



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

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**Governor Sununu:**

Good morning, sorry. Good afternoon. Good afternoon. Good to see everybody. We are back. We took a little bit of a hiatus last week, but everything is continuing to trend in the right direction here in New Hampshire, both in terms of not just vaccines, but the numbers of cases.

I'm going to have Dr. Chan come up and talk a little bit about the State from the Public Health aspect. Obviously our economy is booming. So, a very, very fortuitous position right now, and it's going to be a true summer weekend coming up, they say, with 90-degree temperatures. But let's start things off with Dr. Chan and the update from Public Health.

**Dr. Chan:**

Great, thank you. So, just a brief numbers update for today, we are reporting 74 new people diagnosed with COVID-19 in New Hampshire. In the last week, we have been averaging between 50 to 60 new infections per day, which is substantially down from the peak of this last surge over the winter, when we were averaging 800 to 900 new infections per day. So we're making great progress in bringing the number of new infections down. Currently, there are 423 people with active infection in the State.

Our test-positivity rate over the last week has averaged under 2%. We're at around 1.8%. And then, hospitalizations are also down. And there are 26 people currently hospitalized statewide with COVID-19. Unfortunately, one new person to report today that has died from COVID-19, bringing the total to 1,354 total people that have died from COVID-19 during this pandemic. This individual was not associated with a long-term care facility. And in the last week, we have averaged actually less than one new person per day dying from COVID-19.

So, all of these numbers point to dramatic decreases in the level of COVID-19 in our community, the level of community transmission. However, we still have vaccination appointments available. We still recommend and strongly encourage people. Everybody 12 years of age and older is eligible to receive one of -- receive a COVID-19 vaccine -- or vaccination, and we continue to strongly recommend and encourage people to take advantage of the appointments and the opportunities that are out there to become fully vaccinated, protecting themselves and their families, and their communities against COVID-19. I'll turn things over to Dr. Daly for a vaccine update. Thanks.

**Dr. Daly:**

Great, good afternoon, everyone. I have a quick update on our vaccination distribution. To-date, here, in New Hampshire, we have administered 1,427,000 doses of vaccine. This includes 805,000 people that have received their first dose, and 668,000 that have now been fully vaccinated.

We continue to have access to around 50,000 first doses of vaccine each week, between the doses that comes to us at the State and other Federal Programs. And at this point, our supply is exceeding demand and there's plenty of vaccine available.

The State-run fixed sites are now closed for new people wanting to get vaccinated. However, they will continue to provide those second-dose vaccinations through June. And there are many other locations to get vaccinated, either through hospitals, pharmacies, community health centers, and community clinics run by our local Health Departments and the Public Health Networks.

We also continue to bring on additional Healthcare Providers that would like to offer vaccine to their patients, as well. So there are plenty of opportunities now for people to get vaccinated at around 300 different locations across our State. With that, I'll turn it over to Commissioner Shibiinette.

**Commissioner Shibiinette:**

Good afternoon, just a quick outbreak update. We have one new outbreak today to announce, Birch Healthcare Center in Rochester, which is a long-term care facility, 19 residents and three Staff cases at that facility. We are closing the Federal Correctional Institution in Berlin. That correctional case outbreak is now closed. So, our total long-term care outbreaks is still at two: one at Birch Healthcare Center; and one at Sullivan County Healthcare.

The Homebound Program has vaccinated 4,739 individuals since we began the Program. We have 137 people still remaining on our list to vaccinate. 70 of those are new from just this past week. Due to the high demand of our Homebound Program over the last several weeks, we're going to continue to offer first doses through the end of June. So anybody that wants to schedule an appointment or qualify for that Homebound Program is very encouraged to call 211 and get their first appointment set up, so that we can get you in before the Program comes to a close. Thank you.

**Governor Sununu:**

Great, well, thank you, Commissioner and Doctors Daly and Dr. Chan. A few things to talk about today, and then we will, of course, open it up for questions. To begin, something that we really never taken our eye off the ball, if you will, but are making a very strong push with lately, as a lot of folks know, surrounds mental health here in New Hampshire for adults, for children, for our entire population.

I'd like to provide an update on some of the steps that the State has taken just in the past few weeks, primarily in addressing the Ruling made by the New Hampshire Supreme Court, which really created an opportunity for the State to, I think, double-down on our efforts and go extremely fast. We kind of say talk is cheap. Action really is what produces results. And the Team has really stepped up and responded in a very unprecedented way, which has been wonderful.

We know that there have been barriers to mental-health services. They've existed for years. I think, over the past three or four years, we've made some huge strides, to be sure. But unfortunately, some of those barriers were exacerbated by the pandemic.

So with the combination of the court case and what we saw out of the pandemic, some of the opportunities to invest in mental health out of the Federal funds that are coming into the State, as well as some of the State Programs that we already have, a lot of things are coming together to create opportunity for our citizens.

So, first and foremost, I think three of the initial things that we are looking at: the idea of having new Private Providers come into the State to help our existing system. We have a good infrastructure here, but allowing more of Private Providers, better, some new types of workforce around mental health. There's been barriers to that. And we're really opening that door. I'm just a big believer that if somebody can provide a good service and they want to be here, well, then we're going to open the door and, again, provide that opportunity for our citizens.

Really making sure folks understand that, in just the past couple weeks, since that Supreme Court Decision came down, we have been able to come into compliance -- in just a couple weeks -- come into compliance primarily around the probable cause hearings and the evaluations that really come of that, through a Judicial process. But those probable cause hearings, which were at the heart of the case with the Supreme Court, we've been able to come into compliance very, very quickly there. And hat's off to the Team about both New Hampshire Hospital, some of the Members of Commissioner Shibinette's Staff, everyone putting in a lot of extra hours to make sure that we didn't just check a box and get it done but really move very, very quickly to make sure that we were responding to the needs of the citizens. And then, a lot of new rules for licensing, for treatment, for discharge, all of these things, again, just being designed to break down some of those old barriers that had existed for years, really leaving no stone unturned.

On top of that becomes investment. And we do have some investment opportunities. So the number's a little -- we don't know exactly how much. But it could be as much as \$100 million into mental health here in the State of New Hampshire. And you'll see, by the slide next to me, there's a variety of things that we're looking at. And this is just kind of a first blush, a little bit, at some of the initial stuff that we're already well-underway with, not ideas, actually happening as we speak. New DRF beds -- 30 new DRF beds at hospitals are kind of transforming some of their beds in a more community setting to DRF beds with the stipends that Commissioner Shibinette has put out. About 60 new community transitional housing beds within the next 6 months, and that's really at least 6 beds in all 10 counties making sure that they're community-driven opportunities, so folks don't just have to rely on a single hub out of Concord or Manchester, making sure that there's opportunity in everybody's backyard.

We have at least, over the next few months, about 40 long-term care community beds coming online. So these are long-term care facilities that are taking some of our geriatric psych. patients from New Hampshire Hospital and providing treatment and services right there in a long-term care setting, back, again, in a more community-based setting, so huge opportunity there. And the State is providing funds and incentives to do that, as well. We are moving forward.

The Forensic Hospital, I've been talking about for years, we're just -- we're going forward. We're not letting anything hold us back. And so, that is well-underway. And again, that will provide a lot of flexibility, both at the community, but especially at the State level.

Our community mental-health center, getting their rates up and on parity with some of the other Private Providers across the State, that's something that has been battled and negotiated for years. But really increasing those rates to make sure that they have the tools and what they need to provide those community-based mental-health services. And the new Mobile Crisis Teams, that process is also already underway, again, to provide better treatment in homes.

So, I know that's a lot. But, again, this is just what we've gotten done in the past couple weeks. And so, I think the sky's the limit, in terms of opportunities, in terms of ideas that we're bringing to the table. We just want folks to know that we're leaving no stone unturned.

There are going to be bumps in the roads. We know that. This isn't an end-all, be-all solution. But this really is the most transformative action on mental health the State has ever taken, and it's happening very, very rapidly. So we're going to keep our heads down and nose to the grindstone, as they say, and keep working it.

Switching gears, I want to provide a little bit of an update, also. We had some questions earlier this week on our discussions with the Federal Treasury Department over the requirement that the State recoup relief funds from businesses that saw better-than-anticipated revenues in 2020.

If you remember last year, we did our Main Street Relief Fund. And businesses that thought they were going to lose revenue could apply for grants. We provided those grants. And in many cases, the economy was very good. Those businesses not just survived, but they thrived. And if they did not lose revenue, per the requirements of the guidance out of Treasury, those funds technically would have to be recouped.

About a month ago, it was reported by a New Hampshire media outlet that an unnamed Treasury Spokesperson had stated that it was, in fact, not required by the Treasury guidance that the funds be recouped by the State. And that was actually some welcomed news. We want all the flexibility. The State does not want to have to bring these funds back in, of course. And I've since had several conversations with Treasury Officials, including with the Deputy Secretary Adeyemo and the Office of the Inspector General.

Unfortunately, the Federal Government made the final decision this past week. They sent us an email saying that they would not allow for businesses to keep a grant for lost revenue, if those anticipated losses did not occur. So, this idea that we don't have to recoup losses, we were all very excited that it might be a reality. But unfortunately, the Federal Government is not allowing us to do that. There are conditions. There are stipulations. The Regulations that were put into place early on in the CARES Act process they are sticking to. And I think they just understand that, to provide flexibility for New Hampshire would be a domino effect potentially across the country.

So we appreciate the Deputy Secretary trying to allow flexibilities that I was fighting for. But we also recognize that the decision really does lie within the Inspector General's authority. And that's who we received the final word from.

So, what does all that mean? With that, in the coming days, we're opening a new fund through GOFERR, the fund that we've already really discussed here a little bit, that, again, will allow businesses who would be required under the Federal guidance to repay funds. If you're on the line to repay money back to the State and really back to the Federal Government, they can now deduct COVID-related expenses to offset what they owe. So we're creating a new program to allow these businesses to keep money. And we do that by allowing them to show us what their costs of COVID were.

The Treasury Officials have provided confirmation that this approach is appropriate. And it's a pretty creative way, I think, for the State to allow businesses to keep their funds. COVID-related costs that a business can claim could be anything from -- but not limited to, of course. It could be prorated rents; mortgage payments; reopening costs, if there was a closure due to COVID; air filtration system improvements; increased workforce trainings for safety or anything like that; any installation of physical safety measures, screens or things like that that you might see in restaurants; creating outdoor spaces, costs for outdoor spaces that a lot of restaurants might have taken.

So, we saw a lot of costs have to be borne by businesses. And now, those businesses, instead of, again, sending money back to the State, can simply identify what costs they were. And that will allow them to keep the funds.

The State will provide some additional information on this new relief program to all the businesses that received a grant that exceeded their business losses, so they can deduct expenses from what they have to pay back. The program will allow the businesses, again, not just to offset what they owe with COVID-19 expenses, but an extended period of up to three months to pay any balance that remains. So the long and short is this. We're just making sure that businesses have flexibility to keep the funds that they were given last year.

We are reallocating any dollars that do come back to the State and some of the dollars that weren't expended from last year's CARES Act fund. We're reallocating some of those dollars into a couple other programs. One we discussed a few weeks ago called the Live Venue Assistance Fund and the -- sorry, I'm going out-of-order. That Assistance Fund will open on June 10th, and you can go to [goferr.nh.gov/apply](http://goferr.nh.gov/apply) - or \apply. That's on June 10th. And those are for some of those live venues that were, frankly, some of the hardest hit across the State.

We're also doing a Lodging Assistance Fund. Hotels and lodging were, again, really, really hard hit over and above. The Federal Government has done a fund for restaurants, which is great. And restaurants in the State of New Hampshire can take advantage of that.

Here, in New Hampshire, we want to make sure that our lodging doesn't get left behind, a big part of our tourism, as we are a destination State. And so, we will have information coming soon at [goffer.nh.gov](http://goffer.nh.gov), again, just to provide lodging with some assistance, given that they experienced appreciably higher losses than anticipated last year.

Finally, I want to take a moment to provide an update, another issue on the American Rescue Plan fund, what we call the ARP Fund. This is the \$1.9 trillion that the Federal Government allocated to all the -- across the country as part of the -- they call it the Rescue Plan. But it's really a lot of infrastructure money and revenue-lost dollars.

Next week, 10 different State Agencies are going to be bringing several items before the Legislative Fiscal Committee that will be the -- these will be the first allocations of the American Rescue package funding received. This first round, if you will, will total approximately about \$150 million, maybe a little more. But we have a variety of different Agencies going through the legislative process and the Fiscal Committee. And you can see some of the initial pieces that we're going after on the screen behind me: \$13 million -- and that's kind of the some of the initial mental-health investments; \$25 million in deferred HVAC maintenance projects across the State; \$22 million for State Parks, very interesting. They really highlighted and specified State Parks as being an area that the Federal Government wanted targeted, so a huge opportunity for New Hampshire, given we have this wonderful State Park infrastructure. We want to be able to invest and enhance that infrastructure for all our travel and tourism business.

Water infrastructure: clean drinking water, as a lot of folks know, is a passion and a very important role that the State has taken on, in terms of providing clean and safe drinking water, so about \$50 million in initial water infrastructure projects. \$30 million for some IT modernization: again, that was really specified and highlighted out of the Federal Bill. And then, some \$2.5 million that we know of coming for the engineering technology renovations over at Nashua Community College, so finding some of the shovel-ready projects, if you will, that we have been allowed to use these funds for to make these investments.

One last thing, and then we will open up for questions, just has to do with the State of Emergency. As a lot of folks know and have seen, last Friday, I did renew New Hampshire's State of Emergency Declaration for an additional period of 14 days.

I got to say Granite Staters have just done a phenomenal job managing through the pandemic. And as a result of their hard work, we currently have no commercial restrictions in place, no statewide Mask Mandate. We're definitely open for business. I was walking down Main Street in Concord today. It was absolutely unbelievable to see so many folks out and about enjoying the nice weather. All the businesses were open, which was just a great, great sign. And obviously, we're hopeful that, as the Legislature convenes, they can move swiftly to take up any Emergency Order that should be codified into law and pass a budget that continues to provide the State with the tools needed to move forward, so that the flexibilities provided in the State of Emergency will no longer be needed. It's something that we're looking for. We want to be able to codify these flexibilities. And that is in the budget process. And if that happens, then the State of Emergency can go away. So, it's really in the Legislature's hands, at this point, to be able to get rid of the State of Emergency by passing the budget. And that's a great opportunity for everybody, to be sure.

Okay. I know that was a lot, a little bit of everything. I know we get into some of the details, the minutia, in some of these bigger projects. But there's just a lot of opportunity out there, all COVID-related and driven. But we just want to make sure people are aware in how to get access to whether it's funds or assistance, in terms of whatever they need. Adam?

### **Q&A Session**

*Governor, the President announced a new push for vaccination yesterday, focusing more on the States that haven't met that 70% threshold. But, is there anything that's going to happen here along those lines? He highlighted a lot of the incentive efforts and I know that you said that that's not something you want to do. But it appears like it's working in other States.*

#### **Governor Sununu:**

Yeah, but, again, those incentive efforts are required in States that haven't been able to meet a lot of the metrics that New Hampshire has already met. We're leading the nation in many ways, in terms of vaccine distribution. We have an excess supply at this point, because so many folks have been vaccinated.

Obviously we're going to keep pushing the message. Vaccines are really how we get back to normal. It's been a huge assistance in allowing us to lead the rest of the nation. But, again, other States are doing the incentives, because they're way behind. They're trying to catch up to where we are. So, we've just done a very good job of it and hat's off to the Team for doing it.

*But given the fact, I mean, you say follow the data. I mean, the data shows that it works. So, if we can get from the 70s into the 80s, wouldn't that be worth it?*

#### **Governor Sununu:**

It's a very different thing to go from the 40s to the 50s in terms of percent vaccinated than the 70s to the 80s. It's not a linear progression there. So, again, providing cash incentives also for folks to make -- if you haven't decided to get vaccinated at this point -- we're going to keep pushing the message -- but there's reasons for that. It's been incredibly easy to do. You've had all the opportunity in the world.

To go above-and-beyond and say we're now going to pay you to get a vaccine that you otherwise wouldn't be getting, that's not where I am. And right now, our citizens have responded very, very well. It's not what's really needed in this State. It's not going to be the gamechanger you might see in other States that are so far behind.

*Not necessarily money, though, right? I mean, guns in West Virginia. I mean, maple syrup. Why not?*

**Governor Sununu:**

If a quart of maple syrup is what gets you over the line to get the vaccine, I don't know. I think there's other issues to bear there. I think just knowing that the vaccine is how we get back to normal, it's how you protect yourself, how you protect your family. Those are very powerful incentives. I think they're more powerful incentives than a quart of maple syrup. But, call me old fashioned.

*Governor, the border with Canada remains closed at this point. Canadian visitors, obviously, historically have always played a big role in our tourism seasons in New Hampshire. Would you like to see the border to be opened?*

**Governor Sununu:**

Absolutely, both the United States and the Federal Government in Canada need to open the Canadian border. I met with the Northeast Governors. I met with some of the Eastern Premiers, which are effectively the Governors of the Provinces up in Canada. And we all agree that that border definitely has to be open. It has to be a two-way street.

I understand Canada is way behind the United States in terms of vaccine distribution. In fact, if we have extra vaccine, I'm more than willing to give it to Canada. And I mean that very sincerely. All the States around here -- Maine, Vermont, New Hampshire, Massachusetts -- we all have a bit of extra vaccine now because we've just been, as New England, as a whole region, we're doing really well on vaccinations.

So, if it -- if the Federal Government -- and I've made this plea to Washington. We're waiting to hear from the President. We have directly asked him: can we give our vaccine to Canada? Will that help open the border? We're more than happy to do it. They can come here and get it. I'll ship it there. Whatever it takes to open that border is very, very important. And I hope that folks -- I know Washington isn't on the border of Canada, but it's a huge part, not just for New Hampshire but for all the northern States and New England as a whole.

So it's good to know that our partners and our counterparts on the other side of the border agree with us wholeheartedly. They're making the same plea to their Federal Delegation -- or their National Delegation in Canada. We're making our plea to Washington. But the border has to be opened, absolutely.

*Question for Commissioner Shabinette on long-term care: Commissioner, can you just take us through these incidences in which cases do pop up? Is there anything unique about it, or is this just sort of the usual kind of it enters the facility and it's happening, but at a far less rate now than you...*

**Commissioner Shabinette:**

Far less rate and all of our vaccinations, they're 95%, 97%. So we expect to see some breakthrough cases. And we're definitely seeing some of those in long-term care. We have new admissions. We have residents that didn't get vaccinated or got one dose of vaccination. We have Staff that didn't get vaccinated. So, we see some new infections and some breakthrough infections. But what we're seeing with the breakthrough infections is it's milder than what we saw with the initial infections.

*So basically with their vaccination rate being so high, safe to say this is kind of the new normal for LTC. This is kind of what it's going to look like from here on out for the foreseeable future?*

**Commissioner Shabinette:**

I would not say for the foreseeable future. I would like to see things go back to normal more in long-term care, where you have more of the community within the facility. So, right now, I think things are opened up quite a bit.

But I do think there is another step. I think people are still fearful and they should be. It's been a very, very tough year for our elders in our long-term care community. So as much as things are opened up, there's still visits. Families are back in the facilities. It's not as robust as what it was pre-pandemic. So, I do think we still have a ways to go. So, foreseeable future, no. I'm hopeful that things are going to open up even more in long-term care in the coming months.

**Governor Sununu:**

Any more, then we get -- oh.

*Yeah, might be for Dr. Daly, but the CDC has several data notes that show New Hampshire's vaccine totals were revised downward in May. For example, the number of total people with at least one dose of the vaccine went down by about 55,000 between May 6th and 7th, and about 70,000 between May 26th and 27th. And then, on May 7th, we also saw that the total number of doses went down by about 17,000. I understand that this is Federal data. But the footnotes did say that the CDC was working collaboratively with New Hampshire on this. So, just hoping to hear a little bit more about the what the...*

**Governor Sununu:**

Sure, yeah. We will ask Dr. Daly to come up. Obviously the data gets adjusted from time-to-time. But, Dr. Daly?



**Dr. Daly:**

Thank you. So the question was about a data note on CDC's website regarding an adjustment of our data a couple weeks ago. And I can't speak to the specifically numbers or the dates of what happened. But, just generally what we realized, as the CDC numbers were increasing beyond what our tracking number was, is that there was some duplication of the Federal Pharmacy Program as well as our data, because the pharmacies here in New Hampshire were reporting to us and they were also reporting their data back to CDC, because they were getting the vaccine from CDC.

So, when we realized that was happening, we worked with CDC to resolve that issue and make sure the data is as accurate as possible. I suspect that could have also affected other States' numbers, as well, if they had that type of duplicate reporting set up.

*Okay. Yeah, and then there was that time period in April where New Hampshire was really leading the country, especially when it came to first doses. And I'm wondering, with these revisions, some of which were pretty large and there was kind of a data jump on April 1st where New Hampshire added 90,000 doses over -- or about 85,000 doses over one day, I'm just wondering. I mean, is there a chance that we were not leading the nation there at that time?*

**Dr. Daly:**

So I think very clearly we have done very well, when you look at our data compared to other States in the nation. Even now, still, after the data correction, we're still doing very good. So it's difficult to say exactly what that impact would have been and retroactively try to adjust that. But if you have specifically questions about specifically dates and numbers, we'd really have to go back and pull that data, and look at what those changes are.

*And then, when did you guys kind of become aware of the data issue?*

**Dr. Daly:**

I believe the question is when we became aware of the data issue. I'd like to go back and look at our records around that, because we do know. We are familiar with when that is. And when we realized it, we took the steps to adjust the data with CDC.

However, there are a number of vendors involved in that process. And so, it took a couple weeks to make that adjustment, working with CDC, because they're ultimately the ones who control the Federal Data Systems.

*Right.*

**Dr. Daly:**

And we control ours. And we have to time the transmission of data appropriately. So we can certainly follow up and get you specific dates and details, if you'd like those.

Yeah.

*The business-expenses issue you've worked out with regard to what Treasury had to say, is it still possible some businesses, even with that deduction, are still going to have to pay the money?*

**Governor Sununu:**

Yeah, it is. It is. It's absolutely a possibility that some businesses will still have to recoup money back per the Federal Government's guidelines. Again, we're trying to create as many opportunities and programs as we can so businesses don't have to give us money back. But there are conditions there.

I know there was some talk from Elected Officials that there's no conditions on the money. Of course there's conditions. There's dozens and dozens of FAQs and guidance documents that we've done a very good job adhering to. But we're always going to fight for some more flexibility. And our economy came back really strong. So we're finding more ways to allow those businesses to either keep the dollars, use expenses, whatever it might be.

But I do suspect, at the end of the day, some businesses just did very, very well, had very few expenses, and unfortunately some of those dollars, per the Federal Government's guidelines, will have to be recouped. But then, we just send them right back out again. We will put them back out in new programs, right? We're going to get them back out. We don't want to send any dollars. My plan is to send absolutely no dollars back to the Federal Government. Just kind of keep reinvesting in the State of New Hampshire per the guidelines. Sure.

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

*Hi, thank you. I have several quick questions. Regarding the vaccine surplus, is there a concern that some vaccine doses may expire? Also, could you give us an estimate of how many hospitals or what percentage of hospitals are seeing COVID patients today versus at the height of the pandemic? And now that there are fewer COVID cases, how has that affected the number of Staff dedicated to contact tracing?*

**Governor Sununu:**

Sure, sure. Give me one second. I'm writing all that down. So, your first question's about vaccine surplus and the risk of vaccines going -- of expiring. Absolutely, there is a risk of that. And that's why, whether it's sending vaccine to Canada, or sharing with our fellow States, or whatever it might be, we're trying to get that vaccine moving as quickly as we possibly can. And so, that is a risk and that's why we're trying to share it, use it, whatever we can do. If Washington would just let us send it over the border to Canada, we'd be more than happy to do that.

In terms of the percent of -- or the number of hospitals, I think, look at one point. I think, at the height of this, I think it's safe to say that every hospital had individuals coming into it that may have had COVID. Some hospitals were more equipped than others. And those patients might have been -- everyone, I mean, obviously got treatment.

I think the numbers now, I'd say less-than-half of the State's hospitals probably have -- of the 26 people that are in hospital beds, of the thousands of beds available, there's probably less than half of the hospitals right now actually have COVID patients. But it really varies day-to-day. So it's a little hard to say.

But the key number is that we're down to 25 individuals today that are in hospitals because of COVID. And if you look at last year's numbers, I've been looking at last summer's numbers. I'm hoping that we trend in that direction where the hospitalization number got very, very low. And that would be a great thing. That just means hospitals can manage it. They have the Staff to handle it. The vast majority of their Staff has been vaccinated.

The hospital crunch also comes, last year, specifically when there was a lack of Staff, because they were quarantined. They were out because they had COVID, themselves. That isn't nearly as much of an issue now. So, not just the capacity is there within the hospitals, but the workforce is there to maintain flexibility, which is a very positive thing.

And then, as far as contact tracing and staffing, HHS -- I don't want to speak for HHS directly. But they've put together a great plan between now and really through the fall in terms of where staffing and some of our Personnel will go, both the needs for the National Guard, the needs for our internal Staff, the needs for some of our State Employees that had donated some of their time. And it's not just to contact tracing or the unemployment hotline. Everybody really came together to provide a variety of services.

But there's a plan in place to kind of dwindle that down a little bit as we get more and more on the positive side of the COVID issue. But, contact tracing is always still going to happen in some form, as it always has, for not just COVID but for other issues, as well. Certain aspects of quarantining and letting the public know if there's an outbreak, not just of COVID but of other viral spreads, or whatever it might be, Public Health has always had that role and responsibility with things that are even non-COVID. And they do a great job of it. So that's not going away. I just want to be clear. That stuff isn't going away. But it will obviously be dwindled down as the need demands it.

***Paula Tracy with InDepthNH:***

*Good afternoon, Governor. I have a question for you about emergency powers and another for you about future emergencies versus you probably know House Bill 417, which passed overwhelmingly on the House side, at least, would require future House and Senators to vote on any extensions of a Governor's emergency powers past the first 30 days. What might be the unintended consequences or potential problems you see if these powers are shared? And then, question number 2 is, as we're coming out of this pandemic, have you yet reflected on what lessons have been learned, or changes made, or advice to the next Governor who might deal with an extended statewide emergency?*

**Governor Sununu:**

Sure; so let me start. The first issue has to do with sharing emergency powers isn't really the crux of the issue. If you remember last year, the Legislature went away. So, there was no Legislature that would even be in place to "share" these powers with.

So some of the concerns over that Bill is, what if the Legislature wasn't in session? What if they didn't come back into session? What would happen with the flexibilities that a Governor clearly needs to manage a crisis? I think that was on display in the first few months of the pandemic last year and how important that kind of flexibility is.

So, of course, you always want all bodies, all branches of Government as involved as they can be in these decisions. But, as was evident last year, if the Legislature were to not be in session, what would happen in that State of Emergency? Would the Governor lose all the flexibility if they refused to come in?

So, that's some of the concerns that I have for not just myself but for future Governors, just to make sure that the system has integrity going forward. Things have to keep moving forward and not get bogged down in bureaucracy or infighting, or politics, or anything like that during a crisis, to be sure.

As far as lessons learned, I don't know. There's a lot of lessons learned. I could go on all day about lessons learned and things that we could have doubled-down on or done better, or whatever it might be. I think the question was: what would I recommend to the next -- I'm not really thinking about the next Governor right now.

So, we're still in it. We're not in a crisis mode anymore, to be sure, which is wonderful. But we are still managing a lot of aspects of COVID. And I suppose, at some point, when the dust really settles, we can settle back and look at a lot of this.

I think the Team has done a great job kind of building the playbook as we go. It isn't like we didn't write all this done. They've done a great job writing the playbook as we went through it. So, God forbid there should be a new Team in place today or tomorrow with a new crisis, we have -- this Team has done a great job in not just setting a tone, but building an infrastructure, a communications plan, a logistics outline that anybody could come in and follow. And I think that's the most important aspect of all of this.

**Michael Graham with New Hampshire Journal:**

*Thanks so much. Very quickly a numbers question for Commissioner Shibinette: how many of the currently hospitalized for COVID are also vaccinated? Are there any fully vaxxed(ph) or single vaxxed? Do we happen to know that number? And then, a broad question for Dr. Chan: with the numbers down at 48 reported today, I think that's what you said, what's the magic number for an Epidemiologist for it's over? In other words, that we're at the number where we're just going to have the same number of COVID cases kind of on as far as the eye can see, and the pandemic, as far as you view a pandemic, is over. And then, Governor, you were with former Vice President Mike Pence earlier today. You've mentioned in the past that there's been less communication with the Biden White House, with the State, the Governors' calls and information and talking directly to the President and Vice President. And I think you'd mentioned several times that one of the people on those calls in the past was then-Vice President Mike Pence. Can you talk a little bit about what role, if any, he played, what you saw from the White House at that time? And did Vice President Pence play any role in the fighting the COVID pandemic?*

**Governor Sununu:**

Sure, so I'll answer the first one. Then, I can have Dr. Chan talk about when it's over. I don't know if there's really an answer to that one. But the first question that you directed really at Commissioner Shibinette, I think, if you don't mind, I'm going to answer for her and just say that, of the current individuals hospitalized, I don't think we know exactly how many are vaccinated or anything like that, or if they received vaccine.

We can try to find that number for you. It takes a little doing, because we'd have to go to each of those hospitals and each of those individuals and get their medical history and the whole 9 yards. So it's not a number that we can just whip up. But we can try to find a number, or at least see if there's some trends, just to help you out and get a little better answer on that. I'll turn it over to Dr. Chan for the pandemic number.

**Dr. Chan:**

Thanks for that question. It's about maybe what is a pandemic and when is a pandemic over? And so, pandemic is a term that simply refers to a worldwide outbreak of a disease, in this case COVID-19. Just to be clear that New Hampshire and the U.S. do not declare pandemics. A pandemic was declared by the World Health Organization or the WHO. And I'm bringing this up probably to point to the fact that COVID is still in high numbers globally. And so, the worldwide outbreak, the pandemic of COVID-19 is far from over. Just look at what's happening in other countries and the high peaks and surges that other countries continue to see, the very low vaccination rates in other countries. So we're going to be dealing with COVID-19 on a global level for a long time to come.

When the WHO declares the pandemic as being over, I think, is uncertain and remains still to be seen. I think what people are seeing and hearing about in New Hampshire and in the United States are attempts, at least at the State level, to exit the pandemic response and get back to something that looks more like normal management of disease and outbreaks.

As the Governor mentioned, you know, there's still many aspects of COVID-19 that we continue to manage: the contact tracing; the vaccination; the testing; mitigation measures, right? So, COVID-19 is with us.

We are seeing the numbers decrease dramatically. We're tracking this, based on our metrics for community transmission, which people can find on our online data dashboard. But the numbers still are very much in flux, up and mostly down now, thankfully, which is the good news.

But I think we can look at getting back to sort of more normal functioning and declare an outbreak as being over when we reach a new baseline, right? So, COVID-19 we believe is going to be with us for months, if not years. What level of COVID-19 will ultimately settle out in our communities, I think, is unknown. We're still seeing the numbers decrease dramatically. We want to see those numbers go as low as possible. But we are following the numbers very closely. We're following the levels of community transmission very closely.

But just to be clear that the global pandemic is far from over, but what we're in the process of doing is exiting from our pandemic response to something that is more of a management of what we can an endemic disease, meaning a disease that may naturally or routinely circulate. Thanks.

**Governor Sununu:**

And then, the final question, I think, you had, Michael, had to do with Vice President Pence. Look, I knew Vice President Pence when he was a Governor, Governor Pence. And he was one of the first individuals that actually encouraged me to run for Governor. I consider him a friend, without a doubt. So it was great to see him.

As far as his role, I can say without question and without hesitation he was the central figure in the previous Administration managing a lot of the pandemic. He, frankly, deserves a lot of the credit to make sure that -- kind of being on the front edge of Operation Warp Speed. He deserves a lot of the credit with communication, because he was a Governor. He was an operator. He was a manager. And I think he understood what a lot of the Governors were going through. And so, just knowing that there were many times I could just pick up the phone and talk to him, and we could talk -- I think Commissioner ShibiNette and I had a very famous phone call with the Vice President once just saying, look, we have these issues with FEMA. We have these issues with PPE. We have these issues with testing.

Whatever it might be, he was always there to pick up the phone and help guide us in terms of who we should be talking to and using his influence, when we needed it, to get opportunity for the State of New Hampshire. So, he was at the absolute center of virtually everything that was done in that Administration, as it pertained to the COVID crisis. And he answered every question. He was always available. He never hesitated. And when he couldn't get you an answer -- and just like we've tried to do here, if we don't have an answer, working to get it for you. We're going to dig in deep and come back to you with the right data and information, and try to be as forthcoming and transparent. And I think it was that, his leadership and that transparency out of the White House, which gave a lot of Governors -- Republican and Democrat alike, even though it was an election year. Everybody was really rallying together and using the White House as kind of a central point of contact and information for a variety of the logistics that we were dealing with on our end. And he was at the middle of all of it. There's no doubt about it. He deserves a lot of credit for the country's success.

**Kimberley Haas with Seacoast Current:**

*Good afternoon, everybody. Governor, the big topic coming out today, when it comes to spending, is investing in mental health here in New Hampshire. Correct me if I'm wrong, but I thought I heard you say that we could spend up to \$100 million on mental health moving forward. And I think after the year that we've all had, all of our readers and listeners can relate. We've all seen our own mental health go different directions through all of this. My question is: what specifically will be done for pre-teens and teenagers? I think we're not even sure yet what the long-term effects of the pandemic will be for that group of people.*

**Governor Sununu:**

A great, great question, I really do appreciate you asking that. When it comes to the mental-health crisis -- and I'm going to speak a little bit as a dad here, as someone with two teenagers and a 3rd grader, myself, and just seeing what everyone had to go through in this State, especially kids, there's no doubt that it affected kids the most. There's just no doubt. Those are very formative years.

As adults, we had a hard time wrapping our heads around and comprehending the health, the safety, the anxiety of what was happening over 2020. And to ask a child to be able to comprehend that at the level that an adult can, that was asking a heck of a lot, and then trying to explain to them why they can't go to school.

So, what are we doing about it? First off, one of the first things we did is make sure kids got back to school. That's why we pushed so hard to make sure schools could stay open and every school had the option to stay open in this State. We did very good job.

Making sure that all schools got open and didn't just let the year run out, because having Teachers in the classroom, having peer-to-peer support in a lot of those schools and those programs is so vital to not just getting kids back on track but helping identify where those -- if you will, where the cracks are, not just academically. I mean, a lot of kids suffered academically, but with these issues of mental health. And that's why making sure all the schools opened up back in April was a big push of ours and it was definitely the right thing to do. And it's already yielding some great results.

We don't want to wait until September, five months from now -- or from April, and say, well, now we're going to assess the kids. Now, we will figure out where we are, right? We want to hit the ground running in September. And so, by allowing and pushing to make sure that schools opened up the right way, getting eyes on the kids, that has been absolutely vital in terms of, I think, getting a proper

assessment of where we are. That way, we can provide -- and Commissioner Edelblut out of the Department of Education is providing a lot of supports not to just the school systems for academics.

We don't necessarily want to tell kids, well, if you're behind a little bit, you should just go to summer school. Well, that's like -- that's just penalizing kids even more. We took away your school year and now we're going to take away your summer.

Commissioner Edelblut has a very different approach that I appreciate. He's investing in summer camps and programs with kind of an all-encompassing attitude, with peer-to-peer support, with fun activities, really making it something constructive and enriching for those kids that need the extra support. So I just really appreciate it.

I know some States are going the, we will just create lots of summer school for kids. But I think appreciating the whole health of the child and creating those programs in a very enriching way is really positive. He's using some of what we call our Gear money, some of Esser (?) money to do those types of programs.

We're putting more money into special education. We're making sure that we have not just emergency mental-health beds for kids, but they're done in the right way, in the right setting, by bringing in Private Providers that specialize in children. And how you deal with mental-health issues or anxiety and crisis issues with a child is so very different than with an adult. And you have to have that right expertise.

Obviously I've been pushing very hard to expand the number of Nurses in the State. But that has the ancillary effect of hopefully getting more folks excited and expand it into psychiatry or psychiatric psychology-type programs again, so we have the workforce.

We can invest all the dollars in the world and build, and buy hospitals, and do all this amazing stuff. But if you don't have the workforce there to support it, it's only a half-measure. So really focusing on workforce, the other big piece there is the student debt assistance, which I'm really hoping that that will come in through the budget. Don't know yet, but that allows us to incentivize students to stay and work here in New Hampshire, especially around areas of mental health or the medical profession, whatever it might be.

So, there's a lot. I'm throwing a lot out there and I'm just doing just this piece off the top of my head. But I think schools are really integral in being part of that solution. I think good community programming and peer-to-peer type programming over the summer's very important. And then, just making sure that, in those moments of crisis, those Emergency Response Teams, we're putting more on the road. That's wonderful.

Better rates for the community health services; breaking down the regulatory barriers with hospitals, so, again, they're not just maintaining and maybe sending an individual home, but they're actually providing some of these mental-health services until more inpatient long-term treatment is determined.

Getting everybody onboard and saying, we're all going to be part of that solution, it does nothing but help the system, as a whole, but obviously especially kids. I think the anxieties you see with kids and some of the mental-health issues with kids are going to be there well into this fall. But all the new transitional beds we're creating, all the new hospitals that are coming online with their beds, that creates more capacity in the right areas and in the right way for the kids to get the services. And I keep going back, and I really mean this sincerely, it's about that mom. It's about that dad that sees their kid in crisis and says, I know what to do. I've never dealt with this before, but I know there's a system there that can provide those supports for my kids.

At the end of the day, I've said it very clearly to all the stakeholders, there's lots of metrics to look at. There's lots of goals. But let's make that our top priority. And if we can achieve that goal to give families confidence that the system will be there for them, all the other stuff can really flow from that. And so, that's it.

I mean, I try to, in some ways, make it very simple, right? Give the very clearly defined goal that we can understand, that we can appreciate. And if you can achieve that, along the way, a lot of other really good things are going to come from it.

***Nora Doyle-Burr at The Valley News:***

*Yeah, hi. Good afternoon. Thanks for taking my question. I think this is a question for Dr. Daly. I was hoping she might be able to talk about who's not yet vaccinated in New Hampshire and why it looks like younger people, as well as certain ethnic groups, Latinos and African-Americans, have lower rates of vaccination than other groups. Could you tell me why and whether you have plans to bring those rates up? Thanks.*

**Governor Sununu:**

Sure; you want to take that, Dr. Daly? Okay.

**Dr. Daly:**

Great, thank you for that question about who's not vaccinated in New Hampshire. If you look at our data by age group, you'll see that while, overall, we're around 70%-or-higher of people who have chosen to get vaccinated, among people who are age-eligible, this really ranges from around 30% in our youngest age group all the way up to even close to 90% in our 65-and-up. So that's really great.

Part of the reason why we have seen this very wide distribution in terms of who's getting vaccinated by age is because of the way that we rolled out the vaccine, right? So we targeted the older-age groups, who've had much longer period of time to be able to get vaccinated. And then, for example, our youngest group, the 16-and-up group, could only start to get vaccinated in April. And now, that 12-and-up group is getting vaccinated just this last month, in May.

So, in terms of how many people have been -- gotten vaccinated by age, I think we're doing very well. And it will improve with time, especially as we push vaccine out into our Healthcare Provider offices and kids can access vaccine through their Pediatrician, who they're used to getting vaccines from. I think we will see these numbers go up.

But even in that 16-to-29 age group, it's around 50% of people making that choice to get vaccinated. We do want it to be higher. But in this initial push of getting people vaccinated, I think that's a good number.

In terms of looking at the data by race and ethnicity, we do also see disparity there, or differences there, in terms who's been vaccinated. And this is something we knew was going to happen and we acknowledged right up front, very beginning. And we created a whole program around ensuring equitable access to vaccine, and have had this program operating since late-January or early-February, where we are going out into the community, trying to reach vulnerable populations, populations who may be more vaccine-hesitant or have distrust of healthcare or Public Health Officials, or maybe have



other access barriers, such as not having transportation or being able to access one of our State-run fixed sites.

So, when you look at the data in terms of our equity allocation, then, and you compare that to the total regular population that's getting vaccinated, you see that this equity initiative has been very successful in reaching more racial and ethnic minorities. We have about two times or three times as many people who are non-white getting vaccinated through that Equity Allocation Program. So I think that's been successful and we're actually going to continue that over the next several months, continuing to make those vaccine opportunities available to different populations around the State who may have been harder to reach all along.

**Governor Sununu:**

Great; all set on the phones. Okay, great.

*Governor, can I just circle back to mental health for a minute?*

**Governor Sununu:**

Sure.

*Going off of Kimberley's question about students, even broadening it to adults, how can you reach people of all ages before they need hospitalization, before they're in a crisis situation?*

**Governor Sununu:**

So, a couple things -- another great question -- first, you do it with community, right, which is why, for example, we're opening transitional beds in every county across the State; why we're asking hospitals to transform some of their beds, because folks have great connection with their hospitals and their Primary Care Physicians. Most Primary Care Physicians and Providers are associated with Hospital Associations. So getting those hospitals incentivized to transform some of those beds allows you to pick up the phone. And your Doctor say, well, yeah, I'm part of Cheshire Medical and we're making investments in our beds, or whatever it might be.

Look, there's obviously just a good messaging out there. There's good programs that are there. But streamlining some of that a little bit, so folks just have a one-stop shop, and a lot of times that one-stop shop will be your Doctor, right, so that if you see symptoms, if you're concerned about your kids, you're concerned about yourself, you know where to turn.

Look, one of the toughest things that we manage with mental health is the stigma, right? There's always a stigma around mental health. And that's a barrier that we've always had. You don't just accept it, right? You try to break it down and you do that just by constantly talking about it. And that's why I took so much time here at this press confident.

I want people to know we're making those investments. We're making them in their community, not just in Concord or Manchester. And they're real. They're not just at hospitals. They're not just in Concord, but with the community mental-health centers. They're with the Emergency Response Teams.

There's ways to get a hold of them. And again, I think Teachers and getting some better programming and more opportunities in schools, specifically around kids again, is a huge opportunity.

Socioemotional learning programs in schools or more direct services that we can provide, obviously kids have their Guidance Counselors and things of that nature. But if there are more specialized services, does that Guidance Counselor know who to pick the phone up to? Or when a parent calls and says, I'm concerned about my son, can that school be a resource for that, making sure that they have the tools that they need to be there?

So, it's making sure that everyone appreciates we're all part of the solution. No one is immune. No one can say, that's really not my field of expertise. Sorry, can't help you. Everybody, every neighbor, every coworker, every school, we all have a part to play in that and to be a good support system for those that might be in need. And to your point, acknowledging that, well, there's something here. I got to pick up the phone and call someone. I can't do it myself, whether it's something personal or something for my family. I need help.

*Governor, it was around this time last year that you were warning people that potentially there could be a surge in the fall, that the models had shown that that was possible. Is it too soon to tell if -- what that is going to look like this time around? And do you have any kind of read on what we can expect, come that September/October time period?*

**Governor Sununu:**

So, my assessment -- and I haven't talked to the Team about this at all. But I'm a model and a data guy -- we are going to see a surge of COVID in the fall, because let's assume for a second. Let's just make a general assumption that 30% of our population, maybe 25% are not vaccinated. In theory, theoretically, you're going to see relatively the same surge at 1/4 of the level.

Now, then you get into kind of that, what is that herd immunity number, right? And again, herd immunity doesn't mean just COVID pops off and goes away. You could get those types of immunities in pockets of populations, right, because it's about the population, the density. You could see more of that immunity happening in a high-density area where there was a high vaccination rate, and less of it in a low-density, rural area, in another part of the State or the country. So that variable then comes into play.

I think that's a long way of saying, I have no doubt you'll see a bit of a surge. But I'm very, very confident that it is nothing that we can't manage. Absolutely that we can manage it. And again, the other piece of this puzzle is, are booster shots going to be required, right? And we will have more data on that, I think, as we come. I don't think that anyone has said that that's an absolute yet. They're still looking at that information. But if those are required, making sure that they're available, and obviously we have great access to vaccine. They'll likely be -- the booster shot, I believe, will likely be similar, if not the exact same shot that you're getting now. So, again, hopefully we will -- if that were to come, that we're prepared for it. But I feel very, very confident that you'll see a rise in the numbers. But, similar to what we're seeing now in that it's not a number that we can't handle.

*Governor, so earlier today, you said you'd support a measure in the State budget banning abortion after 24 weeks with no exceptions for cases of incest or rape. And you said as a candidate last year that you didn't see any need for changes to State Abortion Law. So I'm wondering if you can speak to the changes in your position there.*

**Governor Sununu:**

I haven't changed my position one bit. I'm pro-choice. And like many pro-choice citizens, I've always supported commonsense reforms to limit abortions in months 7, 8, and 9. This was not my proposal. It was the Legislature's.

But understand that 43 other States, including liberal States of Massachusetts and New York, already have similar provisions. So, this is not -- anyone claiming that this is some radical restriction, that's just part of some politics. So 43 other States are already there. This is -- I'm pro-choice and this is a measure that a lot of pro-choice individuals support. And we're talking about abortion in months 7, 8, and 9. That's already out there for most of the country.

*Just to follow up with that, Governor, I mean, you did say, "I'm not looking to make any changes."*

**Governor Sununu:**

And I wasn't. I didn't propose this. The Legislature did.

*But you have the power to stop it, though.*

**Governor Sununu:**

Am I going to veto the entire budget? Look, I don't fundamentally disagree with late-term abortions in months 7, 8, and 9. I never have. I'm pro-choice. But as I've said, a lot of individuals that are pro-choice -- I think there's a plurality of citizens in New Hampshire that agree that those restrictions shouldn't be in place. 43 other States agree that those restrictions should be in place. Very liberal States agree that those restrictions should be in place.

I didn't propose this. The Legislature did. But if they're going to attach it to the budget, which it's their prerogative to do that, we're not going to throw away the whole budget over this issue. But I don't even fundamentally disagree with it. I just understand that I think the way they've done it is a sensible approach. It isn't a ban on abortion or anything like that. It's a sensible approach and something that most other States have already done.

*And the criminal penalties for Doctors, how do you envision the State prosecuting those cases, if an Obstetrician does perform a procedure?*

**Governor Sununu:**

I'm not sure. I got to be honest. I don't know the part of the Amendment that they're looking at. And let's also be clear. I don't know what's going to finally hit my desk. I know the language that's in there now and I can only speak to that. But I don't know the final version of what hits my desk. And that obviously could change and that could change my position, of course, because you have to look at the practical implementation. I don't know the restrictions and the penalties and all that. So that's a tough one for me to answer at this point. Yeah. Oh, yeah.

*Dr. Daly, one quick follow-up on the CDC data, I'm not going to harp on exact numbers. But I'm just wondering how you guys found out about the discrepancies.*

**Governor Sununu:**

Well, I'm going to jump on that one, if you don't mind, Dr. Daly.

**Dr. Daly:**

Yeah.

**Governor Sununu:**

The CDC and the State of New Hampshire's numbers have never aligned. We've talked about that issue since the first day data started coming out. CDC and the Federal Government have always contracted with different programs that have nothing to do with the State. They don't inform the State. They had direct partners. The FQHCs, the Federally Qualified Health Centers, had their own direct program. The Veterans, for example, had their own program. Federal Government Workers had their own program.

So we have never completely aligned, and no State has. We're no different than any other State in this issue. We have never completely aligned with that. So I think we've always had the discussion, what are you guys seeing that we're not? Or what are we seeing that they're not?

So I would only answer that in saying, I think, from day 1, our numbers have never completely aligned. We just kind of -- to be honest, I kind of -- my directive to the Team was, don't worry about what the CDC's putting out. We're doing a great job. Keep your nose down. Keep putting that vaccine out. Every bit of vaccine that came in, we got out incredibly quickly. And I don't want to put my Team in a position for answering for the CDC's numbers, because we don't really have an answer for that directly.

I think there were some clear discrepancies after a while that we noticed. And obviously, we worked with them to get them to understand what the real numbers were. And those numbers were adjusted, of course.

There were data dumps. Like every once in a while, the data might not have been uploaded that night. So maybe two days of data, or even a week's worth of data would be uploaded either by the State, or it uploaded data and maybe the CDC would report it a couple days later.

Again, we're not in charge of their system. So I would only say that I think, ultimately, our focus and what I instructed the Team to be dead focused on the 1.35 million citizens of this State. That's our highest priority. Every bit of vaccine that comes in goes into an arm. And they did a phenomenal job with that, without a doubt. And we've -- yeah, we've always been one of the best. And that's a point of pride, to be sure. Were we the first, or second, or third, it kind of bounced around here-or-there. But without a doubt, the State knocked it out of the park. It's really great.

Oh, I thought you were going to ask it. Like, that's Dr. Daly. Good? Great. Well, I'm going to add one more thing on a personal point. I have a lot of adjectives for Perry Plummer. But Perry has done a phenomenal job, done a great job, and really been at -- for those who -- he's been up here a couple times. If you haven't seen him, he's really been at the nexus of so many parts of the logistics, especially out of getting the vaccine out.

When I called him and asked him to come out of retirement, I thought he was going to laugh me off of the phone. But, man, the guy just stood up and said, whatever the State needs, I'm going to be there, which is really great. And we just want to obviously thank Perry.

He's going back to the private sector until we need to call on him again. He knows my number when it comes. And he always picks up. God bless it. But hopefully we won't need to call anytime soon. But I just want to publicly thank Perry. He's really helped be such an integral part of this core Team in terms of managing the logistics, getting the vaccine out, especially, and just being responsive, from a customer, a citizen's point of view. And I think that's really what has separated us from a lot of the other States. So, if you don't see Perry next week, I guess you'll see him on -- maybe you can go see him on a beach, or something like that. So, okay.

We will be back next week, I believe, with another update, as we continue to move forward. But it's going to be a warm one. Everyone stay cool this weekend, to be sure. It's going to be 90s. I'm looking at the MUR guys. Maybe even in the 100s, a little bit?

*Yeah, that's right. We're not...*

**Governor Sununu:**

So, get some air conditioning. Enjoy the weather. Enjoy the beach. Summer is definitely here. So, thank you, guys.