



Office of Governor Christopher T. Sununu  
Press Conference  
Monday, May 18, 2020 at 3:00 p.m.

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**Governor Sununu:**

Well, good afternoon, and thanks everyone for joining us this afternoon, as we kick off another week. We hope everyone had a great weekend. The sun was out and clearly late-spring/summer is in the air, which I think got people pretty excited about seeing what we can do to get back to normalcy.

And as many of you know, today restaurants are able to start offering outdoor seating across the State with proper health and safety guidelines for customers and employees. And I'd just say I've been very impressed with some of the creative approaches that many of these restaurants have taken, in terms of providing that outdoor seating, providing their customers the ability to come and partake in their restaurants and really allow this area to flex open in a safe and productive manner. And also thanks to all the folks at the Department of Public Health for helping put the guidance together, and the work of the Task Force. I think they did a great job.

We also appreciate the work of the local cities and towns, and the Liquor Commission, who all came together to provide a lot of the flexibility that a lot of these individual businesses needed and were looking for to allow some additional outdoor seating in what might not have been their normal sense of operations. And we hope everyone has a chance to get out and, some time in the near future, support these businesses, as they're trying to stay afloat during these very challenging times.

On Friday, we also announced the formation of the Main Street Relief Fund, part of our larger announcement on Friday, the nearly \$600 million announcement. The Main Street Relief Fund was an innovative \$400 million fund meant to help small businesses in the wake of COVID-19. And in order to determine the size of the need across New Hampshire, the State has begun the process of gathering information through the Pre-Grant Application process. It's a requirement for anyone looking for those business grants. That will continue through the end of the application period, ending on May 29th, 2020. So you should have almost two weeks to get that in. We wanted to give people enough time to review it. But it is a very simple application. You can get that at [revenue.nh.gov](http://revenue.nh.gov), or [GOFERR.nh.gov](http://GOFERR.nh.gov). So that's G-O-F-E-R-R.nh.gov, or revenue, R-E-V-E-N-U-E.nh.gov, if you want to go and fill out that application for consideration.

And in just the first few days, the State has already received over 3,000 applications. And the number's growing. So that's a good sign that, A, the system's working. Folks are filling out the applications. It's obviously fairly simple, if they could do it in a matter of hours for many of them. I think by the end of the press conference on Friday, we had a couple hundred already filled out. So I guess that's a positive sign on the process.

Let's talk a little bit about testing, and then I want to bring Dr. Chan to come up for a public health update. Yesterday, the State reported out nearly 2400 tests for a total of 41 positive cases, bringing our percent of positive cases to below 2% for the first time, the lowest ever. And please let's note that that is just a single point. That does not mean define a trend, clearly a good sign that we're on the right track.

We know we're going to have our ups-and-downs depending on the number of tests we might do on a certain day, or the location of the test, if we're focusing a lot of our testing on long-term care facilities where the numbers could rise or increase for a certain batch. So, we have to be cognizant not to just take a single data point as being overly positive or overly negative.

But it is clearly a good sign if you've been able to see any of the data that we post out every day online. The trend is clearly a continual downward trend over the past three or four weeks, in terms of the percent positive cases. And we will continue to expand our testing capability, as we go forward, to get more accurate data, and which obviously allows us to be more flexible in terms of some of the decisions to flex open the economy. We keep evolving the Stay-at-Home Order, the Stay-at-Home 2.0, as we call it, and keep making hopefully progress and opportunity more available for our citizens. With that, I'm going to ask Dr. Chan to come up as part of our public health update.

**Dr. Chan:**

Great, thank you, Governor. And good afternoon. I'm going to give you a little bit of an update in terms of the numbers, talk a little bit more about testing here, and expand on what I think the Governor just mentioned about some of the testing numbers. So, we are now globally at more than 4.7 million cases of COVID-19, including approximately or close to 1.5 million cases of COVID-19 in the United States.

We will be announcing later today an additional 57 individuals in New Hampshire who have been diagnosed with COVID-19, to bring the total to 3,652 residents of New Hampshire that, to-date, have been diagnosed with COVID-19. There are an additional nine individuals who have been hospitalized for COVID-19, for a total of 368 individuals over the course of this outbreak in New Hampshire that have required hospitalization. And thankfully, zero new deaths to report, however we do sadly still have a total of 172 people that have died from COVID-19, either directly or as a result of complications of COVID-19.

Let me give a few brief updates on testing. Remember that there are generally two different types of tests that are out there. There are the type of tests that directly detect the presence of the new Coronavirus in a person's respiratory tract. That requires a nose or a nasal swab. Oftentimes, you'll hear these referred to as PCR-based tests, or polymerase chain reaction-based tests. These tests are intended to diagnose symptomatic people, people who are actively infected with the Novel Coronavirus, causing COVID-19.

And then, there are the antibody-based tests. These antibody-based tests detect a person's response to infection. They detect the presence of antibodies against the new Coronavirus. It can take upwards of a couple of weeks after someone is infected for the body to develop and reliably show antibodies against the Novel Coronavirus. So these antibody-based tests are not tests that are intended to diagnose acute or active infection.

Antibody-based tests are still limited. We believe they are helpful for public health to understand population-based exposures, population levels of exposures. But we still do not fully understand what a positive antibody test means for someone's protection against infection, or reinfection. Specifically, we don't understand how long a person's protection lasts for, after they have been infected, or exposed and infected, with the Novel Coronavirus. So even if someone tests positive on an antibody-based test, or even positive on a PCR-based test, people still need to be taking the appropriate social-distancing precautions that we frequently talk about, both with our partners and to the public.

So, to-date, we have tested more than 49,000 people, over the course of this outbreak in New Hampshire for active COVID-19 infection. That's the PCR-based test I just talked about. There are an additional 874 individuals currently undergoing testing in our public health laboratories.

If you look at last week, from about Sunday through Saturday, so over the course of seven days, there were approximately 12,800 people that we tested using a PCR-based test. That averages out to about 1,800 PCR-based tests per day, looking for active, replicating, infectious virus in someone's respiratory tract. And as the Governor just mentioned, the last several days, anywhere from about 2% to 4% of those PCR-based tests have been positive for active COVID-19 infection.

Now, last week, over the seven days last week, we also tested about 4,500 people with the antibody-based tests. That averages to about 600 antibody-based tests per day. And again, interestingly, about 3% to 4% of those antibody-based tests for people that had the tests showed past infection.

So, what do these numbers tell us? We believe that likely there are a large number of people out there who have not been exposed to the virus, as is evidenced by the testing data. Remember, 3% to 4% of the PCR-based tests positive, 3% to 4% of the antibody-based tests have been positive.

So, I want to stress that, despite the effectiveness of the social-distancing measures to date, there is likely a large percentage of people in the community who remain unexposed and without any evidence of protection. And so, it's important for people to continue to take the appropriate social-distancing steps that we talk about. We certainly are at-risk for a worsening outbreak, or potentially even a second wave of a COVID-19 outbreak in the future, if we relax social-distancing measures too rapidly or too quickly.

And so, we have worked to build protections into business openings, into society functionings, in order to slow and control the spread of COVID-19. So the number of tests that we are conducting continues to increase on a daily basis. The percentage of tests that are positive for COVID-19 continues to decrease overall, which is good news. Hospitalizations, overall, continue to slowly decrease, as well. And we continue to work with facilities and long-term care-type settings, which have been experiencing outbreaks, to try and protect those more vulnerable populations.

But it remains critically important, despite the efforts to reopen certain segments of our society for people, especially at an individual level, to continue to take the appropriate steps. We still encourage people to stay at home, as much as possible, when they don't need to go out. Please stay at home. When you are out, please maintain a safe distance of at least 6 feet from other people. If you're going into a public setting, we strongly encourage people to wear cloth face coverings to prevent spread of someone's respiratory droplets to other people. And as always, please practice good hand hygiene. This is especially important for people that are older, especially older than the age of 60, people with multiple chronic medical conditions which can put them at-risk for severe complications of COVID-19, if they were to become infected.

So, let me end there and say thank you, all, again for the ongoing difficult work of trying to control the spread of this virus. We are in this for the long haul, so to speak. And we will continue to provide updated information, as it becomes available. Thank you.

#### **Governor Sununu:**

Well, thank you, Dr. Chan. So, a couple other items to discuss before we open it up for questions, over the last month, as many people know, we've taken steps to flex out areas of our economy in a very data-driven approach, working together with the Department of Public Health and Dr. Chan and his team, Commissioner Shibinette, really making it a team effort to try to ramp our ability to flex open, but also do

it in a very careful and stepwise manner. And obviously escalating the ability for us to do more testing is a huge tool in those operations, and helps to inform our decision-making.

Today, we're here to announce a few new areas that we want to begin to open up, effective immediately. Specifically, working with Department of Public Health, specifically first is childcare. And our childcare centers have been open. But, as sectors of our economy begin to reopen in a safe manner, as you have more and more businesses opening, we have to ensure that there is adequate number of facilities in childcare across the state.

Last week, we announced an additional \$25 million investment into childcare. And today, we're putting forward a comprehensive guidance that will ensure the safety and security of the children and staff at all of those facilities across the State.

The foundation of the childcare guidance is taken from the guidance that we had originally issued to childcare facilities a couple months ago. And those that had chosen to remain open, about 200, 250 of the facilities that we had across the State had chosen to remain open. And we've taken those guidance and kind of ramped them up a little bit, making a few new changes just to include daily screenings of children and staff, increased hygiene practices, limit on room capacity, staggered drop-off or pickup times. And all that guidance can be found at [nh.gov](http://nh.gov) by clicking the Stay-at-Home 2.0 button. So if you just go to [nh.gov](http://nh.gov), click Stay-at-Home 2.0, the childcare guidance is right there for parents and facilities' staff to take a look at.

And secondly, today we're also talking about outdoor attractions. So, effectively immediately, outdoor activities situated in recreational or natural settings that occur individually or in small groups of 10 or less can resume with appropriate guidelines. And those specific activities include the centers for biking, canoe, or kayak rentals; mini golf; outdoor driving ranges; outdoor shooting ranges; small fishing charters; paintball; equestrian facilities; outdoor guiding services for fishing, hunting, or hiking; and other small group and outdoor activities that are also available to follow the guidance on. The guidelines were all put together in conjunction with the Department of Public Health and Dr. Chan. And again, folks can go to the [nh.gov](http://nh.gov) website to see all of those guidance documents, as well.

Looking ahead to later in the week, we expect to make announcement to other areas of our economy. We're always pushing ourselves and challenging ourselves to see what can be done in a smart and stepwise manner. And specifically some of the areas we've been focusing on relate to personal care. And so, we are hoping to get some additional guidance out later in the week so folks can plan. All those businesses can start planning to re-staff up and reopen in the short period.

Also, later this week, the Executive Council was going to meet on Wednesday to approve the State's Warrant for June spending, an issue that kind of took center stage a little bit a couple weeks ago. They chose to delay and table the vote, and requested more information, which is all fine.

Earlier today, we provided them over 250 pages of documentation laying out how all of these different programs work. We really provided them with everything we could think of, frankly, in terms of what was available. And so, they'll have all the information they need to ensure that State Government can stay open, that operations can proceed, that we don't have to essentially stop paying employees or programs, or anything like that. That is one of the more impactful items that the Council does have to take up. And we want to make sure that all these relief programs and opportunities keep moving forward.

So it's all out there. We've provided them with what I think is clearly an unprecedented packet of well-over 250 pages. And again, we can take up any questions they might have at that Wednesday meeting. But we feel very confident it should all be able to move forward. I know there's a lot of anxiety

with folk after some of the comments this past weekend about shutting down Government and all that. But we feel very confident that with the information at-hand, we should be able to move forward. With that, we can open up for questions.

### **Q&A Session**

*Dr. Chan, can you describe for us on childcare, usually if you have a daycare, they're already doing a temperature check. If you drop a child off who has a fever, in the normal world, before a pandemic, you said, okay, come and pick them up. So, what's different about childcare or daycare now under this guidance?*

**Dr. Chan:**

So, the question is about childcare and opening up childcare. And I think to your point, childcare has remained open, right? Childcare is a critical function to make sure that people, especially if they're essential workers, can continue to work and continue to have childcare available.

I believe this most recent announcement is coming up with more concrete guidance to help those Childcare Agencies that are already open, make sure that they're operating in a safe manner. And any new Childcare Agencies that are looking to open, giving them guidance for how to do so, in a safe manner.

I would encourage people to go online and look at the childcare guidance. It's more extensive than some of the other guidance we've put out to-date, trying to be very specific in terms of building in protections, making sure that it's not just children who have symptom screening, but the staff have symptom screening, as well. Trying to build social distancing, which can be difficult, into a Childcare Agency, with trying to limit group sizes, trying to prevent mixing between different groups of children, if a Childcare Agency has multiple different age groups and multiple different staff, preventing floating of staff in between different groups.

So, there's a lot of guidance in the document that has been, or is just being released, that hopefully will be helpful to Childcare Agencies to help prevent the spread of COVID-19 in the important setting of Childcare Agencies.

*Will there be anything you can gather from watching these Agencies in the next few months that will inform the decision that's made ultimately about school? Because, personally speaking, I know that I don't often get sick from going to the supermarket or to a big box store. But I do get sick a couple of times a year from my kids. And so, the idea being, how closely are you going to be watching these places, almost as a test case for schools?*

**Dr. Chan:**

Yeah. So, the question/comment is about, is this a test case for schools? What are we going to learn from opening of Childcare Agencies? And I think a couple points there. One is that we continue, as we have, throughout the course of this outbreak, to investigate each and every case of COVID-19 in a New Hampshire resident. And we will continue to do so. And so, certainly, if we see cases popping up, clusters popping up in different settings, we will continue to investigate those aggressively to better understand what the chains of transmission, so to speak, are. And so, there will be further information coming, as we slowly and gradually reopen different segments of the society, like childcare and schools.



I think the plan is to do this in a gradual, incremental process, so that things are not opened too quickly, or too aggressively, and risk another rapid surge in COVID-19. That's certainly a possibility. We certainly may see an increase in numbers in the future. But we will be watching those numbers very closely. Thanks.

*Governor of Massachusetts, Governor Baker announcing some of their re-openings, that includes places of worship, where do you stand with places of worship in New Hampshire?*

**Governor Sununu:**

Yeah, so we've been talking. I was on a pretty extensive phone call with a lot of different folks, Pastors and Rabbis, not just this past weekend, but last week. Senator Bob Giuda has actually taken the lead in terms of the Reopen Task Force to try to talk to a lot of these folks, compile some guidance documents, look at what other States have done, and hopefully bring something forward. So, he's still working at that, and I think he's doing a great job with it. So hopefully we can come forward with some better semblance of guidance documents.

It's a very tough situation. We heard a very serious story out in California of a religious ceremony that took place on Mother's Day that opened up exposure to 180 people in a matter of an hour. So, what we're really trying to avoid and what gives me some of the most concern are what I call these super-cluster events. I don't know if that's a good term for it or not, but these events where one person in just a matter of hour can infect hundreds of people. And we've had situations like that. We've heard of them across the country. And obviously being in a closed confined atmosphere, in a church or a place of worship, is an opportunity for that.

So, there are ways to mitigate around that. But we will kind of wait to see what kind of guidance that they propose. We will work with Department of Public Health and hopefully try to provide some type of step forward for them.

And that's not just for traditional religions services, but it might go for funerals or weddings, things of that nature, as well. So, there's a variety of different impacts that we need to address through this guidance document.

*But the Governor had four different phases, for example not opening in large arenas without fans until Phase 4, whenever that is. From what you could see that -- and I know you had discussions with him last week, does his plan seem to mesh pretty well with what New Hampshire's doing?*

**Governor Sununu:**

The question is: does the Massachusetts plan mesh with what New Hampshire's doing? I don't know if that's the right term. I spoke to Governor Baker earlier today about his plan, not in any great detail. But, their situation's so different down there. I think their plan is probably the right step for Massachusetts, frankly, given that they're in a very different situation.

We, obviously, will look at that plan. And there's certain aspects of it that will work kind of in parallel, in conjunction with ours. There's certain aspects that might go a little further, or not quite as far as ours, of course. So we're not always going to be exact. But, we kind of take it piece-by-piece, we really do.

They have different issues down there in terms of venues, right? So, being Massachusetts and the Greater Boston Area, they have a lot more large venue areas, opportunities, and businesses. We don't have quite as many of those. So that's something they have to consider at a much more severe rate.

They have professional sports to consider, although we're working with our folks to make sure that the NASCAR race can happen here in a safe and productive way. And we working with them on that. But, they have much more larger venues that they have to contend with and deal with, from a variety of different standpoints. And just their level of contagion is very different. So, I don't want to comment on it other than to say I think Governor Baker's been right on top of things. And if he put out a plan for his State, it's probably the right plan.

*So, as far as the interaction with the Council goes on more explanatory material in regards to the Warrant, you indicated that you expect things to pass. I mean, could you characterize any contact you've had with them? Or was it simply, here are the documents, check them out, and you're going to find out what happens on Wednesday?*

**Governor Sununu:**

Yeah. Well, most of the documents we provided, a lot of them were already available online. There were some comments earlier this week by Councilor Pignatelli that she didn't know how all the money was going to be spent to cities and towns. That's been online for weeks, frankly. She was concerned about how the money was going to be spent in education. It's been online for weeks.

So, we just kind of compiled a lot of that stuff for them and handed it into a more concise package. We added some more information, as well. They were looking for specific details on certain organizations that may or may not have already received funds. And anything we could provide, we did. So, 250 is pretty robust. But most of that was all available online. We just tried to make it a little more easier for them to read, I suppose.

*Well, one informational item that's on the Council Agenda this week is a contract with the Grappone Center to provide space for a COVID-19 operate...*

**Governor Sununu:**

The contact tracing, yeah, that's a big team of our contact tracers.

*And so, what is your sense? Is that operating now? And why wouldn't you just put that before the Council?*

**Governor Sununu:**

Yeah, so it is operating now. So we have rented out a larger facility here in Concord, because of all the contact tracing personnel that are required. I think it's basically a giant ballroom with some offices and things of that nature. That's been ongoing couple weeks now. Yeah, for definitely a couple weeks now already.

And again, the vast majority of that will be paid for either through FEMA or through the \$1.25 billion flex funds that we have out of the CARES Act. And so, again, all those items are provided to the Council as informational items, just so they can see, for transparency sake.

*Governor, following up with restaurants reopening, I know we've asked questions, all of us, kind of navigating this whole, what do people do if they're uncomfortable returning to work? So here's kind of another variation of that. We're hearing from people who worked in restaurants at higher levels, perhaps management, who are afraid of returning to work for their own personal safety. But they say, sticking with unemployment is not going to pay them as much as regular work. And if they don't return to work, now their employer is telling them we're going to have to fill your job. And you'll be replaced. And if you do come back, you'll be starting back at the bottom. So, what's the message to those people who essentially now have to choose between staying healthy and essentially, well, I'd like my old job back. But it's going to pass me by.*

**Governor Sununu:**

Yeah. Look, if folks are feeling uncomfortable in terms of coming back to work, thank goodness there is this -- I don't mean to be repetitive of your question. Forgive me. But just so folks are clear, there's a lot of unemployment insurance out there for people to take care of and hopefully pay their minimal amount of bills.

At the same time, you can't ask a business to continually shut down because nobody wants to come back to work. If we're creating flexible guidance for those businesses to open in a safe way, providing the appropriate PPE and all the different stipulations that go with that guidance, the Department of Public Health, we're moving forward in the sense that we feel very confident that if that guidance and those protocols are followed, that we can allow people to work, or visit those establishments, in a safe manner.

And so, we can appreciate that people may still have anxiety. But you can't ask a business to shut down, because nobody wants to come to work. They have to be allowed to move forward, given that we are allowing them to move forward in a productive way.

The alternative is the business doesn't open and they go bankrupt, and everyone loses their jobs, right? So you got to be able to move forward in some way. And again, we're taking very sensible steps forward. We're not just opening everything up overly aggressively. You see that in some other States, and that might be the right path for other States. But, given the level of contagion here, what's going on in Massachusetts, we have to be very careful about the steps. And the steps we take definitely are all built around public health and safety for the employer and the customer.

*So, on the contract tracing prong, how many -- and there's a contract with -- I'm forgetting the name of the company. But there's a contract to hire contact tracing both with Convenient MD and there's another concern on the Agenda. What is the State of New Hampshire's contracting tracing workforce? I know you'd like to say we never got rid of it. But how many people have been added? And was it contemplated adding workers who many have been laid off from state healthcare facilities, rather than contracted?*



**Governor Sununu:**

Well, I can tell you, I'll start the answer. And I don't know if Dr. Chan wants to add in. We started by just simply expanding and using as many of the workers we had within State Government to expanded and provide that opportunity, just like we had had workers trained up to be part of the unemployment insurance, phone banking, or whatever it might be. I'll let Dr. Chan talk a little bit more about where those lead.

**Dr. Chan:**

Yeah, so question about contact tracing, and I would include not just contact tracing but also monitoring in that, right? So when we talk about contact tracing, we're talking about the public health investigations of when someone is diagnosed with COVID-19, trying to identify who that person's close contacts might have been, and reaching out to all of those people to assess whether they are symptomatic and need testing, or whether, because they're exposed, they need to be quarantined. So that's contact tracing.

And we lump into that monitoring, as well. So people that have been diagnosed with COVID-19 and are on home isolation, for example, or who were exposed but asymptomatic, without symptoms, and are on quarantine, Public Health has been monitoring those individuals and taking them off isolation at the appropriate time.

And so, I don't have exact numbers, in terms of workforce. But looking at contact tracing and monitoring, we've probably roughly tripled the workforce that we had initially. We're probably up around 90 to 100 people within what we're calling the Public Health COVID-19 Operation Center to do this type of work. And so, we've roughly tripled the number of people we had in the beginning to do this type of work.

And there are other groups, as well. There are groups that are assigned to, like, outbreak investigations at facilities. Many facilities require special considerations of some experts, like in our healthcare-associated infections group, as we have Epidemiologists that are looking at how to report out and improve data reporting, so that we can use data.

So, it's a large operation. And we have ramped that up largely by, as the Governor mentioned, shifting workforce from other areas of the Department of Health, but also bringing on the National Guard. And so, the National Guard is there helping to support the public health operations, to conduct a lot of this work.

*My recollection is that Nurse Practitioners and Physician Assistants being brought on from Convenient MD, there was another company that I think the contract was in the neighborhood of \$1 million. I mean, how many people are we talking about, from the point of view of were those absolutely necessary, above and beyond potentially reassigning either existing state employees or people who lost their positions temporarily, or maybe permanently, due to hits to the healthcare system?*

**Dr. Chan:**

So, you're absolutely right. And I can't speak to the details of those contracts. But you're right. We have brought in Healthcare Professionals from some of these Agencies to also support the public

health operations. So, it's a combination -- you're right -- of shifting workforce within public health, within other areas of the Department of Health and Human services. Some employees have been brought on through that contracting process. And then, a large number of people have been brought on through the National Guard.

And I think one of the reasons that we looked to, first off, shift the workforce internally within the Department of Health, and then bring on healthcare professionals through some of these contracts, is because having a public health background, or having a healthcare background, being able to speak sort of the medical or the healthcare language is of benefit when we do some of the investigations and the contact tracings, and the monitoring.

*I haven't heard of this for a while now. The surge flex area hospitals, those are still up and functional?*

**Governor Sununu:**

Technically, those are all still up and functional, although we have been having some discussions, given that we have so much hospital capacity, which definitely meets our needs for today and likely even if it were the number of folks needing hospitalization with COVID were to increase somewhat, we can still manage some capacity there.

So, do we need the 14 different facilities? No, probably not. We're looking at, strategically, where we might be able to flex down, if you will. The fact that the National Guard can get them up and running in a matter of days, like 48 to 72 hours, gives us a lot of flexibility so that we can ramp them down. But know that if an emergency were to hit, we can get them up and operational very, very quickly. So that gives us a lot of confidence that even if we were to pull them back, it doesn't mean we can't open them up very quickly and always make sure that we're going to have those convalescents beds, if we need them.

*The passive outdoor attractions, there were a few outdoor hiking facilities, like Lost River and Polar Caves, that had made this request. I noticed you didn't mention them. You're not there yet?*

**Governor Sununu:**

Not there yet; so one of the areas that we will be looking at in the future and have been already looking at, frankly, is those -- let's call them -- tourism-type attractions, tourism-driven attractions, which, in a way, are combination of outdoor activities, retail, if you will, because a lot of times you have to pay to go in.

But there's also, depending on how they're set up, they're all a little bit different. So I don't know why Ruggles Mine just came to -- is Ruggles still open? I think somebody bought it recently. Yeah, it's the Lost River, the Flume Gorge, or whatever it might be, those type of attractions.

And those are separate, just to be clear, from amusement parks, which would be like the Canobie Lake Parks, the Water Countries. And those are clearly a little more challenging to move forward with. And I know those folks would love to open. We would love to get there, but very, very challenging, given the incredible large number of people that would likely be partaking in those activities, and just the nature of them. And how do you ensure a sanitary environment and, again, minimize the opportunity for some type of kind of super-cluster outbreak in a matter of hours?

One ride, all of a sudden you find out, through the contact tracing, you find out that one ride infected a lot of kids, or something like that. That would be a very tough situation. And all it takes is a couple of those clusters, and that second surge is here faster than you anticipated.

I've always said, I anticipate a second surge. I anticipate that. My job is to unfortunately plan for the worst. I would love it if it doesn't come, and it'll be wonderful if it doesn't happen. But, we have to plan that, as we hit especially the cooler months, maybe going into next year, very long-term out there, maybe October, November, December, I think it would be naïve of us to think that that cannot happen. And so, therefore we need to plan for it to happen and mitigate all those different opportunities for it to be accelerated.

*Let me just ask Dr. Chan real quick. The rate of infection among healthcare workers, I know there was a lot of worry about that at the beginning. I think there have been 30 hospitalizations and two deaths. Is there any trend there at all? And how does New Hampshire fit into other States and how sort of the healthcare workforce is being protected here?*

**Dr. Chan:**

Yeah, so the question is about protection of the healthcare workforce. And unfortunately, I don't have the exact number, in terms of percentage of healthcare workforce that has or had been infected in New Hampshire. At one point, it was upwards of 30%. I believe that has actually come down. I'd have to verify or confirm that.

*25% of the total now?*

**Dr. Chan:**

Yeah, so it has come down a little bit, which is good news, right? We want to make sure that our healthcare workforce is protected and can go to work confidently, knowing that they're able to care for patients on the frontlines. And that's something we will certainly continue to work towards.

Because of the nature of the work, people that are in the healthcare setting are certainly at-risk of coming into contact with patients with COVID-19. And so, we're constantly working with our healthcare partners and adjusting our approach, based on what we learn about this virus, to make sure that they can maintain the adequate supplies of PPE that are necessary, so they have the testing supplies necessary to diagnose patients in a rapid way, and prevent transmission, not only to healthcare workers, but also transmission within healthcare facilities, as well.

Again, it's not just testing. There are a number of precautions that have been built into the healthcare system to not only protect healthcare providers but also patients, including masking protocols and obviously closer attention to stuff like environmental cleaning and appropriate hand hygiene. Thanks.

**Governor Sununu:**

Sorry, just you know what I was just thinking of? Thank you for the answer, Dr. Chan. Storyland, you ever been to Storyland with the North Pole, that piece of ice that's there? Even on 100-degree day,

you can go up and touch that cold piece of ice. Things like that, in terms of hygiene, I mean, those are the types of things. I know it's a small thing. But those are the types of things that run through my head at a detailed level. How do you get things like that going again?

So, as somebody with young kids and that really appreciates all those different venues across New Hampshire, and the cost to run them, and their operations, and the revenue that is required to keep those businesses functional and operational, I definitely appreciate the struggles that a lot of those industries are going to go through, at least through the beginning part of the summer, until we can get to a point where the numbers really are down and we maybe have a guidance model that will work for them long-term. But it's going to be tough. It's going to be tough on those larger amusement venues. I guess, with that, we can go to questions online, or over the phone.

**Holly Ramer with Associated Press:**

*Hi, thanks. You opened your remarks mentioning the spring/summer-like weather. And so, looking ahead to Memorial Day weekend, what's your message to residents about how they should enjoy the long weekend? And along the same lines, Massachusetts, even though they're sort of behind New Hampshire in some sectors, beaches there will be allowed to open on Monday, so at the tail end of the long holiday weekend. What are your thoughts today about making a decision about New Hampshire beaches?*

**Governor Sununu:**

Sure, so the first part of the question is, given the nice weather that's coming on the holiday weekend that's coming up, what's my recommendation? Enjoy some time with your families. Enjoy part of that home hike challenge. There's still a lot of activities to be done, to be sure, even though our more amusement and attractions aren't fully open and operational.

So there's just a lot of opportunity out there. And I think a lot of people have taken advantage of that where we're not telling people they cannot come out of their front door, by any means. But, you are healthier at home. We're still in a Stay-at-Home Order, still a lot of opportunity in those communities. But, we are at the point where we still have to keep that heightened message of physical distancing and limiting the overabundance of social gathering.

The second part of the question is around the fact that Massachusetts is going to be opening up their beaches a week from today, I guess that would be, actually on Memorial Day. My response to that is, again, that's their path. And their path is very much dictated by the fact that they have so many more beaches in Massachusetts that are driven by local cities and towns. And a lot of the decisions that are being made at that localized level, they have something called the Home Rule with their beaches. And I think that's an aspect and a variable that the Governor obviously had to take into account.

And again, we're not at the point where we feel comfortable opening those beaches next Monday. The recommendations of the Open Beach Committee, if you will, the folks that came to the Task Force, was to open it up on June 1st. That's their recommendation to us, if we could get there. And we hope we can get there. To be sure, we're going to keep working with the guidance.

And now, we also have the opportunity to see what's happening in Massachusetts. What is the response of citizens on those beaches? Are there things that we can learn, as they open up, at least a week, if not more before we would? And again, understand the process there.

If we can get open by June 1st, I think that's a goal. But it's not a promise, by any means. And I think what happens next week and what we monitor, not just through the weekend, but after the weekend, will be very informative for the State.

**Paula Tracy with InDepth:**

*Yes, good afternoon. I'm interested, I think, perhaps asking Dr. Chan this question about children and asymptomatic cases. I've noticed, in recent days, that the number of individuals under the age of 18 have been numbered. And some days, it's five or three, or it's a few. But we really haven't heard much about how these children are being tested, whether they have come down with symptoms, what's the kind of symptoms that they might be having, and what their recovery rates are, and anything you can tell us about asymptomatic cases.*

**Dr. Chan:**

Yeah, thank you for that question. So it's about children and testing in children, and information about whether the children that are being tested are symptomatic or asymptomatic. And I think most people are aware that we have been attempting to put out more detailed information on our website in a weekly report, listing out information on, for example, age and other demographic information.

And so, I will say that we believe anybody can become infected with this new Coronavirus that causes COVID-19, right? So, children are not immune from this virus. We do believe that children typically develop -- if they are infected -- develop less severe symptoms. And so, I think it's not surprising that fewer children become overtly symptomatic and are tested for COVID-19. And I think that's partly reflected in the testing numbers.

There's been a lot of attention in the last few weeks around testing people with more severe illness, people in long-term care facilities, the older adult population, because those are the individuals that are at-risk for complications of COVID-19, such as hospitalization and sadly even death, if people become infected with COVID-19.

And so, we don't see as much severe illness in children. And so, I think that's reflected in the numbers. I don't have specifics right now, in terms of the percentage of children that are tested that are symptomatic versus asymptomatic.

But what I can say is that typically where we have not been making a push to test asymptomatic children, right, the recommendation still is to test people that are symptomatic, unless there are children or adults that are part of a facility outbreak, where we're looking to be maximally protective and contain the outbreak. Then, we go in and we do testing of symptomatic and asymptomatic individuals.

Certainly, testing is available in the communities around New Hampshire for anybody that wants it. But, as a general rule, we have recommended to Pediatricians, healthcare providers testing certainly people that are symptomatic. And so, I think that for those reasons, that's probably reflected in the child testing numbers. Thanks.

**Michael Graham with New Hampshire Journal:**

*Thank you. Dr. Chan, you said just a few minutes ago that, despite the steps of social distancing, there are likely a large number of people who still haven't been exposed to the virus. And I think you meant because of the success of social distancing, because we're engaged apparently in a suppression strategy for dealing with*



*COVID. Is that our State's strategy, suppression through lockdown? Or is it mitigation and then it occurs? It's hard to understand which one we're pursuing. And so, I'd be curious to know which one it is.*

**Dr. Chan:**

Yeah, thank you for that question. I think that's an important point to clarify. The question is, are we involved in a mitigation strategy or a suppression strategy? And the answer is both, right? So the end goal is to break the chains of transmission, to break the outbreak, and suppress this virus. That is the ultimate goal of the work that we are doing is suppression to stop the outbreak.

How we do that, there are a variety of tools, right? And these go by different names: mitigation; containment. You've heard us talk up here, I believe, about early in the outbreak, we were looking to try and contain the virus. As the outbreak expanded and accelerated, we moved more to a mitigation strategy. Now that the outbreak has slowed -- again, the outbreak hasn't gone away. We're still dealing with the outbreak -- we're looking at implementing wider and more broad testing, moving back towards a containment strategy.

So the answer really is it's not one or the other, right? We are both trying to mitigate the spread of this virus, as well as to contain it at the same time. Both strategies, I think, are important for trying to control the spread of this and suppress the virus. But suppression is the goal that we're trying to reach. How we reach that goal are through the variety of strategies that we've employed termed "mitigation" and "containment". Thanks.

**Tony Schinella with the Patch:**

*Oh, thank you so much. Two quick ones for Dr. Chan; first off, at this point, what is the turnaround time from when a PCR test is taken and when the results are available and reported in the daily update during the evening? And secondly, is there any part of any of the Health Emergency Orders, or any other Policy in the State that has been implemented for COVID-19 that requires a patient at a hospital, walk-in, or any other medical facility to be tested without their permission and/or against their will?*

**Dr. Chan:**

So, maybe I'll let the Governor address the second part there, in terms of if there's any part of an Emergency Order that can require a mandate testing of a patient for COVID-19 against their will. But, in terms of the first question, when you're talking about the delay between when we get a test result and when it gets reported out publicly, I believe that's the question that you asked.

So, typically, our cutoff is by 9:00 a.m., or the night before, or 9:00 a.m., depending upon which piece of data we're looking at. The numbers, in terms of the number of positive tests, for example, those numbers are up through the night the day before we report out. The overall laboratory test numbers are from the morning. I think 9:00 a.m. is what it says on our website, in terms of the cutoff for when we report out the overall testing numbers. But there is a delay between when we get the full report of people who have tested positive in New Hampshire and when that gets reported out to 15 to 20 hours later is when we end up reporting out the numbers.

**Governor Sununu:**

And if I heard right, the second part of the question is, any reports of people being tested against their will. No, I haven't heard of anything of that nature. As people come into hospital for optional procedures, sometimes testing is part of those procedures. But those processes are all set up by the individual hospitals. The hospitals may have different protocols. But part of those guidance documents is allowing and having certain individuals tested, as part of that, to ensure that we're not spreading COVID throughout a non-COVID hospital environment, if you will.

***Harrison Thorp with the Rochester Police:***

*Yes, thank you. I have one for Dr. Chan and one for the Governor. Dr. Chan, of those tests that are over 60, you must have the number of how many are in their 60s, 70s, 80s, and 90s. Can you give us an idea of how those four age group decades kind of weigh out with the numbers? And for the Governor, talking about the people that don't want to come back to work with the \$300 upgrade to state unemployment benefits, could that keep some who might be making more on unemployment than they previously did at work stay home? And doesn't that \$300 fade out sometime this summer? Thank you.*

**Governor Sununu:**

Yeah, so I'll take the second part first, if you could. It's not a \$300. It's \$600 per week, actually, not \$300. And to the point of your question, I think that, yes, my sense is -- and we've heard a lot of feedback from folks -- that is creating a bit of a disincentive, if you will, for getting people back to work, because they are making a lot of money and bringing home a lot of money through unemployment insurance, because of the Federal Stipend, provides a great opportunity for individuals, given the early parts of this situation. And I believe that federal program does run out on July 31st of this year. So it definitely has a couple more months under its wings. I'll turn to Dr. Chan for the demographic information.

**Dr. Chan:**

Yeah, so the question is about further demographic information on the deaths. I will say that the vast majority of people that have died from COVID-19 in New Hampshire are over the age of 60. And I think that that reflects the population that has largely been impacted by this new virus, and the outbreaks that we have been experiencing at many of our long-term care facilities. And so, the vast majority of people have been over the age of 60.

Specific to your question, you were asking, what about age breakdowns for those under 60? And we are continually working to provide more detailed demographic information to people over the course of this outbreak. We want that information to be actionable, and also informative. And I don't have the exact numbers. But we're looking at putting out an online data dashboard that can provide numbers in more real-time and more detailed data in some of these affected populations, particularly those who may unfortunately have passed away from complications from COVID-19. So, more information coming, but I don't have those numbers for you right now for people who have died under the age of 60.

**Governor Sununu:**

Great, I think we're good for the over-the-phone calls. Anything else here?

*Governor, as you know, you called it a Message Bill the House passed last week. The Senate is, at least, discussing, and may take it up. But, what would you like to see in the next response by Congress?*

**Governor Sununu:**

So, in the Federal Stimulus Bill, let's call it, there was the \$3 trillion Bill that I don't think anybody had any pre-notions was going to pass overwhelmingly in the House and then the Senate, and then the President signing. But, yes, I call it a Message Bill. I think a lot of people have, because it's outlining just a lot of the things that, at least, that House Chamber would like to see, and their priorities that they're setting.

I think I speak for most folks across the country, when you're looking at that \$3 trillion Bill, there were a lot of things in there that were just not COVID-related, that were not directly related to the pandemic at-hand. And so, the price tag of that and those items, and the necessity for that, I think, brought a lot of things into question.

And the President-on-down has talked about a Stimulus Bill that stimulates the economy through infrastructure construction, things of that nature. Those could be great job creators and provide lasting infrastructure for cities and towns, and States across the country, also the ability to help replace some of the funds, whether it be on the revenue side for States, cities, or towns.

I think there's a lot of concern that there's going to be pension bailouts, things of that nature, which I think obviously shouldn't be in there. Those are not directly COVID-related, per se. And I think that there's a lot of concern that what you're seeing with some of the on-the-edge bankruptcies with certain pensions across the country, I think that's giving a lot of folks in Washington pause, as it should, of course.

So, my sense is that we will get something done. I think there's a lot of desire in Washington on both sides of the aisle to get something. But they're starting at \$3 trillion, which is an unprecedented amount. I guess we're down here at like zero, or half a trillion, or whatever. And the numbers are just so staggering.

And somewhere in the middle, they meet and they have to take some of the pork and all that kind of stuff, the non-COVID-related items out, focus on the priority at-hand, the issue at-hand. If you're going to spend trillions of dollars, you got to do it right. And you got to prioritize. And it means that you can't have a wish list of everything you just want. You have to really say, okay, does this item go forward, asking the taxpayers to fund the Bill for this item? Is it actually going to make an impact in their daily lives, as it pertains to COVID, or some of the negative impacts that COVID has had?

So, that's a long way of saying that I'm hopeful, I think, as most Governors are, that there'll be a compromise, that it will be stimulus-related, that it'll be dollars that can really be impactful at a localized level, as opposed to just bigger government in Washington. Nobody wants to see any of that.

Send it down here to the Governors and the cities and towns where we're actually, I think, really making a really positive difference for folks all across the country. And I always use that term. We can operationalize that opportunity Washington presents. And it's Washington presents an opportunity with funding, or with a Policy. But it's really up to the managers within the country, and that's specifically the

Governors and the Mayors to really take that opportunity and turn it into something real for the families and the schools, and the businesses, and the cities, and the towns.

And it has to be done in a simple way, in a streamline way, in something that breaks through traditional government bureaucracy and just gets relief and opportunity where it's needed, and where it could be most effective, as we start coming out of this COVID crisis and really focusing on the economic impacts of it. And so, there's a lot of opportunity there to be sure.

Okay. Well, thank you, all, very much for joining us. We will give you another update. I'm sure we will be seeing each other soon enough. Thank you, guys.