details, in terms of what we can handle.

Commissioner Plummer:

Thank you, Governor. I mean, certainly we've learned from what the other States have been experiencing. And we have added Staff, added resources. And we think our website will handle, if everybody wanted to get on at the same time of that age range, it would handle it. And we've increased it as of yesterday, even, to get the maximum amount of people online at the same time.

Our call center, we keep adding more. We're adding more as we speak to try to make sure that those people can get to a live person and get the answer that they need. There will be wait times. But we think they'll be manageable.

And the call center, will people here be talking to people in New Hampshire? Or is this outsourced in any way to other areas?

Commissioner Plummer:

No, it's all in New Hampshire. It's National Guard folks. It's State Employees. And we've been doing all those trainings, frequently asked questions. And they'll be able to register them. If they don't have an email address, we will be able to register them that time and will help them through the registration process with an email address.

Will people be registering for the first and second shots at the same time? Or is this just shot number 1?

Commissioner Plummer:

Yeah, it's just shot number 1. But that puts them in the queue for shot number 2. We're guaranteeing shot number 2 and an appointment to make sure that that happens in a timely manner, so they're fully vaccinated. That's something that we're committed to.

Governor Sununu:

Thank you.

Governor, in regards to schools, are you in favor of full classes? Or are you saying that you believe they're safe for a lower level of students?

Governor Sununu:

Either; I think schools have shown that it works very successfully fully in-person in an all-day, five days a week. Some schools are more in a hybrid mode. But that's fine, too. But this idea that all kids have to be out of school, full-time, fully on a remote schedule until the end of the year, folks are talking about that. That's not acceptable. It's not acceptable for these kids. And we have a standard that we have to meet, in terms of leadership and our responsibility to our communities, not just at a State but at a local level.

So you think the actual classrooms can be at full capacity? Or should they have less students?

Governor Sununu:

Some can be, sure. Some schools and classrooms are at full capacity, without any vaccine. They've been there since September. They're doing great. So it's been proven that you don't need a vaccine. This idea that you have to prioritize Teachers, because they have to have the vaccine to open a school, that's a completely false statement. And it's been proven out hundreds of times over across the State.

Okay. So you feel like Teachers under 65 can teach safely without the vaccine?

Governor Sununu:

I don't feel that way. I know that way. It's been proven across the State, yeah. There's very little transmissivity between clusters. There's very little incident of students-to-Teacher transmission. There's been a couple cases here-and-there.

But, especially when you're considering the fact that 98%-or-so of the individuals that unfortunately are -- where this is fatal -- are above the age of 65, that's why we're prioritizing them. They have to go first, right? So, yeah. Just it's a model that's been proven hundreds of times across the State. We want the rest of the State to look at that success and say, we're going to copy that success for our kids, too.

Governor, given that we know demand will outstrip supply here, if I'm much older and much sicker, am I likely to get an earlier appointment for the vaccine than if I'm not?

Governor Sununu:

No, not necessarily. Everyone who's in 1B, the door opens for Group 1B at the same time. If you're older and sicker, then you're in 1B, right? And so, you're going to be prioritized over the other probably million-or-so folks in the State that are still waiting as part of 2A, 2B, 3A, and 3B. So that's how we have prioritized them. But if you're in 1B, you don't get preferential treatment within that system.

Governor, we're hearing from some of those folks who are under 65 but do have medical issues that would make them sort of priority cases to get the vaccine, the State has said essentially they should reach out to their Providers for clarity to see if they are eligible. We are hearing that, in some cases, Providers are saying, don't call us. So, essentially saying wait, and they might try and figure out. But I'm not saying it's a don't call us, we will call you situation. It might just be they're not going to call at all.

Governor Sununu:

Yeah.

So what happens there, if these people are in a situation where they're getting crossed messages?

Governor Sununu:

I think the message is very clear. Only your Doctor can verify your medical conditions, right? The Government doesn't -- we don't have records or files on your medical condition. That's not the way it works for privacy reasons, as it should.

So, I would encourage all Doctors and all Providers, take those phone calls from folks. Provide those certifications, referrals, whatever you want to call them. It's a very, very simple system. And Doctors have a lot of flexibility, as well. Folks call and they don't meet the exact CDC list that we've been using for prioritization, we've got a lot of folks who have Type-1 Diabetes, not Type-2 Diabetes, and CDC put Type-1 Diabetes on kind of a lesser priority list. But if a Doctor feels like someone with that situation is of a high risk, the Doctor has that flexibility to make sure that they get into the system.

And again, Perry and his Team have really, I think, done a great job making the system very simple. So whether it's the Doctor putting you into the system, or just allowing access to the system on behalf of their patient, we've made it very easy. And obviously we encourage all of Primary Care Physicians to take the call from their patients.

Their concern is, though, the sheer volume could overwhelm their operations.

Governor Sununu:

Look, we're all dealing with high volume, my goodness. This is the biggest health situation that we have dealt with in this State in 100 years. Yeah, it's going to be high volume. It could be some late hours. It could be a lot of work for all of us.

And asking the Doctors to step up, if -- I haven't heard this. So I think the vast majority of Physicians across the State understand their responsibility to their patients. And they're simply checking off and saying they have one or two of these very significant issues. It's not that hard to do. It could be a volume issue, of course. But that's not a reason to just say we're going to abject our responsibility.

Everyone's putting in the hours. Everyone's doing a little extra. And there will be a high volume for the next few weeks. We're not talking about high volume over the next six months. It's a few weeks, maybe even a month of really getting through all the patient requests and referrals, as we discussed last week.

There could be 80,000, 90,000. It's hard to know how many individuals would qualify for this. It could be up to 80,000 or 90,000 over the next few weeks, divided by all the different Doctors across the State. Yeah, Doctors could have a couple thousand people potentially calling over the next few weeks. That's a lot. I get it.

But, this is what we're in. We all want to get out of the COVID crisis. And so, everyone's got to step up a little bit. But I think a vast majority of Doctors are ready to go. They understand this process. This is a process that was recommended by the CDC. And just getting people referred with their medical conditions is an appropriate response to making sure they get their vaccine as part of Phase 1B.

Governor, 16 Mayors and School Board Chairs have sent you a letter, the Legislative Leaders, as well. I don't know if you've seen it. But, raising their concerns about future education aide based on what's happened during the pandemic, namely that their enrollments, some of them, have gone down, as enrollments, as you've pointed out, to private schools and other alternative schools has gone up. And also that the number of people they actually have enrolled in free and reduced lunch has gone down, because they've opened up the program virtually to everyone during the pandemic. Are you open to, I guess, looking at not just looking strictly at the numbers, in terms of determining future education aide, but taking into account these...

Governor Sununu:

Oh, absolutely. So there's a couple things there. I did receive a letter from all the Mayors identifying a lot of the school budget shortfalls, let's say. And a lot of it does revolve around free and reduced lunch.

One of the challenges that cities are having, and towns are having, is getting people signed up, because you don't have that strict requirement that you did before on the Federal side. So a lot of our formulas in education funding are built into free and reduced lunch. And that is a big part of the shortfall. In some cases, cities may have shortfalls of over \$1 million. And that's very significant.

So there's a couple things. First, the CARES Act, along with what was recently passed, the \$900 billion COVID Relief Bill that was passed in December, when you combine those together, that puts somewhere in the ballpark of over \$220 million into education directly for COVID-related costs and COVID-related losses, of which this would clearly identify. So there's a lot of money just in New Hampshire, \$220 million, a lot of money coming into the system to cover these types of costs.

And as, again, that money should move very smoothly. Usually, when they do funding on education issues out of the Federal Government, it just rolls into their funding formula. So those dollars are going to be available to schools for this.

Going down the road, I think what we're going to be looking at is -- proposing is getting out of this only looking at free and reduced lunch as a metric in our funding formulas. I think there's a real opportunity to do that, so you don't get situations like this.

We're also have just -- while we are tied into the formula, because we're not out of it yet -- I'm not sure what the Legislature would pass -- we are also providing a lot of supports, Department of Education, a lot of supports to those cities and towns just to get people signed up. Even though they don't have to fill out the form, going to those folks and really trying just to get them to fill out the form so they get enrolled, so the towns can recoup those funds as the current formula suggests.

So, there's dollars coming into the system. I think there's an opportunity to look at changing using this as a sole metric, in terms of getting funding. And in the meantime, we are trying to get folks signed

up, as well. So, I got the letter. It's very legitimate concerns on their part. And between the funding and the State support, I think we can close the gap.

Regarding social distancing in schools, the Teachers who have 20, 25 students and when you've got 4 to 6 feet of space, do you want them to come back fully? Or do you want them to do a hybrid model, or what?

Governor Sununu:

Schools have the choice of how to provide the best education for kids. Other schools have found a way to do that. They have. Sometimes they've split up their classroom. They use the cafeteria for kind of an extension for the classrooms that are a little more full.

It's not going to be a perfect model. There's going to be challenges every way you look at it. But a lot of schools have said, we're not going to leave these kids behind and we're going to make sure. And most schools have actually done that. And I can't thank them enough. They're setting a model of success for everybody else. They've done a tremendous job.

Teachers are making sacrifices. Superintendents are making sacrifices. Additional Staff are making sacrifices. We get it. But those are the models of success. I just firmly think that -- and I think most people in the State -- think that every school should be challenging themselves to open those doors.

This idea -- I'm getting concerned because I'm hearing people -- the chatter, well, maybe we will just keep schools remote for the rest of the year. Look, we're going to get our most vulnerable population vaccinated. That's the key. That's the key to getting fatalities down. That's the key to making sure our healthcare system doesn't get overrun.

We still may have very high numbers of COVID for a long time. But if the hospitalization and the mortality rate is down, that's the goal. And that's how we start opening things up. Schools shouldn't necessarily wait for that to happen.

Schools, I think, can open today. But even if they're not open today, start thinking about how you're going to open, how you're going to ramp up. It might not be next week. But it's not necessarily in June, either. So, they have to start planning ahead. And we have to start, again, just understanding the models of success that are out there.

And my frustration really drives on that comment I kept hearing. Teachers have to be vaccinated for schools to open. That is 100% false. It just is. And so, I'm trying to change that narrative, because it's just not right. Schools all across the State are open without Teachers being vaccinated.

So, I'm not saying there's no risk. I'm not saying you don't have to make changes. I'm saying you do have to make changes. And I'm asking schools to make those changes, make those adaptations, whether it's because of a full classroom, whether it's because maybe some Teachers do have some medical vulnerabilities, or they are older before they get their vaccine. So either they have to teach remote, or you have to bring in more Substitutes, or whatever it might be. A lot of schools are making those adjustments, and we're asking everyone to get onboard.

Do you know? Is there a lot of New Hampshire schools that are fully back in session with full attendance? Or is it just...

Governor Sununu:

It's about 1/3. You'd have to ask the Commissioner Edelblut for the exact number. I want to say it's about 1/4 to 1/3, something like that.

Are fully back in session?

Governor Sununu:

Yeah, I'm really roughing that number. I think that's about right.

Okay.

Governor Sununu:

And so, a lot of those schools -- I've seen schools that are fully back in session. Maybe they get a cluster of illness. And so, they go out for two weeks. They put the kids on remote for two weeks, and then they come back in, right?

So there's a way to do it. So you might have gaps here-and-there. You might have to go out for a day here or a day there, while they get everyone tested, whatever it might be. But they know the importance and the value.

I've done a lot of Zoom calls with classrooms. I did one with a class in Pelham this morning. I was on a Zoom call last week with a lot of the high school students that are creating a lot of our SUD prevention programming around drugs and opioids, and alcohol, and things of that nature. Every one of them wants to be back in. They're all itching to be back in. Even kids that typically really didn't want to be in school really want to be back in.

And it's important not just for the educational. It's important to have someone else put eyes on that student. We talk about the mental health issues. We talk about the isolation. We just talk about all the other issues that can come and that can be brought to the surface appropriately when Teachers are more engaged.

Teachers will tell you it's hard to engage, right, to really see what's happening with the student. And I've talked to a lot of Teachers that say, I can see my students. Most of them are okay. There's a couple that I don't know what's going on in that household, right? And that gives them a lot of concern. And so, they want the kids back in so they can talk to them, have the one-on-one conversations, whatever it needs for that whole health of that student.

We've seen just recently today President Biden has said he will invoke the Defense Production Act in order to push out more vaccine. Amazon has volunteered to utilize its delivery system to push it out. I mean, I know you're a trust-but-verify guy. But what's your level of optimism that in some short period of time we're going to get more than 17,000 doses?

Governor Sununu:

A couple things; let me piece that question apart a little bit, if I might.

Yes.

Governor Sununu:

When it comes to the delivery, I think FedEx and UPS, and a couple other organizations are providing the delivery. I think they've been doing a very good job. I haven't heard of a whole lot of delays in delivery, or lost shipments and things of that nature. I think those organizations have done very well on their logistics end.

I don't have any reason to believe that Manufacturers aren't going as fast as they possibly can, right? I don't think anyone's going slow. So I'm not sure how he's going to necessarily increase our -- I hope it happens. Don't misunderstand me.

I do have a lot of confidence that, over the next few weeks, overall production will ramp up, as was already always anticipated. It just hasn't happened as fast as we would have liked. So, there's no reason to think production won't ramp up.

I heard many times from the Federal Government that Q1, or between now and basically March 31st, 100 million doses would be available for Moderna, and 100 million would be available from Pfizer. So that means of the 31 million or maybe 35 million doses that they've put out as of today, there's still approximately another 160 million to go between now and the end of March. The only way to hit that goal is to ramp up. And so, I feel pretty confident we will get there with that kind of ramp-up. I don't know if I'll meet the timeline that they were dictating. But I do feel confident it will happen.

Nobody knows when it is. I'm on the phone with Governors all the time. Two nights ago, we had a long talk and no one really has any sense of true confidence of when and to what level it will happen. But I think we're all confident it will happen. It has to happen. I mean, we can't go about doing this in 17,000 doses-a-week allocation. We will be here for another year.

The other benefit, if I might, is Johnson & Johnson, looks like their vaccine, it's different, but it will come online hopefully sometime in March -- or at least be approved sometime in March. The AstraZeneca vaccine could be approved sometime in late-March, early-April. That's the rough timeline we've been given. There's other vaccines that are on the market. Some are MRNA. Some are more viral. Some have higher efficacy than others.

But, it is an all hands on deck effort. I don't think anyone's slowing down, or going slow. I can't speak for Moderna and Pfizer. But I imagine it's in their interest to produce the stuff as fast as they possibly can.

Governor, with the vaccine that has to stay in the cold chain supply, have there been any spoilage incidents here in New Hampshire yet?

Governor Sununu:

Very few, I think. I don't have an exact number other than to say I can tell you that wasted vaccine is under 1%. We can confirm that. But I think there's very few. I know I've heard stories in other States of a freezer failing, right, or something like that. It isn't willful negligence or anything like that. So I'm sure of the millions of doses of vaccine, you're going to have stuff here-and-there. But we don't have any major incidences of mass waste of vaccine. We've done very well.

And you might be able to take this, or maybe Dr. Daly, or Commissioner Shibinette. Uptake of vaccine in long-term care facilities, have there been any issues with residents not wanting to take a second shot?

Governor Sununu:

Not wanting to take a second shot, that's interesting. I don't believe so. Yeah, we don't have information on that. But I have not seen that.

Question came up yesterday about vaccine registration with adult children and elderly parents. So this might be a question for either Perry or Beth. But can adult children who have elderly parents who are going to fill out the registration form for their parents, can they fill out -- can the adult child put their adult child's email and phone number to get the contact back, because they're afraid their parent may not check their email?

Governor Sununu:

Yes, of course. Yeah, if you rely on somebody else's email for information, that would be fine. That wouldn't preclude you out of the system.

Okay, got you. Thank you.

Governor Sununu:

Right?

Commissioner Plummer:

Yeah.

Governor Sununu:

Yeah.

Okay, thank you.

Governor Sununu:

The short answer's yes.

Okay.

Governor Sununu:

We will stick with the short answer.

Is there a timeline at all for expanding the number of fixed sites, in terms of beyond the six that we have right now?

Governor Sununu:

Yeah, if you want, Perry, my understanding is what we have set up can handle the 17,000. And we will expand them, as needed. But I'll let Perry talk a little bit more about that.

Thank you.

Commissioner Plummer:

Right now, we have 13 sites open. And we can handle the capacity that is definitely the doses that are coming in, plus the second doses. We can expand those where they're at. But, also, we could add sites. We have plans to add sites and even do some supersites, should we get a bubble, or a large volume of vaccine coming in.

So, putting needles in arms is not going to be our difficulty. It's just the amount of vaccine coming in. Whatever they come in, we can match that operation to that. And we have plans to expand rapidly to do that. If they called us today and said we have 20,000 more doses coming next week, we could get those in arms right away and open up appointments to do that.

Thank you.

Governor Sununu:

We have some questions on the phone? All right. Let me get my pen. I'll write them down.

Holly Ramer with the Associated Press:

Hi, thanks. You sort of alluded to this a little bit. So the plan currently calls for starting Group 2A in March. But, if the current rate is 17,000 per week, it would take about 18 weeks just to finish 1B. So that's the end of May. So is it realistic to keep that March date on the calendar? And how long will you wait for production to ramp up before saying that's not a realistic date and we're looking at April or even May?

Governor Sununu:

Sure, a great question.

Holly Ramer with the Associated Press:

But I also have sort of a follow-up.

Governor Sununu:

Sure.

Holly Ramer with the Associated Press:

I keep seeing comparisons among States in terms of what percentage of the population has been vaccinated. And can you clarify? Do those statistics assume that every State is getting a proportional amount of vaccine? So, in other words, is New Hampshire getting its fair share?

Governor Sununu:

Sure, great question. I'll have Dr. Daly answer the second question. Is that okay? Great. For the first question, in terms of any adjustments we may make to further phases, whether it be 2A or 2B, I think one of the questions that we still don't know is what will the uptake of Phase 1B be. Will 90% of folks in Phase 1B want the vaccine, or will only 40% or 50%?

So, I think we're not going to make any changes until I think probably a couple weeks, kind of we see what the request and demand on the system is, how far out they're booking. And if folks are really booking well-past the April timeframe or something like that for their first shot, then, yeah, obviously we will make that adjustment. But we just don't know.

We hope -- I hope it's 100% of folks that want the vaccine -- or folks do want the vaccine. But, I think if we have to make adjustments, that'll be done probably in the next couple weeks, as we see what the request and demand is. As part of the population vaccinated, I'll turn it over to Dr. Daly.

Dr. Daly:

So the numbers that CDC are releasing are based on a rate calculation. So it's per 100,000 persons. Excuse me. They do that so that they can compare that across -- fairly compare that across all the different jurisdictions.

So when you look at those statistics, it is accounting for the underlying size of the population. So those comparisons can be made. And they're simply just taking the number of first doses administered and dividing that by our population to come up with that rate. It does not take into consideration how much vaccine New Hampshire has received.

Our understanding is at least at this time that the amount that we're receiving each week is a proportional amount that all States are receiving. And so, the amount of allocation coming to New Hampshire is fair. We have heard that they may consider altering the way that they provide those allocations to the States in the future. But so far, that has not transpired yet. So right now, it's a straight proportional allocation.

Governor Sununu:

And I'm going to add one more thing on there, if I could. That's a great answer. Thank you, Dr. Daly. One of the other -- if you look on that CDC website, a lot of times you'll see what's been distributed versus administered.

Folks have to remember that we, as a State, by Federal Rule, had to give CVS and Walgreens 100% of the potential in long-term care, knowing that 100% of the individuals and Staff, and residents may not be taking it. So at some point, that vaccine that's essentially being held, if you will, by CVS and Walgreens, as they administer to our long-term care facilities, will come back to the State and back into the system. But we had to provide all of that well-upfront in the first two or three weeks -- three or four weeks, I should say, of the process.

So, that's why a lot of States -- and that goes for every State -- the distribution is so heavy compared to the ratio of that that has been administered. It's -- it had to assume 100% uptake, even though that probably wasn't a practical expectation. But we do expect to get all that vaccine back so it can be readministered in some other way for those who don't use it as part of the long-term care process.

Katie Fiegenbaum with the Caledonian Record:

Hi, Governor Sununu. Thanks for your time. Up here in the North Country we're seeing our first big increase in cases through long-term care facilities, as well as community transmission, causing temporary closures at our schools and restaurants. I was wondering both if you could speak to the spike in cases in the North Country and if you know how the change in Administration in D.C. may change things COVID-wise in New Hampshire or in the North Country.

Governor Sununu:

Sure, so, I mean, unfortunately we've had some significant outbreaks in Berlin at the Coos County Nursing Home. That was quite a significant outbreak. That's been going on for well maybe six weeks now. I'm sorry? The Prison, yeah.

So some of those outbreaks that have happened within those facilities, it really starts with the unintended and often asymptomatic transmission from maybe a Staff Member to a resident, or -- but then, also it goes back the same way. And those folks are in the community.

So, often, with the outbreaks, you'll see an increase in community transmission. They kind of go hand-in-hand unfortunately. So we have been working with that for approximately the last six weeks-or-so, since the beginning of December, when some of these very severe outbreaks started to happen.

More outbreaks are coming off the list than going on. But we still have probably over 40 outbreaks across the State and not just in that southern tier. So, we're trying to make sure that whether it's through our fixed sites, or making sure that CVS/Walgreens is providing, and the accountability of them providing that vaccine into long-term care, it's happening whether you're in Manchester or whether you're in Colebrook. It's very important that again we make sure we're not providing vaccine in an inequitable way.

In terms of the Administration's change -- the change in Administrations, as that happened as of yesterday, so far it's been fairly seamless. We know there'll be a change specifically at Health and Human Services. It really remains to be seen what individuals that we've constantly worked with at Operation

Warp Speed, if they'll be changing or not. I imagine most of those folks will stay the same. I know they've been working hard.

There may be changes in process. I know President Biden is talking a lot about speeding up the process. But, I think the most important change that we would like to see is just a little more transparency of information, a little more when what they say is what they do, and we always talk about expectations being fulfilled and met from the Federal level to the State level.

And I don't think that varies North Country to the southern part of the State. So I don't think the Administration change will have an adverse or net-positive impact to the North Country versus the southern tier, one way or the other. States are really in this as a whole, if you will. But we're very confident and hopeful that the process -- that that transition will be positive. It'll be smooth. And then, as things ramp up, it continues. We just continue to get more vaccine as we need it.

Nancy West with InDepthNH:

Yeah, good afternoon, Governor. Thank you for taking our questions. Paula Tracy is tied up today. So, I'm going to be asking the questions. And they're really concerned with the vaccine. Now, I think Perry Plummer just said that the State is guaranteeing a second shot, but not making the appointment right away. And I'm wondering how that will work. Will a second phone call or email have to be done to make that second appointment? And with only 17 [sic] doses a week, how many new people will be getting the shots every week? Won't some of those doses have to go to the second doses for other people? It's just a lot of numbers being thrown around and I'd like to know if you could clarify that a bit for me.

Governor Sununu:

You bet. You bet. So I'll start with the first one. So, once someone registers into the system, whether it be tomorrow or thereafter, they will get a confirmation email back within about 24 hours allowing them to pick their location and time. And then, they go for that location and time. They get their vaccine. And then, about three weeks after that, they'll get another confirmation email. Is that right, Perry?

Commissioner Plummer:

That is correct. And they also get information when they're there of how to register if they want to preemptively do it.

Governor Sununu:

Yeah, so while they're there, they can preemptively reregister. Or they'll get a second email down the line, if they choose not to do that, to reregister for that second shot. But they'll get notification and the ability to do that either right there at the site, or another email will be sent to them automatically to make sure that they can reregister for that second shot at their -- at a time of their convenience. I'll have Dr. Daly come up to talk a little bit about the numbers in terms of the primary doses we get versus the booster doses we get.

Dr. Daly:

And so, I want to add, as well, that, at those fixed sites, we are actually setting aside a certain number of appointments based on our allocations to be able to provide those second doses. So, when we say you're guaranteed it, it's because we are receiving the second doses and we have saved spots for people to register for those second doses of vaccine.

In regards to the numbers that we're releasing, when we're talking about 17,000 doses coming in per week, those are first doses, because we think that's probably what's most important to all of you at home. You want to know when you're going to be able to start the series. And so, that's the number that we're reporting each week.

At the same time, we are also received those second doses coming in. As an example, this week, we received 35,000 second doses. And that's based on what we received for first doses 3 or 4 weeks ago. So, basically what's happening is the Federal Government has saved back that second dose. They automatically send it to us, as those people are becoming eligible to receive the second dose. So, what we're receiving now in second doses again is what we received in first doses several weeks ago. So, for the 17,000 new doses that we've received in the State this week for first doses, three weeks from now we will receive an additional 17,000 doses that'll be for second doses for the people who are being vaccinated this week.

Governor Sununu:

So I'm going to replay that later tonight, because that was a great answer, absolutely right. I know it's a little confusing. The long story short is, when we talk about doses coming in, we always just reference the first dose, because, while we're getting the second dose, that's going to be for folks to make sure. We never want to tell someone, sorry, I can't give you your second shot.

So, to keep it simple, we always just reference the first doses, even though we're actually getting the second doses. They're reserved for the folks that have already gotten them. And so, that was one of our ways to try to keep it simple. I know it can be a little confusing. But if we get 17,000 today, we know we're getting 17,000 in that same booster down the road. But always we talk about the first dose shot.

Rick Green with The Laconia Daily Sun:

Thanks. Two-part question: the virus has killed more than 160 people just in current long-term care outbreaks. Has the State studied why some facilities have more success than others in keeping the virus out? In other words, are there commonalities among the worst outbreaks? Also, we're hearing that some long-term care Staff are refusing vaccinations. How big a concern is that? And can facilities demand Staff receive the shots?

Governor Sununu:

Great; I'm going to have Lori -- Commissioner Shibinette talk about the analysis looking at the long-term care facilities.

Commissioner Shibinette:

Thank you for that question. So, we have looked at the facilities that have had some severe outbreaks versus some facilities that have had two or three cases enter the building and not really go anywhere. We looked at -- you'll recall we did a ventilation study back several months ago to see if it was related. And we couldn't identify the ventilation in the facility being a major cause of it.

What we can say is what we suspect, is that, number 1, how early is it caught? And what you'll see now is that we are catching outbreaks much earlier, because right now most of the long-term care facilities are getting full Staff testing twice a week. So, back in the spring when we were doing testing once a week, once a month at these facilities, we're now doing twice a week testing. So we're able to catch it sooner. The numbers tend to be smaller than what they were in the spring, when you look at the total number of people affected in the facilities.

Other things: the older long-term care buildings, they are set up very different from an environmental and physical standpoint, the way the beds are set up, how big the rooms are, how big the common areas are. All those things are going to play a role in it. How many private rooms are on a unit versus semiprivate rooms? All those things we are sure play into the spread of COVID-19.

But I think that's more going to be something we're going to look at retrospectively, because we obviously can't go in and change the physical structure of a building in the middle of a global pandemic. So, we do suspect that some of those things are at play. But we haven't identified any specific commonalities that we can act on today to help curb that spread.

The uptake in vaccine for long-term care facilities, I've heard varying reports. I don't have solid numbers. I've heard everything from a national number of about 50% or 60%. Just general reports from long-term care facilities around the State are changing, because what they're finding is that although during their first dose clinic maybe only 60% of their Staff took their dose, when it came time to do the second shot, multiple people that didn't take the first shot during the first clinic have now come up and said, I now want to take the shot.

So, the total uptake, we are unsure of at this point. But we know that it continues to elevate and escalate as more people get the series and they don't have negative side-effects or anything that people fear from the vaccine. More and more people in healthcare, not just nursing homes but also in hospitals, are coming forward saying that we want the vaccine. I don't have any information on whether the long-term care facility can mandate a vaccine on their Staff. That's definitely something our legal friends will have to take up, that question. Thanks.

Governor Sununu:

I don't think we've had any cases of that. Yeah. So I was just asking Commissioner Shibinette in terms of have there been any situations where folks are demanding that their Staff take. We haven't heard of any reports of that actually happening, and that request going out to Staff as of yet.

Michael Graham at the New Hampshire Journal:

Yeah, two questions, please. The first one, Governor, is according to the State's numbers, there are 325,000 people in that Phase 1B group. And you're expecting about 300,000 vaccines by the end of March -- I mean, end of February/beginning of March. There's 75,000 people in the Teacher and Staff group that the

Teachers Union is asking to be placed in the Phase 1B. Given that the number of vaccines isn't going to change, what would you have to do in order to put those people in the Phase 1B Group?

Governor Sununu:

Well, look, you mean what would we have to do to put Teachers into Phase 1B?

Michael Graham at the New Hampshire Journal:

Yeah.

Governor Sununu:

Well, we could just put them into Phase 1B. But it's going to make a much larger group. And it's going to potentially put individuals of lower risk ahead of individuals of higher risk. And that's exactly what we don't want to happen.

As I noted before, the average age of a Teacher in this State is 46 years old. And that is of low risk, whether you're coming in contact with a student, whether you're working at a grocery store and coming in contact with a customer. There's a lot of personal interaction that happens.

I keep going back to the fact of that, in terms of opening schools, classrooms being opened, the models are there of success. And there is a way to do it, without a doubt. So we're not looking at moving Teachers into Phase 1B. It would make the group much larger and potentially put tens of thousands of individuals of low risk ahead of those of high risk that have been isolated, that have been waiting patiently, that are 80 years old, living at home, and just want a vaccine so they can give their family a hug again.

That takes priority over Teachers that aren't above the age of 65 and don't have all the medical vulnerabilities. And it's not just Teachers. I'm not picking on the Teachers here. It's really all the different groups that have asked to be prioritized.

We heard from Airline Pilots this week. We heard from Appliance Manufacturers this week. We've heard from everybody. And I get it. Everybody wants to be first in line. But it has to be based on health, mortality, and hospitalization. That's how we -- that's why we're in this whole mess. And that's -- by taking care of that first, that's how we're going to get out of it in a very effective way. Was there a second question there? Yeah.

Michael Graham at the New Hampshire Journal:

Yeah, just real quickly, you were on CNBC this morning with an engaging conversation about managing States through COVID. And you had some spicy remarks about how Governor Cuomo is doing in New York. And my question is about the idea of spreading the money around. Someone asked earlier if New Hampshire is standing -- getting its fair share of the vaccines, etc. Should the States be treated differently? In other words, because New Hampshire's doing so well, should they maybe go in the back of the line with the Teachers? And States that are really struggling, like New York, under Governor Cuomo, should they get a priority? Or do you think it should be the way it is right now with even distribution? And does it matter that, according to the person you were debating, New Hampshire is a Federal Donor State to tax -- I mean, excuse me, Federal Recipient State to taxes and New York is a Federal Donor State of Federal taxes?

Governor Sununu:

Sure, two questions there. In terms of how States should be treated, it's funny the analogy you brought up is if States are doing well, should they go to the back of the line? One of the ideas proposed by the Federal Governments [sic] are States that are doing well would get more vaccine. And States that aren't doing well would get less. That's an idea that was thrown out there.

I can tell you, as Governor -- and I think a lot of Governors would agree -- even though we'd essentially get 500 more vials, look, every State is going at whatever speed they're going for different reasons. And I'm not making excuses for other States. But every State should continue to get their pro rata share evenly.

As soon as you add any sort of subjectivity into the vaccination distribution formula out of the Federal Government, you're adding relationships and politics, and all the things that shouldn't be there. It was based on population. We've designed our system based on residency and population. That's how all States have planned their systems. And they should be distributed accordingly.

As much as we call and we ask for more, if New Hampshire got more, I think every State should get more at the exact same rate. I think that's only fair. And again, States have their own systems and their own challenges. Some States don't really have CVS and Walgreens in them. So they have to rely on other systems of distribution. Maybe that makes it work faster or slower. Every State is a little bit different.

So, to judge one State against the other gets a little bit difficult. And to basically make it a race of one State against the other, as well as New Hampshire's doing, we've always been kind of towards the top of the pack. But, I just think every State needs to get their fair share, whether it's in Federal funds, whether it's in vaccine distribution. And then, let the States have the flexibility to spend or administer these resources the way they best see fit.

And the -- your second question having to do with the State being a Federal Recipient or a Federal Donor State, look, the issue this morning was the fact that Governor Cuomo has told the Federal Government, unless you give me \$15 billion bailout, \$15 billion -- I mean, they'd have to win Mega Bucks -- or Mega Millions 15 times over for that. Unless the Federal Government gives me \$15 billion, I'm going to put more taxes on my own citizens. There's no logic to that. And it's not fair.

I think a lot of Governors have done very well and a lot of States have done very well managing through this crisis, not demanding more out of the Federal Government. If the Federal Government didn't give us another penny for revenue replacement, we would be just fine. And I'm still going to propose tax cuts. And things are still going to move forward in a very positive way for New Hampshire.

I don't -- I just don't think it's fair that Governors should be demanding these massive, massive bailouts. I mean, think about that. If New York has a population of 15 times New Hampshire, which it does, that means New Hampshire would get \$1 billion for revenue replacement, right?

So, you can't just -- I just -- someone's got to pay for that, right? And so, I think my frustration this morning was simply more as a taxpayer than anything. Someone's got to pay for New York's bad management. And I don't think the citizens of New Hampshire should be on the line for that at all. I think the citizens of New Hampshire are a big part of the success that we've had here in this State. I think the citizens do what they need to do to keep the economy strong, the level of COVID low, good management practices, following a lot of the guidelines that we put into place. Wasn't easy, we understand that. But why should they be penalized for bad management in other States? And yeah, I got pretty frustrated with that. And I think everybody should get a bit frustrated with that.

In terms of being a Federal Donor or a Federal Recipient, look. New Hampshire, I think, does a great job making sure that when we spend dollars, we get a good match out of the Federal Government, right? We're always trying to leverage our dollars up. Maybe with better management, New York could do the same.

Todd Bookman from New Hampshire Public Radio:

Thank you. I've got a couple of questions that are hopefully brief. This may be best for Mr. Plummer. Could you say exactly how many appointment slots will go live tomorrow?

Governor Sununu:

Could you repeat the question one more time? I apologize.

Todd Bookman from New Hampshire Public Radio:

How many appointment slots will go live tomorrow through the website?

Governor Sununu:

Beth, do you want to take that one? Sure, thanks. I'm going to have Dr. Daly answer that one, if that's okay.

Dr. Daly:

Yes, so we are opening up appointments through the end of March, I believe. So, as all these individuals come in through the system, they're going to be registering for appointments, as they become available, which, again, is why we're encouraging people to be very patient with this process. You can get into the registration process. But you're actually going to be booking appointments as far out as we have them.

The fixed sites will have around 12,000 appointment slots for first doses for each week. We're also pushing some of that 17,000 doses of vaccine to mobile sites, because you've heard us talk about those different initiatives, where we're going to go out into the communities and reach people where they're at, as well. So that is how that plays out.

Governor Sununu:

Great, so the quick answer there is about 12,000 available each week at our fixed sites, right? And then, there's the differential between 17,000 and 12,000, goes to everything from our Public Health Networks that'll integrate maybe with Corrections Staff or with congregate settings, with the IDD community, senior housing, right, or, as Beth was describing, the 10% we've held for those who just have health access equity issues. We will make sure that our mobile sites are taking care of that population. Great. Adam, I can tell you got something brewing.

You're right. I've got to get my notes together here.

Governor Sununu:

Okay.

Related to the CNBC interview, some people were asking questions today. Obviously, there was an exchange there and some back-and-forth that you ended up saying that you didn't want to ask the Federal Government for any replacement of revenue in New Hampshire. Some Municipal Leaders are wondering if you're saying you don't think New Hampshire should be getting money to fill in budget gaps, not necessarily at the State level, but the ones that are opening up at municipal levels. So, please clarify. Are you requesting from the Federal Government help for the cities, even if you don't want it for the State?

Governor Sununu:

If the Federal Government is going to provide revenue replacement and assistance, of course we're going to be able to spend it responsibly, the right way, whether it's helping cities and towns. If that were to be available, that would be great. It's not absolutely needed, but it would be great to do so.

Whatever they do has to be done equitably amongst all the States. And the issue this morning was one State saying give me \$15 billion or I'm raising taxes on my own citizens. It's like holding your own citizens hostage. That was the frustration in part of the call.

But, no, look, if the Federal Government is going to provide some sense of reasonable assistance to States to help with revenue, that's fine. We're going to spend it the right way and responsibly. Everyone needs to get their pro rata share. But you just can't have massive bailouts to individual Governors that make threats on higher taxes.

Whether we get assistance or not, we can do tax cuts. Our economy is strong. We can make sure that the dollars that are needed in the schools, or whatever it might be, are going to get there, because, remember, \$900 billion on top of the \$1.25 billion has already been spent -- or will be spent here in New Hampshire, plus the couple hundred billion that was spent into hospitals and things of that nature.

So there's been a massive amount of money put out across this country, and here in New Hampshire. And we've done fairly well, in terms of being able to cover a lot of those costs through COVID. But we've also, I think, managed our economy very well. And it's very strong. And revenue coming in is exactly where we thought it would be. And that's a very good sign. So, my point there being, if nothing else were to come, we're going to be fine. But Governors shouldn't be standing up and making threats like that. It's inappropriate.

Todd Bookman at New Hampshire Public Radio:

Thank you, Paul. And thank you, Governor. Sorry, I just wanted to clarify something. So, with 12,000 appointments being open each week, is there the possibility that somebody is going to log on and every appointment is going to be booked? And if so, what happens in that situation? Should they just keep refreshing the link? Or will more appointments be added, say, a month from now on a certain date? How will that process be notified to the public? And one further question is: DCYF Social Workers have been advocating to be included in earlier phases. They do not obviously provide frontline emergency medical

care. But the Social Workers come in contact with parents and children in immediate situations. Is there any thought to moving DCYF State Social Workers into either Phase 1B or 2A? Thank you very much.

Governor Sununu:

Well, I'll answer the second part first. We're not looking at making any changes to our phases. We have 325,000 very vulnerable citizens. And they have to go first because of age or medical condition, or some of the other conditions, as outlined in Phase 1B. And those take priority and precedent, regardless of what your occupation is.

And look, we wish we could put everybody into Phase 1B. We wish we had a million vaccines to give out tomorrow. That's just not the way the system is set up. So we have to prioritize. And I know it's frustrating for a lot of folks. I get it. I really do. But there has to be a priority based on a medical need and the severity of symptoms that this virus can cause within those individual populations. I'll have -- sorry, Dr. Daly's coming up to answer the second half there.

Dr. Daly:

So, when people go on to register tomorrow, what they can expect is that they're going to go through a registration form first. And then, they will receive a follow-up email that will invite them to schedule. So it's not a matter of refreshing the browser. If you register, we will schedule you for an appointment.

If we do not have enough appointments, we're going to continue to open them up for the future. So it's kind of a balancing act of seeing how many registrations we get on these first days. But we are booking out many weeks out into the future. There'll be tens of thousands of appointments in the system there. And we will get everyone scheduled. Again, just asking for your patience, it may take a few days to get your appointment scheduled.

Governor Sununu:

Great, Kevin.

I know that you didn't want to weigh in before about the inauguration. But now that it's happened, do you have any opinion about the Senate holding an impeachment trial of President Trump, now that he's no longer in office?

Governor Sununu:

No, well, I'll simply say I'm not sure what purpose it would really serve. You know me. I'm all about just getting work done. If it's something that can move the ball forward and provide a benefit to the people of this Country or this State, go for it. If it's something that's being done for political reasons, or after-the-fact, I'm not sure what purpose that serves.

I think Congress, if anything, has to have a little bit of self-reflection about, what do they need to do to just get the job done, right? I might not agree with everything they pass. I might not agree with everything they do, by any means. But they have to do. And I think that's what the expectation of the

American people are. So I'm not going to weigh-in more than I'm not sure what purpose it would serve at this time.

Okay. Well, thank you. I know this was a little long. Lot of information out there; come 8:00 a.m., patience, patience, patience, we hope everyone has patience. Use the website, vaccines.nh.gov. They've done a great job building out that system. We know there's going to be kind of an onslaught on it potentially at 8:00 a.m. So have some patience. Give it some time. If you have to call in, just know that you might be on hold a little bit. But we literally have hundreds of people in our call center that are trained up and ready to get you what you need, and really get this whole process for the general population kicked off.

It's a prioritization. We wish we could prioritize everyone. I really do appreciate everyone's passion for wanting to be first. But, the sooner we take care of the fatalities and the hospitalizations, the sooner we get out of this entire COVID pandemic once and for all. Thank you, guys, so much.