



Office of Governor Christopher T. Sununu  
Press Conference  
Thursday, March 18, 2021 at 3:00 p.m.

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**Governor Sununu:**

Well, good afternoon. We appreciate everyone joining us. I'm going to jump right into a few things, and then I'll turn it over to Public Health for an update. First off, as a lot of folks know, yesterday we launched VINI, the Vaccine and Immunization Network Interface, a huge success. So we're very thankful to all the folks who worked behind the scenes to make that happen.

Those individuals that are part of Phase 2A, that being School Staff or childcare, Camp Staff, they are now signing up for the vaccine appointments with some of those appointments actually being administered today, which is very exciting. Today, over 10,000 individuals, in just the past 24 hours, have signed up for appointments. So we're really trying to build on that success.

And so, that leads us to this coming Monday, March 22nd, a date that we were talking about, about a week ago. Any New Hampshire resident 50-or-older can sign up through VINI to get their vaccine appointments as part of Phase 2B. So we're already going to have the next phase. We're rolling right into it. 2B registration opens up this coming Monday, March 22nd.

Right now, the system is loaded with about 200,000 first-dose appointments through April. It's a huge number. So folks shouldn't worry about having to be just the first one in line. There's going to be plenty of room for everyone. But it does start this Monday and available for anyone who is looking for that appointment. And then, as more vaccine becomes available in the coming weeks, we will keep adding more appointments, so folks can even move themselves up to a more convenient date, if they so choose.

And assuming all goes well with the registrations as part of Phase 2B, after the 22nd, we do plan on expanding vaccine access to all of our citizens, 16-and-older, in just a matter of weeks. So we don't have a firm date on that yet. But it really is just weeks away that any adult citizen in the State of New Hampshire will be able to go to VINI and sign up for their vaccine, as well.

So, things are just progressing very, very quickly here in the State. Great job by our entire team; and, again, as we continue to vaccinate folks, we get closer and have more ability to do everything from ease up restrictions and really hopefully put COVID in the rearview mirror sometime in the near future. We've always said you should plan for a good summer. And we're still very much on track for that.

And in kind of that spirit, if you will, and following with that theme of a strong summer, today we're also releasing a few more guidance documents to help some industries thrive and have some success. So we're modifying the guidance documents around amusement parks, tourist trains, and the performing arts: three areas that the Reopen New Hampshire -- or Open Up New Hampshire Committee looked at and, again, provided some recommendations to both my office and Dr. Chan's office. And we're able to release those today. Those are online. Folks can see them. They're updated, very simplified documents, which I think is a great ease, I think, for a lot of the individuals managing those businesses around the State.

I also want to go over some details about the \$1.9 million Spending Bill recently passed in Washington. There's a lot in this Bill that we've been working to unpack. And I'm just giving kind of a brief smattering of some of the financial opportunities that we've seen come out of this.

Ultimately, what has been defined in the Bill still has to have guidance documents and kind of the rules, if you will, around the details of the spending. But that comes from the U.S. Department of Treasury. And so, we still haven't seen any of that yet.

But, what we have been able to discern so far at kind of a 30,000-foot level is approximately \$966 million just to the State. So that's a huge opportunity. An additional \$457 million to cities and towns, and counties; \$122 million in critical capital projects. And again, figuring out exactly how they're going to define critical capital projects versus other capital projects, some of that still remains to be seen.

About \$350 million to our schools; and again, how that money can be spent, will it come in the traditional funding mechanisms and appropriations that they have come in the past? We're still not completely sure of yet. But that's obviously another huge opportunity for dollars into our school system.

And then, approximately -- it's hard to ascertain. They haven't really determined the formula yet, but approximately \$100 million-or-more to things like vaccines and testing, and contact tracing, things that we really rely on in working with the Department of Health and Human Services to manage the healthcare aspects around the COVID crisis.

There's a lot more money in this Bill for the State of New Hampshire. There's no doubt about that. Stimulus checks, which have started to roll out, a lot of folks are seeing direct deposits into their account this week. The unemployment stipends that come on top of our traditional unemployment opportunity, we're still -- it's still a little frustrating. New Hampshire did get about a 20% increase over what we got in the original CARES Act from last year. But States like California got a 270% increase. So the unfair kind of distribution of the funds is still a little bit frustrating. But, as you can see here, there is definitely a lot of financial opportunity for the State.

I've been working with the Legislative Leadership, kind of in collaboration, to really unpack this, understand how this money could be spent, whether certain dollars go into a Bill, whether it goes to Fiscal Committee, what it might look like. Certain dollars will probably run directly through GOFERR, which we still have. GOFERR will be there to ensure accountability and transparency in this entire process. They've done a great job with that so far. And allow some of those dollars to flow directly and quickly to Health and Human Services, so they can react more nimbly to the COVID crisis.

But with all the capital potential, the one-time capital projects, and the money that could come out of this, working directly with the Legislature's going to be a key aspect. And the one thing I will say is those discussions have all gone very, very well. And we all agree this is a huge opportunity for good one-time investment that can help decrease costs and property taxes for our citizens. So whether it's a clean drinking water project or a wastewater treatment plan project, or broadband infrastructure, lots of different things that this money can be spent on. But it's one-time money. And so, we want to make those investments not just for today, but investments that will be long-lasting and help really reduce the cost and the burden for our citizens.

And as we said, this is just kind of a smattering of the opportunities. We know there's going to be a lot more to come, potentially, out of this Bill. Really depends on those guidance documents, so as soon as the Department of Treasury releases those, we will be back and talk a little bit about how those guidance documents look like, the timing of this. That still remains to be seen.

But these dollars will be spent over a period of a couple of years. This is not money to be spent tomorrow. Probably this year and next year is how they'll roll this out. So, there's going to be a lot of opportunity out there.

Lastly, a few weeks ago -- just to jump, and then we will open up for the Public Health update with Dr. Chan -- I did call on Department of Health and Human Services to assess the operation and infection control practices at the New Hampshire Veterans Home, which, unfortunately, as many folks know, experienced one of our most severe COVID outbreaks last year.

Over the last few weeks, New Hampshire Department of Health and Human Services Healthcare Associated Infections Program and Congregate Settings Investigation Unit -- I know that's a mouthful. But they worked directly with the Staff at the Veterans Home at a variety of different levels and provided recommendations, after performing an onsite infection control assessment of that facility.

The assessment they conducted utilized -- here's another mouthful, bear with me -- the CDC Nursing Home COVID-19 Infection Control Assessment and Response Tool Facilitator Guide. Brevity is not a common thing in Washington, apparently. But these -- kind of the assessment document and guide, it's a very lengthy process that they went through, following the CDC protocols, undergoing this investigation just to look at the practices, both during the outbreak but also going forward, as well.

So, the -- we're making this Report public today, following the press conference. And again, their charge was really to provide suggestions on how to make the Veterans Home prepared for any of the next potential challenges, not just through the COVID outbreak, but making sure that long-term things are in place, just for the protection of their Workers and their residents.

Some of the highlights, here's just some brief highlights. Again, the detailed Report will be provided today. Testing supplies were not an issue and overall testing went very well, with minimal delays. N95 mask supply was not an issue. The Veterans Home had a dedicated COVID-19 Unit with dedicated Staff and equipment which helped mitigate the spread of those outbreaks. They followed the correct screening procedures, as folks were coming-and-going from the facility. So those issues really did work. Overall, it was a very positive Report, which is great.

But, like many facilities across the Country, there were some issues. We know that, during that nationwide gown shortage -- if you remember no one could find gowns -- the Report was very complimentary in, I think, some of the adaptive procedures that the Staff took. While they did not have gowns and some of them had to be reused, things of that nature, but they did it in a way to minimize the contamination risk. They did a very good job with that.

And while there was an adequate supply of PPE, we talked about the Staff needing better training on how to properly utilize PPE and empowering others to do so, as well. So it's really kind of the training tools that we want to make sure are up-to-speed for everyone that is working, both on the floor and administratively within that facility.

But all in all, it was a very comprehensive review of the practices and the protocols of the Veterans Home. We just want to thank everybody that was involved with that review, from the top-down. And we will make the full Report, along with the review process they undertook from the CDC, public following today. With that, we're going to swing right over to Dr. Chan and the Team for the Public Health update.

**Dr. Chan:**

Great, thank you. And good afternoon. We are reporting 347 new people diagnosed with COVID-19 in New Hampshire. The average number of new infections per day over the last day has increased slightly to around 250 to 300 new infections per day. And so, the active case count, the number of people with active infection, is currently 2,340.

Our test-positivity rate has also been stable and hovering right around 3.5% the last week-or-so. The most current average is at about 3.6% of our antigen and PCR tests combined have been positive for COVID-19.

And the current number of people hospitalized is 75. Unfortunately, we have five new people to report that have died from COVID-19 today, bringing the total number of deaths related to COVID-19 during this pandemic in New Hampshire to 1,207. In the last week, the last seven days, there have been 16 people in total that have died from COVID-19 in New Hampshire. I want to note that most of these deaths, the majority of these deaths, about 80%-or-so, are actually occurring in community settings and not long-term care facilities.

And so, I think the effectiveness with which we have rolled out vaccine to our long-term care facility residents and Staff is having an effect. But we know that there remain vulnerable individuals in our communities who are susceptible to COVID-19 and the severe complications of COVID-19, including the need to be hospitalized and even dying from disease.

And so, we now have three vaccines at our disposal that we are rolling out. All three of these vaccines are very effective at preventing symptomatic disease, symptomatic COVID-19, and very effective at preventing severe disease, hospitalizations, and deaths. And so, I want to continue to strongly recommend and encourage people to take the first vaccine available to them, the first appointment that is available. And we are looking to try and rapidly increase the number of needles that we put into arms.

And I want to stress again that, until we have a much higher level of vaccination in our communities, we continue to need everybody, including people that are vaccinated, to practice social distancing, wear well-fitted facemasks when in public locations. Continue to avoid the larger group gatherings; and if anybody has symptoms, even if they have prior immunity or protection from a previous infection, or even if they have immunity from vaccination, people that are symptomatic should still seek out testing as one of the ways to identify transmission in our communities. And with that, I will hand things over to Dr. Daly. Thank you.

**Dr. Daly:**

Good afternoon. I'll provide some vaccine updates. To-date, in New Hampshire, 472,000 doses of vaccine have been administered. This includes 322,000 people that have received their first dose, or started the vaccination series, which is 24% of New Hampshire's population. Of those, 161,000 people have been fully vaccinated, which is 12% of our population. In the last week, we administered more than 60,000 doses of vaccines in our State, including both the first and second doses.

And then, this week, we received 34,020 first doses of vaccine. This does include a very small amount, about 1600 doses, of the Janssen Biotech vaccine. We expect to receive a similar amount of vaccine next week.

Our Phase 2A regional vaccination clinics started last Friday on March 12th. And to-date, 31 regional clinics have been held with 6500 people in Phase 2A vaccinated. An additional 36 regional clinics are scheduled through the end of March, with plans to vaccinate another 20,000 people through these regional clinics. And more regional clinics may be added, as well.

Phase 2A people who were not invited to one of these regional clinics were able to begin registering to get vaccinated at a State- or hospital-run site yesterday. Around 10,000 -- over 10,000 people, have you heard, have booked appointments.

People working in any of these settings -- this is the K-12 schools, our childcare facilities, and youth camps -- should register to get vaccinated, if they're not attending a designated regional clinic. There are plenty of appointments available for everyone to get vaccinated in this group.

And again, as you heard, registration for 2B will open up on March 22nd at [vaccines.nh.gov](https://vaccines.nh.gov). And that's for everyone 50-and-older. And we encourage all Granite Staters to get vaccinated as soon as they are offered the vaccine. Thank you.

**Commissioner Shibinette:**

Good afternoon. Brief long-term care update: today, we are closing the outbreak at Mt. Carmel Nursing and Rehab Center in Manchester. We are opening one new outbreak at Grant Recovery Centers in Salem. They have 36 resident cases and 3 Staff. So currently, we have 5 congregate living outbreaks. We have two in long-term care, one at a recovery center, and two in corrections. That's all I have. Thank you.

**Governor Sununu:**

Great, thank you, guys. With that, we can open up for questions.

**Q&A Session**

*Governor, to what do you ascribe this slight uptick in cases?*

**Governor Sununu:**

I mean, I think we've seen for the last couple weeks, especially in kind of that younger population, whether it's colleges or those areas of the community, as Dr. Chan said, we have to be vigilant with community spread. It's still very real. It can still very much affect folks. We have the majority -- unfortunately, the majority of any of the fatalities that we're seeing now are community-driven, really not in long-term care.

So, I think it's springtime. I think people are getting a lot of COVID fatigue. I think we're getting lax about our wearing masks and social distancing. We are not out of this yet. I think what you're going to continue to see is kind of a diverging of the data. You're going to see -- I've always said, we're going to have COVID in some level for potentially sometime, maybe forever. Who knows? It's really about getting the hospitalizations and the fatality rate down, which is continually coming down. That's all very good news.

But it's possible you see kind of COVID -- the numbers of COVID bouncing around for some time, hopefully, within the younger, healthier demographics that experience more asymptomatic or light symptoms, if anything. And again, as the vaccine becomes more and more available and we get through not just through Group 2B, but kind of that final group of everybody who wants one can get one in the next couple months, obviously we assume that those numbers will continue to drop. But that's all the more reason folks do need to continue to get their vaccine.

*Can we hear from Dr. Chan about the implications, if people do -- too many people get fatigue then we do see, again, the diverging with the fatalities and hospitalizations, but if cases continue to roll along, how much harder that makes the job of continue to vaccinate?*

**Dr. Chan:**

Yeah, so I just want to emphasize what the Governor said is that we know how this virus spreads. It spread person-to-person. We know that it primarily spreads through a person's respiratory droplets. And so, all of the measures we have at our disposal to prevent this from spreading are effective. We know how to prevent this virus from spreading person-to-person.

The struggle and the difficulty is more than a year now into this pandemic, getting people to continue to practice the social distancing, to wear the facemasks, to avoid larger group and social gatherings, right? I mean, this has been a long response and a long pandemic.

And I would say that there is hope, or light, at the end of the tunnel, so to speak. That's with the rollout of the vaccine. But we're going to be vaccinating people over weeks to months. And even as we enter the summer, there are segments of the population that are not authorized to get the vaccine, so thinking younger children.

We expect that, at some point, the vaccine will become authorized and approved for children in our State. But it's going to be a process of rolling out vaccine. And we will be at this for a number of weeks or months longer.

And so, continue to stress the importance of not only getting the vaccine, when it's offered to them, but also continuing to practice the social distancing, the facemask use, right? We want to be able to relax restrictions and help relieve some of the emotional, mental strain that people are feeling now a year-plus into this pandemic. And it's certainly the goal to be able to relax restrictions. But, in order to be able to take these steps, we need to maintain control of the virus and prevent it from spreading at high levels in our community. And that requires people to continue to adhere to the social distancing and the facemask use.

*Do you have a sense, Doctor, of when that -- a ballpark timeframe for when children might be made eligible for vaccine? I'm sorry, not eligible, but when it might be ruled safe?*

**Dr. Chan:**

Yeah, so there are studies ongoing right now by the pharmaceutical companies that are studying safety and efficacy of the COVID-19 vaccines in younger populations. The same types of extensive long studies that have been conducted in adults likely are not going to be conducted also in children. They're going to use the data we already have and the data from some of these other what we call Phase 2,

Phase 3 studies in children to look at effectiveness and safety in children. And the hope is that, come sometime in the summer, that we will begin to hear more about some of these studies and whether the vaccine may be authorized for children.

So, again, we're going off what we're hearing from the Federal Government. But, what we've heard is that potentially by the end of summer, beginning of the next school year, some of these vaccines may have enough data associated with them to be able to begin to offer them to children. But, you know, this is a little bit of a moving target. Thanks.

*Governor, do you have any further insight into summer guidance gatherings, inside/outside? Any sense of what we could see this summer, in terms of guidance?*

**Governor Sununu:**

I keep saying plan big. Yeah. I mean, we're looking at when we talk about the performing arts guidance that we put forth today, loosening a lot of those restrictions on capacity, or just making it a little more simpler, little more flexible for folks.

I think there's going to be a lot of venues that, regardless of where we go with our guidance, choose to be a little bit even more restrictive for their own behalf, and for the confidence of a lot of their customers that could come through the door, not just in performing arts but for fairs or whatever, or what have you.

But those events are going to take place. And we're going to find a way to do it, without a doubt. And like I said, I tell everyone to plan big. Plan for a successful summer and a summer that looks more like 2019 than 2020.

*Do you have any further thoughts on -- I mean, we're still hearing from some Teachers who live in New Hampshire but they work in another State. They're just not able to get the vaccine.*

**Governor Sununu:**

Yeah, we've heard a couple cases of Teachers that live here but they teach across the border. If you teach in a New Hampshire school, regardless of where you live, we're making sure that you get the vaccine. We want that to be reciprocated across the borders. But we can't force folks in other States and our bordering States to do that.

So, again, our job, when it comes to Teachers, as a prioritization, is to make sure that our classrooms are safe for our kids and that transmission within our schools are safe. And that's why they really need to be teaching within our borders and our classrooms. So that's how we allocate the vaccine. If they are 50-and-up, they can get the vaccine, starting on -- or register to get the vaccine just starting this coming Monday.

So, I think we're in a bit of a transition phase. And hopefully, as we start, within the next few weeks, getting everybody into the system, this kind of dissection of this State's doing this and that State's doing that, I think that'll ultimately go away pretty quickly, because we're just all getting the vaccine out very, very quickly.

*Now that VINI is up-and-running, if folks had tried to get on the VAMS have been unable to get an appointment, or not gotten moved up, should they go onto VINI?*

**Governor Sununu:**

Yeah.

*Or should they call 211 to...*

**Governor Sununu:**

No, go right onto VINI.

*Okay.*

**Governor Sununu:**

Yeah, if you haven't been into -- if you haven't registered in the old VAM System yet, then, yes, you can go onto VINI and register there, even if you're with a Group 1A or Group 1B, or whatever it might be. So, going forward, it's everything VINI. If folks are working in the VAM System now, that's really through Group 1B. And those first shots -- or those final first shots are really being administered this week and next week. So there's not even a whole lot of chance to move folks up, just because we're here, right? We're at that point. So, that's why I think it made a very nice transition period going from Group 1B to Group 2A, to open up the new State system. And so far, it seems to be working fairly well.

*We've seen the States of Massachusetts and Rhode Island this week set up a schedule for everyone to be vaccinated, adults that is. Do you have a sense on when you'll be able to...*

**Governor Sununu:**

I think we're just weeks away. We haven't set a fixed date on it. But we are just weeks away. Again, that'll be a very large cohort of individuals, right? So we just want to make sure that the system can handle it, any adjustments to the system that might have to be made, and make sure that those 50-and-up, they are still of higher risk than everybody else. And so, we want to make sure, sticking to our protocols and our strategy of administering the vaccine based on health risk. We're sticking to that.

And so, we want to make sure, if you're 50-and-up, you do get kind of your first shot at getting into the system and getting the appointment of your choice. And again, I think some folks will be registering on the 22nd and getting their vaccine like the 22nd or the 23rd. We're not waiting weeks away here. Folks can register and get the vaccine almost immediately. You don't have to get in at 8:00 a.m. Everyone doesn't need to rush into the system at 8:00 a.m. on the 22nd, by any means. There's a lot of spots available and there'll be a lot of opportunity to move up.



*Kind of flying blind here, because we don't have the Veterans Report in front of us, but is there anything in that Report that you didn't like, that needed to be improved that is upsetting you?*

**Governor Sununu:**

No, no. I think everything in the Report was -- I don't want to say as expected. But it was thorough. It covered all different aspects of operations at the New Hampshire Veterans Home. It was very positive, frankly. It really, I think, covered a lot of bases, in terms of the protocols that they had administered. I think it cleared up a lot of the misinformation that was out there about what had happened up at the Veterans Home and that they did have the N95s. They did have the PPE. They did have the testing capacity. All that was there for them, unlike some of the rumors that you heard.

And when it came to making sure that they're fitting their PPE appropriately, there's some recommendations around that. But, there was nothing glaring negative or anything like that. I think it just speaks to what those -- that Staff and what the Administration and the Staff there went through. They put everything they had into protecting those residents. God bless them for doing it. They never gave up. They did the right thing.

And it's unfortunate that the outbreak happened. We've seen outbreaks all over the Country. It was one of the more severe outbreaks we had in the State, to be sure. But the Staff really does -- if anything, what I took from that Report is, the Staff, the credit that we've been giving them, they deserve. And thank God they were there for those residents.

*New Hampshire has a very low vaccine-wasted rate. Some States have waitlists, though, for vaccines that people can move up more quickly, if somehow there is an event where extra vaccine becomes available. Will New Hampshire add a waitlist at any point, you think?*

**Governor Sununu:**

No. I think Perry and his Team, if I may, have done a very good job of when we -- because we schedule them very specifically, so, at the end of the day, per se, we may have a little bit of vaccine available. And the folks will get on the phone. And we make sure it doesn't get wasted.

In some of those States where you see waitlists and things of that nature, some of those are these open vaccine sites where you're not registering for a time. It's just we're going to take the first 5,000 people that show up and everyone kind of gets in line. And maybe they have a little extra. Maybe they don't.

If we have extra at the end of the day, sometimes it could become maybe because someone didn't show up, or a spouse didn't come. We always have to make estimates a little bit about if the spouses are going to come with the folks. You register to do that. But it's always a little bit variable. And we like to accommodate.

So, again, I think just the Team has done a great job estimating, understanding the pushes and pulls of folks coming in-and-out. And if we have some, we're always on the phone. We're using it. But those waitlists that you see in other States are really for -- just to be honest, they don't do it as good as we do. I don't know a better way to say it. They don't estimate and understand, and schedule like we do.

We go to really extra lengths to schedule, because, from a customer standpoint, we want folks to feel secure that that vaccine is waiting for them. They shouldn't have to get in line and just hope, cross

their fingers, and hope for the best. We really want to make sure that we're there for them and we're living up to that expectation. And I think Perry and his Team do a phenomenal job of that. Do we have some questions on the phone that we can take?

**Holly Ramer with the Associated Press:**

*Hi, thanks. I have two hopefully quick questions. You talked about the diverging numbers and the expectation that the number of cases might remain stable, but hospitalizations and deaths will decline. But, I notice that the hospitalization number went from 66 on Tuesday to 79 yesterday. Is there any insight about that increase, or was that just a blip? And my other question is: when we get to the point in a couple weeks when vaccination is open to all adults, what are the rules going to be for out-of-state college students? We have this ongoing debate all the time about domicile and residency for voting. But, what about vaccination?*

**Governor Sununu:**

Two great questions; first, yeah, the hospitalization number did bounce up for the first time in a while here just a little bit. I don't want to necessarily call it a blip. Those are individuals that are in the hospital. They aren't blips. Those are real citizens that need healthcare. So the good news is we have capacity in our system to handle it.

But, again, as I think we see that second shot really permeate through the 65-and-up demographic and then ultimately the 50-and-up demographic, there's no way that we're not going to see a drop in the hospitalizations long-term. And by long-term, I mean a few weeks, a month away.

So, you're going to -- nothing is always completely consistent. I think you were seeing -- you're going to see a little bit of up-and-down, but generally a consistent trend down is our hope. And if it's not, if we can't find that stabilization for whatever reason, we will obviously kind of relook at why that might be.

But all indications are that it's working. We're seeing the reduction of the hospitalizations and fatalities, as Dr. Chan mentioned, specifically in long-term care. They were the first ones to be offered the vaccine. They were the first group to really get completely vaccinated with their second shots, for those who wanted it. And that's where we're seeing the best and most positive result. So, it only stands to reason that we're going to see those throughout the remainder of the demographics.

In terms of rules for college students and both in- and out-of-state college students, frankly, it's a great question. And I think we will kind of look at it before we -- that's one of the -- there's probably that group and maybe three or four other demographics and potential -- I'll call them in-and-outside residents: people that are here, are part-time, maybe folks that got a shot in another State but they're going to get their second shot. All of that we will really look at over the next couple weeks and make sure that we define it really clearly for folks, before we release anything.

**Nancy West with InDepthNH:**

*Yeah, thank you, Governor, for taking my questions. I have three. And the first one, we've been getting a lot of reaction to the proposed merger of the two college systems. And I know we published an Op-Ed piece by former Trustees who said merging of the two Boards and governance functions will result in a consolidation that will negatively impact the effectiveness of both of our vital higher education enterprises. Now, I guess my question would be, why did we wait so long to tackle this issue, and now it seems like a hurry up and*

*wait? And are you going to restore the \$17.5 million to both systems' budgets this year, when it seems like they need more money? I have a couple more. Do you want me to ask them all at once?*

**Governor Sununu:**

No. Yeah, Nancy, let me take that one, if I could. So I did see that letter from the former Trustee -- some former Trustees of the community college system that are not in favor. To be very blunt about it, I guess I expect that reaction from folks that were in the system years ago and that aren't really on the frontlines of how both systems have transitioned and need to transition just over the past -- not just through COVID but maybe the last two or three years.

So, I get it. I can appreciate those sentiments. But they're not on the frontlines. They aren't seeing what the faculty, the students, and the current Administrations in both the community college and the university system are seeing, a paradigm change, a completely different change in decision-making processes that has to be acknowledged.

You cannot kick the can down the road anymore, to your point. This is something that folks have talked about. We have to have the courage to go in and do it. And it's Republicans and Democrats on both sides of the aisle. They all agree that this can be done. It should be done. It's a better process for the students. It's a better process for our system, with synergies and not just cost-savings but synergies of the backend systems, if you will, credits transferring, ultimately providing real choice for those individuals and those kids going through that process. It's just a better product at the end of the day. And so, we're still very, very confident that it will get done. Go to the next one, Nancy.

***Nancy West with InDepthNH:***

*Okay. The only other things I wanted to ask you about are: will you have final say over where the State dollars are spent that are coming in through this new stimulus program, as you did with the CARES Act? Or will there be some authority granted that, or with the Legislative Fiscal Committee, or the Executive Council? Or will you have that final authority again? The only other thing, I would love it if you could talk a little bit more about these modified guidances [sic] for amusement parks and tourist trains. Will they be back to 100%? Or roughly what will that mean?*

**Governor Sununu:**

Sure; so, in terms of the CARES Act, when it was released, first passed in March and April of last year, that's when we were in the crisis emergency mode. We still have an emergency, to be sure. But we're not in that crisis mode. And the Legislature is in session. And I feel very confident the Legislature is going to have a lot of say in how the vast majority of these funds are spent.

I think GOFERR and HHS will still spend kind of that critical care dollars, when it comes to vaccinations or testing, or things of that nature. But I think the vast majority of the money we're seeing to the State will go through a legislative process. It could be through the Fiscal Committee. A lot of that will ultimately go through the Executive Council and have that checks-and-balances with it, because it's not directly attached to the crisis of the moment.

So much of this \$1.9 trillion Spending Bill had nothing to do with COVID. And so, if those dollars come through, we will make sure that those checks-and-balances are there, because they're not in a crisis mode. They're really in an opportunity mode for our citizens.

Oh, and as for the guidance documents, again I believe they're all online now. So you can see the details online. It doesn't open everything to 100% capacity. But it addresses some of the issues of where social distancing and masking really needs to be adhered to, to ensure that, in a closed atmosphere, or an atmosphere where multiple groups are getting together within close proximity, that we're still maintaining the distancing that we need to. And sometimes that still may result in limited capacity, or less-than-100% capacity. But all those details are online for you to check out. Is there a third question, or was that it? Oh, okay.

**Carol Robidoux with Manchester Ink Link:**

*Thank you. I have three questions. I think the first question is a two-part vaccine question. I'll start there. And maybe this is for Dr. Chan. But, when vaccines were first rolled out in about mid-December, there was talk the efficacy rate was not known past 90 days. So, we are right now at that 90-day mark. And I'm wondering. What does the medical community know about the lasting efficacy of COVID-19 vaccines beyond the 90 days? And can you talk about how people will know if the vaccines they're getting now are still effective after those 90 days? For example, are there going to be antibody testing sites, so people know their vaccines are still working? Or will we need booster shots? And if there's a booster shot plan, contingency plan, what does that look like?*

**Dr. Chan:**

Yeah, so thanks for that question. I think there's a couple points to be made in there. And I think the first is that we do not believe that vaccine protection lasts only for 90 days. So, to say that a different way, we believe that protection likely lasts much longer. How long protection lasts after vaccination I think is something that we still don't have great numbers on. It's still -- they're still being studied.

The vaccine trials, the Phase 3 vaccine trials which the pharmaceutical companies have conducted, that were used to grant authorization for use by the FDA, those vaccine trials are being conducted for two years, right? So there's still going to be more data to come, both from the official, you know, vaccine trials that have been conducted, as well as from real-world use.

I haven't seen any new, or recent, data to suggest how long vaccine protection lasts for. But we believe it's likely much longer than 90 days. Where this 90-day issue came in is, I think, partly around some of the guidance early on that the U.S. Centers for Disease Control and Prevention released where the initial recommendation from the CDC was that people that are fully vaccinated do not need to quarantine, if they have a new exposure within 90 days of vaccination.

That, I think, was misinterpreted to mean that vaccination only lasts for 90 days. And that's not the case. We've never adopted that timeframe to vaccination. We've always said, even going back to the beginning of January, that if someone is fully vaccinated, if they have a new exposure, if they travel, they do not need to quarantine, period, no timeframe put on that. That partly is because we want to instill confidence in the vaccines. We believe immunity lasts likely for months, if not years. But how long immunity and protection lasts for, I think it still remains to be seen.

And so, to your other question about whether a booster shot may be needed, there are maybe a couple reasons why a booster shot could be required in the future. But there's no recommendation for one yet. Again, the data and the science around this is still evolving. A booster shot could be required because, as you're asking, there could be evidence of decreasing immunity or protection in the future. But, also, we have new variants that are circulating, variants of concern, some of which have shown to

have increased potential to escape immunity from vaccination, meaning the vaccine may be less effective against some of these variants.

And so, pharmaceutical companies are, in fact, studying updated booster shots to see if there may be one required in the future. But these are studies that are still ongoing. Right now, there's not a recommendation or a requirement for somebody to get a booster shot. But I suspect that over the coming months, as more and more vaccine rolls out, as some of these studies are conducted, we will have more information in the future to be able to make an informed decision about whether a booster shot may be needed in the future or not.

But, for right now, we believe the vaccines that we have, as they're recommended, are very effective, especially at preventing severe disease, preventing hospitalizations, preventing deaths. And we encourage people to complete their series of vaccination, so if they get, for example, the Pfizer vaccine or the Moderna vaccine, those are two-dose series. People should absolutely get the second dose to be sure that they have the highest level of protection and the longest lasting protection. Thanks.

***Carol Robidoux with Manchester Ink Link:***

*I did. It's related to that. And I don't know if this is relevant at this moment. But I was reading that Pfizer was projecting a \$15 billion profit in 2021 from the vaccine, and also talking about raising that profit margin by 200% or 300%, especially with the strains of vaccines -- I mean, the strains of COVID that might not be responsive to the initial vaccines, etc. And I know we've had price gouging lawsuits in the past against some of the pharmaceuticals. Is there some way for New Hampshire to safeguard its residents against a future of high-priced vaccines, if, for some reason, we need to get annual boosters or new shots, because there's new strains that are uncovered? Is there something that New Hampshire can do to protect citizens? Right now, I guess the vaccines are not costing people a pile of money. But it sounds like there's a lot of potential for profit on these vaccines.*

**Governor Sununu:**

Yeah, so...

***Carol Robidoux with Manchester Ink Link:***

*I have one more question after that.*

**Governor Sununu:**

Okay. So let me answer that one real quick. The quick answer is, just to be very clear, citizens do not have to pay for vaccines. The citizens that it -- I mean, other than through your tax dollars, but the Federal Government is providing the vaccines and providing all the costs around that, and allowing the State -- providing some dollars to the State for the administration and whatnot. So I just want the citizens to know, when you sign up, you do not have to pay for vaccines.

If, down the road, if a yearly vaccine came up, whether it was with insurance companies, whether it was on the citizens, and if there was price gouging, of course we would always protect the citizens' interests, when it comes to price gouging, whether it's on pharmaceuticals, or frankly almost any product that's out there.

So, we have kind of a Bureau that looks into that stuff. And there's a lot of different avenues you can take, depending on the situation. But, luckily, that is not the situation today. I can't respond to anything having to do with their profit margins. I don't know anything about that. But we will protect any price gouging that would potentially happen in the future around this issue.

***Carol Robidoux with Manchester Ink Link:***

*Okay. This one is for all my friends in the downtown area who are operating bars and restaurants that have music capacity but are not -- or music capabilities but are not able to have live music, or live music beyond, like, a single acoustic person or something like that with capacity issues. And I know there's been some relaxation of some of the guidances [sic]. I don't know if you've talked specifically about these venues that don't necessarily have an outdoor setting but have indoor capacity. What does that look like for the near future, or do you expect to relax...*

**Governor Sununu:**

Well, yeah, last week we allowed small live bands. Yeah, we made that flexibility in the rules about a week ago.

***Carol Robidoux with Manchester Ink Link:***

*But what's the capacity of -- are the restaurants still restricted to 6 foot, or is it 3 foot?*

**Governor Sununu:**

In terms of the patrons at the restaurant?

***Carol Robidoux with Manchester Ink Link:***

*Between people.*

**Governor Sununu:**

Sorry.

***Carol Robidoux with Manchester Ink Link:***

*Um-hmm [yes], yes.*

**Governor Sununu:**

Yes, I mean, the capacity within the individuals and the restaurants still stays as it is. You can have up to 100% capacity. But you have to have 6 feet between the parties and whatnot. And we did provide some flexibility for the bar areas and things of that nature. And then, on top of that, we provided some flexibilities to have, I believe, up to small 3-person bands, and making sure that there's a safe distance between the bands and the individuals.

We did have issues around karaoke and singing. But we've been able and working with Dr. Chan and his Team, I think, did a great job providing the ability to allow that to happen in a safe way with some distancing between the performers and the audience, itself.

**Michael Graham with New Hampshire Journal:**

*Yes, I have 11 questions. I'd like them answered alphabetically. No, I'm kidding.*

**Governor Sununu:**

I'm ready. Let's do it. A.

**Michael Graham with New Hampshire Journal:**

*No, no, just one. The Manchester School System sent out a message to Employees ordering them to undergo anti-whiteness training. They, then, rescinded it and said it was merely a suggestion, after questions were asked. The supporters of HB-544 that you promised to veto say this shows that people need protection from this kind of divisive, ideologically-driven encounter, specifically with Government. And so, the question that I have is, since you pledged to veto the Bill, should Government Workers have to be called racists and bigots in order to keep their jobs?*

**Governor Sununu:**

Boy, I mean, I guess I'll just say this. To your point, we heard about the issue in Manchester. But we, again, also received assurances this was an optional -- I think a pre-training or something like that, that some of the Employees could enter into, if they chose to.

When it comes to this issue of divisive discussion in classrooms and whatnot, I always am going to err on the side of I'm very cautious of Big Government getting involved, telling people what they can and cannot say. And that's why we're a local control State. That's the beauty of being a local control State.

As a parent -- and I'm a parent of students -- if there's issues of what's being discussed in the classroom, I always have the ability to talk to the Teachers, to work with the School Board, and work at that local level to have a very strong voice. But when Big Government comes in and say you shall not say this and you shall not talk about that, that's a very slippery slope. It really is, because one side might like what's being prevented from being discussed in a classroom today. And maybe the other side gets in control down the road and they start putting restrictions in. And next thing you know, we become a system and a Government of really oversight and monitoring every last word that comes out of an individual's mouth, not just in the classrooms but in the workplace. It's a very slippery slope to start going down. I know for some folks, it's a passionate issue. But I think the real answer and the solutions are at that local level between parents, Teachers, and Administrators, and finding that pathway forward.

**Alli Fam with New Hampshire Public Radio:**

*Thank you. So, my question is that State data shows that black and Latino residents are getting vaccinated at roughly half the rate of white residents. And a new Report published by the CDC also shows the State of New Hampshire falling behind other States in vaccinating highly vulnerable communities. So I'm wondering, does this signal a need for New Hampshire to adjust its vaccine equity strategy?*

**Governor Sununu:**

Yeah, the quick answer to that is no. But I'm going to turn to Dr. Daly. I know she and her Team have been right on top of this and doing a fantastic job with the equity portion of making sure that folks from whatever their background, wherever they might live, have that equitable distribution. But I'll turn it over to Dr. Daly for some details.

**Dr. Daly:**

So, thank you for asking this question. We think this is a really important topic. In terms of the data the Department released last week for the first time on race and ethnicity distribution for vaccination, those data did show that people who are white have higher vaccination coverage than people who are not identifying as white.

However, when we analyze those data, the population that we used to make that calculation was for all persons in New Hampshire in that particular group. It did not take into consideration who's actually eligible for the vaccine, based on our vaccination rollout.

So, for example, in New Hampshire, if you look at people over the age of 65, who's primarily who we're vaccinating in Phase 1B, that population is more white. It's about 96% white. Whereas when you look at younger populations, like populations under the age of 18, they're 84% white, so much more diverse, younger population here in New Hampshire.

And so, if you really wanted to understand what the race and ethnicity vaccination coverage is in our State, it would be important to take an age-based approach to look at that. We didn't have that type of data available when we released the Report. And we wanted to be transparent and provide what we did have. But we are certainly looking more closely.

I suspect it could still show that there is variability, based on race and ethnicity, which is exactly why we have made a commitment to ensuring equitable distribution of vaccine, which brings me to the Report that you mentioned from the CDC, which they conducted an assessment looking at areas that are considered to be vulnerable, and whether States are making good progress in reaching vulnerable populations.

This Report and the analysis is actually just based on county-level vaccination rates. They looked at which counties are more vulnerable than others, based on a lot of different factors, like education and income level, and other things that can make us vulnerable.

And so, essentially, this Report is showing difference at the county level, comparing different counties to one another, and what the variability is. And our State does have variability across the counties at the county level. And there's reasons for that that have nothing to do with vulnerable populations. Some of it could have to do with vulnerable populations.

But, for example, when we rolled out Phase 1A, we had a higher proportion of people in Grafton County getting vaccinated. And that was because Dartmouth-Hitchcock Medical Center is there and they have a lot of Healthcare Workers. So there's a lot of factors, when you look at the county level like that.

What we're doing in New Hampshire is using a different index than what CDC presented their data on. We are using the COVID Community Vulnerability Index. And it's a much more granular index that actually looks at census tracts. And we're looking at that level of data to target very vulnerable census tracts to carry out vaccination events, working with our partners to reach those vulnerable populations.



So that CDC Report is not actually comparing vulnerable population vaccine coverage. It's really comparing counties. And what we're doing in New Hampshire is looking at really vulnerable pockets within census tracts, which is different than that county level.

And if you read that Report, they make a number of recommendations and highlight best practices in this regard. And in New Hampshire, we're doing almost all of those best practices already. We're reaching people who have access barriers for transportation, who are homebound, who have language barriers. We're reaching vulnerable populations, in terms of racial and ethnic minority groups. So we're doing a lot in this area, and it's a big commitment of ours. And we've dedicated 10% of our vaccine each week to our equity allocation.

**Governor Sununu:**

Told you, she's wicked smart. Thank you, Beth, Dr. Daly. That's terrific. And they are doing a great job. It's really where a lot of our emphasis and effort has been going, really on a one-on-one basis, which has been terrific. Great, what else we got?

*Can I ask a question of Dr. Chan, a school-related question? There's a new study that's just come out stating that whether you're 3-feet apart or 6-feet apart, if everyone's wearing a mask the infection rate of COVID is the same. Can you just kind of hit on what the -- where the State falls on the 3 feet versus 6 feet, as well as talk about the quarantine guidance, if there's a known exposure?*

**Dr. Chan:**

Yeah, thanks for that question about schools and physical distancing in schools, and quarantine guidance. This is actually a topic that we talked about with our school partners on our weekly-occurring partner call.

So, the study that you're referencing I think was just published last week in the Journal of Clinical Infectious Diseases. And it was actually a study right out of Massachusetts. And they were looking at a statewide cohort group of school districts and comparing school districts -- so, first off, all the schools had universal masking, right? So, students/Staff were required to wear masks throughout the State.

And so, they were able to compare and look at infection rates in schools and school districts that allowed a minimum of 3 feet of physical distancing between students in classrooms, versus a minimum of 6 feet of physical distancing in classrooms. And what the study found was no difference in infection rates in students or Staff, when comparing these two groups, based on the difference in physical distancing requirements. And in fact, all school districts had lower rates of infection in the schools and in the surrounding community.

And so, there has been increasing evidence over the last couple of months from multiple studies, in fact, that schools do not appear to be a high-risk setting for spread or transmission of COVID-19. And there's likely a couple factors to this.

One is that we believe children, in general, are less likely to spread infection to other people. And then, schools tend to be monitored, controlled settings, where there are requirements: mask use; physical distancing; cohorting, or grouping, of students; attention to hand hygiene; controlled student movement and flow.

And so, for a variety of reasons -- and this has been our experience, as well, in New Hampshire -- we have found schools to be low-risk settings for spread of COVID-19. And so, right from the beginning of the schoolyear, going back to the -- back -- that great K-12 back-to-school guidance that was released at the end of August by the Department of Education, the State has allowed schools to seat students within 3 feet of each other. So, minimum of 3 feet of physical distancing, obviously the recommendation is to try and maximize physical distancing to the extent possible, aiming for 4, 5, 6 feet, if possible.

But in settings where students are within 3 to 6 feet of other students seated in the classroom, there continues to be a recommendation that mask use be used. And so, this is exactly the type of situation that the study out of Massachusetts has evaluated and found no difference in infection rates, based on physical distancing.

And so, we have taken the step of, in the controlled, monitored, educational classroom setting, have taken the step of not requiring quarantine, if students are seated within 3 feet-or-more of each other, and are consistently and appropriately wearing masks. And so, that's a change to some of our quarantine guidance for exposures in school settings that is specific to the educational setting. Otherwise, in other areas, where there might be uncontrolled movement between people, unmonitored use of masks, for example, we're still sticking with the 6-foot physical distancing as the cutoff of the criteria for quarantining somebody if there's been an exposure. Thanks.

*Governor, we know you touched on making vaccine available, or registration opening to everybody "in a matter of weeks". Do you think it's still realistic for the President to say that all adults should be able to get shots hopefully by May 1st?*

**Governor Sununu:**

I hope so, yeah. Is it realistic? I think they could do it. I mean, everything I've seen, in talking to the folks at Pfizer, Moderna, Johnson & Johnson, we've talked to some Executives in all those different companies. If their manufacturing schedule stays on target, if they keep getting the vaccine out, as they -- I think they could, yeah, we could make that level.

It really depends on the uptake, though, right? I mean, if everyone in America got a vaccine, I think that'd be great. I don't know if we're going to make the end of May, per se. But I think the whole point is everyone should kind of be registered, at least in the system, or their respective systems across the country by May, and hopefully have that assurance that it's coming, even if they might not have the shot, or both shots in the arm with the 14-day kind of incubation time for the antibodies to build. They should be in the system hopefully. Here, in New Hampshire, we're going to get everyone signed up -- at least the opportunity to sign up well before them, a month ahead of that schedule. We will see what they deliver.

*And a number of months ago, you were up here touting the findings of the LEACT Commission, saying you're 100% behind them. As we speak potentially, they're talking about this in the State Senate right now. And some of those things could be going a little sideways, in terms of the data collection. Is it time for you to ride in, bring in the cavalry, and try to come to bear in some way to make sure that the endorsement -- or that the recommendation that you endorsed do make it to the finish line?*

**Governor Sununu:**

Yeah, well, there were dozens and dozens of recommendations that we had endorsed, I think over 40, something like that. And I think the vast majority of them, if they're not already in place, some required Executive Orders. Some we were able to put in place right away. Some required legislation. A lot that required legislation are going to move forward, which is good. There could be some stragglers here-and-there. They want to study some more. They want to look at more data, I suppose.

I'm not sure where it'll all ultimately end up. But, no, I think the Legislature's doing a decent job of taking it all very seriously, looking at the data, getting the testimony. I'm not sure what's going to come out of it. I know something will. And something will be substantial. And it's all going to be for the good.

And if you don't get 100% of what you want in a piece of legislation, you don't just say, oh, well, I guess we didn't do our job. No, we're talking about transformative issues here, I mean, really good stuff, moving us really where we need to be. And just because you don't get something done today, doesn't mean you can't come back to it tomorrow and try again.

So I'm not sure what the Legislature's going to pass. I know there's definitely a lot of positivity and positive momentum with a lot of these issues. Some might -- they might want to study or discuss some more. But we will keep at them.

*Should you fight for it, though?*

**Governor Sununu:**

Oh, look, I think I've been very clear about how adamant I am about wanting to see those to move forward. But ultimately, the Legislature's going to do what the Legislature does. I've made our position very, very clear. I've talked to Leadership about these issues. I guess we will just see where the votes come out on both the House and the Senate side. And even if one body doesn't pass it, sometimes another body will pick it up and put it into another piece of legislation, give it another life and another chance. So we will see what happens. But I've made our -- my support of those recommendations and initiatives very clear.

*Speaking of support, what do you say to people who take issue with or find it hypocritical that you tout the spending coming from the Stimulus Bill but did say that you would have voted against it?*

**Governor Sununu:**

Well, again, I think it's very clear. My ask of the Senate and Congress, of our Representatives in Washington, was to fix it. The spending allocation was unfair. There's no doubt. And that's what I really was holding, and I think they should have held up. It would have just taken one vote to potentially go to Chuck Schumer and say, I'm not voting for this until you make sure everyone is treated fairly. And they didn't do that. They weren't willing to do it.

There's a lot of spending in there that has nothing to do with COVID, right? And I just think that should have been taken separately. It would have taken one individual, likely on the Democrats' side, to stand up and say let's just take these apart, or you're not going to get my support. And then, they would

have been forced to take an alternative method and had a more public discussion on all these non-COVID related items.

I think it's great that the COVID-related money is coming. I think there's a lot of financial opportunity. But, at the end of the day, there's no doubt. The math very clearly shows New Hampshire citizens are putting extra money in to pay for States like California and Andrew Cuomo in New York. And that's not fair. That's not appropriate. That wasn't how any of the previous Bills were done. But now that the Biden Administration's in control, the Democrats just changed the formula.

And it just would have taken one. I understand if it had overwhelming support. But knowing that just one of our Senators could have stood up and potentially asked for a fix -- not just kill the bill outright -- asked for a fix and they weren't willing to do it, I think all of us are pretty disappointed in that.

So, it wasn't about just saying no. It was about, you could have fixed it. You had the chance to do it, and you chose not to. And at the end of the day, we were left a little bit behind other States. But whatever opportunity the Feds want to give us with this money, there's a lot of money here. We're going to spend it wisely. That's for sure.

*And Governor, next week, the Hudson Planning Board is to vote on this development I think you're well-aware of. Amazon's looking to build one of the largest logistic centers in New England on property on the Green Meadow Golf Course in Hudson. A number of the abutters are concerned about traffic and other impacts from this development. They say they've written to you. Are you -- what are your thoughts about the project?*

**Governor Sununu:**

Yeah.

*Do you think it's...*

**Governor Sununu:**

I think it's a very good project, a huge economic opportunity for the State of New Hampshire, a huge economic opportunity for Hudson, both in terms of infrastructure. From the State level, our job is to make sure that traffic and environmental issues are adhered to.

These folks aren't just dealing with the traffic issues. They're helping existing traffic issues, right? That's how good some of the new Traffic Plans that they've agreed to are. They're agreeing. They've agreed to make sure that the wetlands issues and all of that are handled appropriately. And Commissioner Scott's been right on top of it.

Hudson is a great town. I mean, it's really a small city at this point. It's really blooming opportunity. And when you see all the businesses that want to be in New Hampshire, all the citizens that want to be here, all the Workers that want to be here, all the tax benefits, if you will, right? All those folks that want to move in and I think that it puts millions of dollars just into the Town of Hudson from a tax-base opportunity, which effectively could lower that tax property burden for the citizens of Hudson by millions, plus all the jobs that that creates, there's just a lot of reasons that this is a huge win for southern New Hampshire.

But, the town has local control, right? I'm a local control guy and the Planning Board has to agree to it. I know there's a few abutters there that are concerned about traffic and whatnot. But, at the end of the day, that's a very industrial area. There's a lot of commercial businesses and industrial businesses. It's right off the main highway. It's very proximate to the Manchester Airport. All of those are just huge opportunities.

So, I understand. With these projects, you always get a small cohort of individuals, who -- and the abutters. And it's reasonable. They should have their say and then they should bring their concerns to the town level. But it's a great project and we're very hopeful it'll move forward.

They did write me a letter, and we responded. I sent the letter back today or maybe even yesterday, just talking about all these issues I just discussed with you. But I think it could be a great win. But the Town of Hudson ultimately has to approve it.

Okay. Good, great. Well, that was exciting. Well, thank you, guys. All good stuff; we keep moving forward. Everyone enjoy the weather this weekend. It's going to be actually beautiful across the State, so we hope folks get out. We will be back next week.

And remember, on March 22nd, that's this coming Monday, if you are 50-and-up, you can go to VINI. VINI takes care of all your problems, right? Everyone can get right into the system. You don't have to pile in at 8:00 a.m. Hundreds of thousands of opportunities to get your vaccine over the next few weeks, and we will keep building some of our successes from there. Thank you, guys, very much.