



Office of Governor Christopher T. Sununu  
Press Conference  
Thursday, July 2, 2020 at 3:00 p.m.

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**Governor Sununu:**

Well, good afternoon, everybody. We're going to kick things off at today's press conference with a public health update from Dr. Chan.

**Dr. Chan:**

All right, good afternoon. So, we're at more than 10.7 million cases globally of COVID-19, including more than 2.7 million cases in the United States. And I think it deserves pausing for a moment to mention that yesterday alone, in the entire United States, there were more than 50,000 reported with new COVID-19 infections. This is the highest daily incidence since the initial peak of the outbreak in the United States back in the middle to end of April, when there were, at most, around 35,000, 36,000 infections per day being reported. So, yesterday, alone, we're at over 50,000 people with COVID-19 infections.

The United States, as a country, is seeing another surge in infections, and, in fact, a new acceleration of the outbreak. That is thankfully not the case for New Hampshire or for more States in the northeast of the United States. But we remain vigilant and need to continue with our precautions.

So, we are announcing an additional 21 new people today with confirmed COVID-19 in New Hampshire. This brings the total to 5,822 people who have had identified confirmed infection with COVID-19. There are two additional people that have required hospitalization for their infection. This brings the total to 567 people over the course of this outbreak requiring hospitalization. I'll note that, over the last four or five days, these are the first two people that have required hospitalization -- two new people that have required hospitalization for their disease. So certainly believe that reflects decreasing community transmission.

And then, sadly, we have two additional people who we are reporting that have passed away, either directly as a result of COVID-19, or as a complication of COVID-19. Both of these individuals are associated with long-term care facilities. We now have a total of 375 people who have died from COVID-19, which, unfortunately, reflects the impact that COVID-19 can have on our more vulnerable populations.

So, with the holiday weekend approaching, please, we urge you to continue to take steps to protect yourselves, your family, your friends, your community from COVID-19, from COVID-19 spread within your communities. I do want to also give a reminder that COVID-19 is not the only infectious disease threat out there this time of year for our communities. Please remember, when you're out this weekend enjoying the outdoors and the weather, please remember also to protect yourself from mosquito and tick bites. Now, is a high-risk time for tick-transmitted infections and even mosquito-transmitted infections.

And just a reminder there, but please continue to protect yourselves and your communities also from COVID-19 by maintaining physical distance from other people of at least 6 feet. Please continue to

wear cloth face masks, practice frequent hand hygiene, do not go out if you are feeling ill in any way, or having any symptoms. And we can try and prevent the outbreaks and surges that are occurring in other States from occurring in New Hampshire. Thank you.

**Commissioner Shibinette:**

Good afternoon. So I have a couple of different things to do updates on. And the first one you will see on the screen here is about accessing health services. And if you recall, we introduced this pyramid several months ago, when we introduced reopening of time-sensitive care. So, initially, we had scaled back hospital services to only urgent and emergent care. Back in probably late-April/early-May, we scaled up and started doing time-sensitive surgeries.

And when we looked at what the criteria was what we indicated at that time for doing non-time-sensitive surgeries and non-time-sensitive procedures, we're meeting a lot of those criterias [sic]. So, some of the things that we set for data points were hospitals having a reliable supply chain for PPE. All the hospitals in our State have indicated and has shown that they have a reliable supply chain for PPE. They're able to access through their regular distributors to get the PPE they need to provide healthcare, which is great.

A 72-hour turnaround for testing, very important especially if it's clinically indicated to do like a preop test on a patient before surgery, a COVID test. So they have either indicated and shown success in either inhouse testing or commercial testing that has a 72-hour turnaround.

Having the hospital capacity to manage both COVID and non-COVID patients, they started that process when we went to the time-sensitive procedures. And our active hospitalization numbers are at a low, for sure. Lowest number since early-March, so definitely have capacity.

And then, finally, evidence of 14 days of decreasing community transmission, and we've seen that over the last month. We've seen decreasing community transmission and, really over the last week-or-so, the stabilization of community transmission to being right around 20 to 30 cases per day.

So, with all of those data points -- and I've said this several times. One data point doesn't make a story. And when we are making these decisions to go forward with this level of care, it's looking at all of the data. It's the hospitals looking at data. It's the Department. It's Public Health. It's everybody looking at the data. And we collectively agree that right now, the hospitals are in a position where they can open up to non-time-sensitive surgeries and procedures.

With that said, every hospital in every community is in a different state of readiness. There are definitely some hospitals that are not able, or willing, or in the right place to take that step right now. Think hospitals that may have a cluster of illness in their hospital, or they may have a community where they're seeing community transmission.

And the hospitals have done a great job at really looking at the landscape around their communities saying, yes, we are ready to do this, or, no, we need to wait another week. The guidance that we've put in and really the flexibility we've given them trusts their ability to look at their community and make the best decisions for their community. And they've shown time and time again that they're ready, willing, and able to do that.

So we're very excited that we're able to take this step. There is nothing to say that if we start seeing increasing cases of community transmission that we're not going to pull back again. But right now, we feel like this is a safe step for us to take.

The second item that I want to discuss is long-term care communal dining and communal recreational activities. So, for the past week, the Department and our long-term care partners have been working together to really look at facilities that are in a place that can start up these peer-to-peer social interactions again with safe social distancing, safe masking policies, things like that.

So, when we look at CMS guidance, they have released guidance around this topic of reintroducing residents back into the communal dining room or a communal activity room. We are going to take a phased approach to this. And it's going to be county-by-county. And it's really based on the number of COVID cases, or the community transmission, in every region.

So, for example, the counties in the northern part of the State where they have seen low-low cases of COVID and low community transmission levels, they are going to be able to open up their dining rooms and their activity rooms to be able to have that peer-to-peer interaction, with obviously all the things that we say every time: 6 feet of social distancing and masking, and all of the good hand hygiene.

The two counties that are the hardest hit in our State, both Hillsborough and Rockingham County, we are not going to have them move forward just yet with that. We need a little bit more time with the facilities in those counties. It's where we're seeing most of our outbreaks in long-term care. It's where we're seeing the most of our community transmission.

So we have a data field in our chart on what the number is per 100 people in our population. And we're looking at those numbers to really give us an objective data point. The only two counties that are not able to open right now for those internal activities are the facilities in Hillsborough and Rockingham County. The rest of the State is able to move forward immediately, as soon as they have set up their rooms to accommodate for those 6-foot social distancing and the right level of masking, and distance between tables, and things like that.

Obviously, facilities that are experiencing clusters, or outbreaks, of illness should not move forward with anything like this. But we have ongoing conversations with long-term care facilities. We have a weekly call. I answer questions every day coming from a small work group that's formed with Senator Sherman. So, anybody that has individual questions about this can certainly direct them at either Public Health or to me, directly. So that's it on long-term care update -- or sorry, long-term care communal activities.

The general update I have for today is we are closing one outbreak facility. Villa Crest in Manchester, as of today will be closing. So, as of today, we have seven long-term care facilities in outbreak status, which is a really low number. And we have closed 23 long-term care facility outbreaks since the beginning of March.

One other announcement that I have which is around our surveillance program, our original Contract allowed for four rounds of testing in nursing homes. So, if you remember early on with our MAKO Contract, we did four rounds of weekly nursing home test.

We're coming right into week round three right now -- or week three, because we're doing it every 7 to 10 days. We are going to be extending that Contract for an additional four rounds for nursing homes. And then, we will be adding in assisted livings, but prioritizing assisted livings in both Hillsborough and Rockingham County.

So, we are going to gradually pull in all assisted livings in the State, starting with those facilities in Rockingham and Hillsborough County, for obvious reasons. This is where we're seeing the most of our community transmission and the most outbreaks for our long-term care facilities. I think that is all I have today.

## Q&A Session

*Can I jump in with a question for Dr. Chan, actually?*

**Commissioner Shibiinette:**

Yes.

**Governor Sununu:**

Yeah.

*I'm going to look way ahead here and kind of head off a question at the pass. If we do see an uptick in cases, and we're in a situation where you're monitoring that, it's probably we're going to be like, well, what about today? What about today, when we've heard Commissioner Shibiinette talk about signs of exponential increase before you start to sort of roll back on things? What would that look like? How will you know, I guess? It takes time to figure out if something is exponential. So, it could take a couple of weeks of us asking, well, what about now? What about now? So, what is that going to look like, if we do see a second surge? How much time do you think there will be between seeing that initial increase and when it's time to institute again more strict public health guidelines?*

**Dr. Chan:**

Yeah, that's a great question. Looking ahead, trying to predict the future is always challenging. And that's one of the important reasons we're trying to put out more and more data, right? Our actions that we have taken have and will continue to be based on the data. A lot of the data that we report out here on a daily basis, the numbers of new people infected, the percentage of tests that are positive, hospitalizations, and the unfortunate death data we have to report, all of that is important for tracking the spread of COVID-19 in our communities. Those are indicators for what's happening at the community level.

And so, what we have seen in other States around the country, what we've seen in other countries, are that the progression can take weeks, right? I mean, an acceleration doesn't happen in the course of a day or two. We're looking at the data on a daily basis. And we're following the data very closely. But we have some time, I think, to be able to respond to the numbers, when we start to see an increase on the order of weeks, potentially.

If you look at some of the graphs and the data that are coming out of other countries and other States, the curves that we're looking at are increasing dramatic increases over the course of several weeks. And so, certainly, if and when we start to see increases, the goal is going to be to try and limit the increase so it doesn't turn into a surge or an acceleration, or another peak, so to speak, to try and keep that plateaued.

I do want to stress that COVID-19 is still out there in our communities, right? We're still seeing COVID-19. People are still being diagnosed with COVID-19. We're still doing our public health investigations. People are still being hospitalized and dying from the disease. You heard that in the numbers today.

So people still need to take precautions. And if and when we begin to see increases, we're going to obviously continue to follow the numbers very closely. But, it's going to involve more intensive focus and messaging around what individuals can do. That goes back to the individual responsibility the Governor's talked about previously, and what businesses can do to try and stop, or slow, the spread of COVID-19.

So, this is going to be a process, right? It's been a process the last several months of learning about COVID-19 nationally, within our own communities. It's been a process of seeing how the interventions that we've put in place have been successful at slowing and stopping the spread of COVID-19, so we know what we can do to stop and slow the spread.

And a lot of what we do going forward is going to be based on the numbers and the data. And we're certainly looking at these on a daily basis. When we start to see an increase, if we start to see an increase, we're going to do our best to try and suppress any sort of acceleration or repeat surge in the outbreak.

### **Governor Sununu:**

Well, thank you. Sorry about that; got pulled away for small emergency turned into a smaller emergency. So that's a good thing. Well, thank you very much and we will kind of cut back into questions. We just want to cover a few things. We know it's the holiday weekend. We know everyone is looking forward to some nice weather and being able to get outside. It's been a nice summer so far.

Couple quick announcements, before we take questions; regarding reopening, we are making an announcement today that surrounds our quarantine requirements. Up until today, any resident from another State had to self-attest if you're coming to visit the State, if you're staying in a lodging facility here. You'd self-attest that you have quarantined for two weeks before coming to New Hampshire.

And so, today and following with the announcements of other New England States, we're removing the lodging quarantine requirement for residents of New England, given that the COVID outbreak across New England, it's really the only part of the country right now where you're not seeing massive outbreaks or increased surges. So, for the time being, we're going to remove the quarantine requirement for only the New England States of Maine, Vermont, Massachusetts, Connecticut, and Rhode Island.

Also, we want to bring folks up to speed a little bit on the Main Street Relief Fund. There's an opportunity that we're launching today with the map, really. So where did the money go? Where did all the Main Street Relief Fund money go? We always try to pride ourselves on transparency.

And what you see before me is at the [www.goferr.nh.gov](http://www.goferr.nh.gov), which is [goferr.nh.gov](http://goferr.nh.gov). You can go onto the site. You can see where every business has received funds. You can search it by town, by address, a variety of different ways, see maybe what businesses in your community might have received part of the Main Street Relief Funds. It's an interactive map. It's just kind of the first phase of our transparency website that we're launching.

Ultimately all of the different aspects of CARES Act Relief funds, both within the \$1.25 billion that the State has been awarded, as well as some of the other funds that the Federal Government has been doing direct awards to, will be present here. But we're kicking it off with the Main Street Relief funds. And it's a pretty neat opportunity.

For example, I was looking up a few of the different smaller towns and cities before we came in. For example, Berlin, you can find out that there have been 25 companies so far that have received grants



totaling nearly \$1.5 million. In Claremont, 46 business received grants totaling about \$2.5 million. In Rochester, there were 56 businesses that received about \$4.2 million. And in Manchester alone, there were 355 businesses receiving nearly \$25 million in Main Street Relief fund grants.

So, again, we know a lot of this money isn't making businesses whole. It's kind of just a fraction of their losses, but hopefully losses that they can -- or I should say funds and grants that they can put towards property taxes, utilities, employees, getting things up-and-running again, as our economy carefully flexes open over the next few weeks here.

Finally, there's something someone had asked me earlier today. So I thought I'd mention it kind of in the spirit of 4th of July. One of the many organizations -- we do a lot with our nonprofit groups and folks that raise money for good causes around the State. And one of the many organizations that I'm tied very well into is a group called Swim with a Mission. And every year this has become one of the premiere groups that raises money, doesn't take a penny for overhead, but raises all money for various types of veterans' services all across the State. It's really a phenomenal, phenomenal group.

Well, this year, like many organizations, they are doing things virtually, a little different. And I was asked. I'm wearing my purple bracelet today. They're doing a Virtual SWAM 2020, Swim with a Mission. That's where the SWAM comes from. And you can go onto their website. And there's a whole variety of ways that individuals can participate or donate money, or link up.

One of the interesting things I thought they did this year, since the beginning of the War on Terror, we have lost 89 heroes. 89 service members have lost their lives just from the State of New Hampshire. And so, there are 89 of us that are wearing a bracelet for one of those individuals. I'm wearing my bracelet this month for the month of July for Captain Ryan Phaneuf, Air Force Captain who unfortunately lost his life when his plane went down in January earlier this year. Just an incredible individual, but if you go back and look at the biographies and the histories, who these individuals were.

And I love what Swim with a Mission is really doing, because it allows us, I think, to focus on the individuals. Focus on those who have really given everything, made that ultimate sacrifice. Their families have made sacrifices of just an unbelievable level.

And so, I'll be wearing Captain Phaneuf's bracelet this month. And everyone participates in a different way. Some people will run a 5K. Some people will actually go for their 1K swim. I'm not a great swimmer.

Some people do pushups and sit-ups every morning. It's a part of what they call the Seal challenge. Swim with a Mission is very tied-in with the Navy Seals. And part of the Seal Challenge is things like every morning first thing you do is 20 pushups and 20 sit-ups. And the last thing you do before you go to bed is 20 pushups and 20 sit-ups.

It's not so much the act. It's that repetitive. It's that commitment. And that's kind of an emblematic symbol of the commitment that a lot of those individuals give every single day they put themselves on the line. And anything we can do to support our veterans through the month of July in the spirit of July 4th, I think it's a good thing.

We just have tremendous organizations here on the frontlines of always trying to help others in our communities. So this is one that we wanted to talk a little bit about today. And just anything folks can do, whether it's this organization or other organizations in your communities, there's always an opportunity to give, because these guys really do some pretty great work. With that, we can open it up for questions again.

*Governor, given, as you point out, with opening quarantine, New England sort of stands out like a sore thumb as being a safe place. We're now in the height of tourism. We don't really enforce this 14-day quarantine requirement heavily. So isn't it inevitable we're going to get a lot of out-of-state people coming in here who may even be asymptomatic but have the virus and our cases go up?*

**Governor Sununu:**

You mean from outside of New England?

*Yeah.*

**Governor Sununu:**

Yeah, so a couple things. We're removing the 14-day requirement for the New England States because most States are maybe if not at our level, but close to our level, in terms of the percent-positive cases that they're seeing over the past couple weeks. And other New England States have taken the exact same action. So we're kind of all in this together.

The vast majority of visitors to New England -- or to New Hampshire, specifically, over the summer months, 80% to 85% will be from New England. I think there's a small percentage that would come from New York and New Jersey. And very few actually come from beyond that. We do get our visitors, of course, from beyond that, but not quite as many.

So, it's not nearly as impactful. And is it possible that folk are coming from Florida or Texas? Of course it is. And we're going to ask them to maintain that 14-day requirement, just like we have been up until now. We're asking them to continue that into the indefinite future.

So there's always that possibility and opportunity. But we ask folks to self-attest to it, like many of the other States have been doing. And again, I think we're just trying to open up opportunity in a safe and sound way. And again, if we see our numbers go up or things of that nature, we can always pull back. But right now we're in a good place and we want to be sure that we can take advantage of that while we have it.

*Governor, any message for Granite Staters, just in light of the holiday weekend? And Dr. Chan urging some caution, but lot of families will be getting together over the 4th of July weekend with friends.*

**Governor Sununu:**

So, I mean, the messages for the 4th of July really is a message of be safe, not just with COVID, but with fireworks, with swimming out at the beach, with swimming in your swimming pools, whatever it might be, whether it's going to be a lot of outdoor activities. We just want everyone to be safe. Make it a great weekend. And it's going to start as a great weekend. Let's make sure it ends a great weekend for all of us.

When it comes to the gatherings, whether they're with family or friends, or larger groups, if you can socially distance, be socially distant. If you have to wear a mask, wear a mask. It really isn't a whole lot to ask, given what we've seen in other parts of the country. We know the outcomes if we don't take that personal responsibility here.

Seeing we've done a great job so far, but if we don't maintain that discipline, we can see where some of those outcomes can lead other States. And those States are in some pretty tough situations, to be sure. I've been talking to those Governors.

And I've always said another surge is likely to come. If it never comes, great. If we can put it off longer, even better. So, whatever we can do, right, just to be smart, to take that personal responsibility, that's how we really can ensure that we have not just a great weekend but a great summer.

*Governor, a lookahead question for you here, I know we're probably going to hear more about schools and the plans of that next week or the week after.*

**Governor Sununu:**

Around next week, I think, yeah.

*But families with college students are starting to think ahead to drop off in August and plan for that. Any sense of what that's going to look like? If you're an out-of-state student and a family coming to UNH or Plymouth State, or at Dartmouth, or at any of these places, how is drop-off going to work if you can't quarantine. Obviously, you're getting the stuff ready. I guess is there any sense of how this is all going to be carried off, where we do have to have this interchange of people coming from all over the country?*

**Governor Sununu:**

So, my sense is every university's going to be a little bit different. They're all creating their guidelines. We have a base document that they build off. Every university might be different, whether it's staggering out the drop-offs for students over a longer period of days. Maybe they come in a little earlier, give themselves a little more time between the time that they're dropping off, setting up, and participating in classes.

Where the students live, what the dorm-living situations are going to be will be very different. A lot of the dorms might be in much more limited capacity. You might have more students potentially living off-campus, more living in housing that traditionally wasn't used for dorm living.

So, everyone's taking a little bit of a different approach to it. Whether you're in-state or out-of-state, for the vast majority of the university students will be tested. And some will be tested on a regular basis.

All the universities will have to have provisions, if a student does become infected with COVID. They have to have a quarantine provision. How are you going to quarantine those students, making sure they can work through those symptoms? And when they're on the positive side of it, get back into class. We don't want to have to be sending students that have come in-state that might contract COVID back home. That can create a very dangerous situation.

But again, those are kind of the base guidelines that we have. And then, every university can create their own operational aspects of meeting those guidelines, given that the housing situations might be different. The living situations might be different. How they manage their classrooms and how they manage their calendar, all those things kind of are all the variables that go into play.



So, I don't think there's one straight answer other than to say students, for the most part, will have to -- not for the most part, will need to abide by the guidance documents put forth. And then, some of the universities will even take additional steps and additional stipulations.

So, it's going to look different. Students shouldn't expect to come back and have everything look the same. It's really not, nor should it. And I think because we are so far ahead on the PPE and testing, and having all these other tools and resources, it gives us confidence that even if there are outbreaks, we can manage them. Even if we do get pockets of COVID spikes here and there, whether they're on-campus or off, we can really manage them. It's all about ensuring that we don't get an overrun on the healthcare system. Oh, sorry, yeah.

*One campaign-related question with COVID involved, totally different election year. You've said you're just kind of getting started at this time around. No parades to march in, no backyard barbecues, for the most part, larger, at least, to campaign at. How different is this, in terms of the prospect of being out there with people and engaging in what a normal Politician or a Candidate would do?*

**Governor Sununu:**

It's very different. I mean, New Hampshire really is a grassroots campaign State. We take a lot of pride in that, because that's how you have to earn the votes and earn the support from people. So what we do this year might look a lot like what other States do in typical years, right, because there's going to be a little less interaction, right? Maybe there's more mail or more TV ads, like we all need more campaign TV ads, right? No offense to MUR, I know you guys love the TV ads, or digital ads, or whatever it might be.

So, from my perspective, just I mean going back even as Governor, take the campaign aside, I traditionally would do four, five, seven events a day sometimes talking to people, interacting with people, just having better one-on-one contact. Most of that, even out of my day-to-day operations is gone, almost all of it, frankly, because we have to have separation and everything's just limited. Everything's virtual now.

So, just the day-to-day, what we've been doing over the past few months day-to-day is probably what things will look like going forward. And it's tough. It's not me. I can just speak for myself. And I think I speak for a lot of the Candidates and Elected Officials in the State. We like to interact with individuals. If you're not a people person, this isn't the business for you, right? You want to be able to hear the feedback of what's happening one-on-one.

It's okay to get emails and texts, and phone calls, and Zoom and all that. That's fine. But it really doesn't sometimes get the message across, when you want to sit with the family and talk about a mom who lost her daughter to the opioid crisis, or someone who's having trouble getting mental health service. I mean, I always talk about the tough stories, right? Well, you got to be able to really live those stories as best you can in an empathetic way to really understand what the barriers are. Why did those people not get the services? Where did the system fail and break down? And that's what I think we've been very good at, because we can spend so much one-on-one time with individuals.

So, it's an extension of that problem, if you will. I mean, hopefully we will get a vaccine here soon enough and hopefully things will pick up. I mean, I think there will be events. They'll be socially distant. It probably means as myself or others can't necessarily go into the crowd and talk to people and shake hands. We will have to be up on the stage and kind of take questions from afar, not be as interactive as

we used to, maybe not as much door-to-door campaigning. Maybe that's a good thing for everybody. I like going to door-to-door, myself. So, it'll be different but manageable. And hopefully it's just for this year and we get through it.

*Most of these colleges, too, in the next week-or-two, have to make decisions about college athletics. Obviously, there's a lot of interest now in professional sports coming back. Do you think college athletics should come back?*

**Governor Sununu:**

They can come back. Yes, I mean, I think there's a way to do college athletics in a smart and safe way, similar to the guidance documents we've put forth for athletics here in New Hampshire, whether they be school-based, or amateur, or youth-league athletics. I think you have to be smart about how you manage your locker rooms. I think you have to be smart about minimizing unnecessary close contact. If it's not necessary, then don't have it, right? There's ways to practice. There's ways to participate in the team sport and minimize those interactions.

I think most colleges and universities will likely be adhering to the rules and guidelines that each of the Divisions are setting out. That's my understanding is that Division 1, Division 1A, Division 2 sports will all have their -- in all the different athletic leagues, the conferences, if you will, they'll have all their own guidelines. And what goes on in the SEC down south might be very different than what goes on in the leagues up here and the conferences up here.

So, there is definitely a safe way to do it. But, teams also have to be very cognizant. If they have a breakout, if they're testing their players as they should and they have a breakout, they have to respond to it. Does that mean that you could get a massive breakout among one team and the team has to kind of stop their season? Yeah, that could definitely potentially happen.

From our perspective at the State level, we want to make sure that we can manage it. Manage those expectations from a healthcare perspective and a public health perspective. But we know that there are going to be outbreaks. And I suppose they could happen on teams, as well. So we just want folks to adhere to the guidelines as much as possible. Do we have some on the phone?

**Holly Ramer with the Associated Press:**

*Hi, thanks. Going back to the changes to the quarantine rules, early on in the reopening process you talk a lot about the risk particularly related to people coming from Massachusetts. So can you talk a little bit about how that has evolved to the point where you feel comfortable sort of opening the border again to Massachusetts? And was there any thought to doing sort of a northern New England/southern New England divide?*

**Governor Sununu:**

So, I'll answer the second half first. We thought about northern New England, southern New England, and all that. But what we really looked at is the rate of COVID over the past few days in each State.

So, for example, I think we've had an average of maybe 20 cases-or-so in New Hampshire. For example, Massachusetts has had a little over 100, maybe 100, 150 cases. They have about five times our

population. So they're on par with us, in terms of their rate of COVID that they are seeing within their State with us, as are most States. Some are a little higher. Some are a little lower across New England. And so, that's really where I think we have a lot of confidence going forward.

For the time being, we're in a good place. And so, we can take advantage of that. And like I said, if we start seeing spikes, if we start seeing outbreaks across New England, then we can change course. But, providing the opportunity when we can provide it is something we always want to do knowing that we may have to take tougher actions down the road.

***Donna Jordan with the Colebrook Chronicle:***

*Good afternoon. I'm focused this week on testing, or the issue of testing in this State. There are a number of residents around our region that are asking questions and having conversations with us about it. A Harvard Global Health Report that was just released said that New Hampshire's testing is at a moderate level relative to the State's population and that we are close to mitigation of the spread, but we fall short of meeting the target for suppression of the virus, which makes us vulnerable to the surge that everyone talks about. The Report urges more strategic testing plans. There are only four States -- Alaska, Hawaii, Montana, and Vermont -- who are doing enough testing to qualify as States that have suppressed the virus. Given the fear and anxiety, and apprehension that everybody feels, when you have to go someplace for a test, or a Doctor's appointment, or anything, I'm wondering. Has it been considered to perhaps have the Emergency Operation Center coordinate with City, Town, and Regional Health Officers, or Emergency Management Officials, to have those Local Officials who residents might be familiar with, maybe they voted for, who could then go along with the National Guard literally door-to-door. Obviously, you'd have to have a lot of advanced public relations and that sort of thing, but literally go door-to-door to advance the numbers of tests that you could provide in the State. Is that too broad of a testing strategy? Is there still that great sense of urgency to get more New Hampshire residents tested? Thank you.*

**Governor Sununu:**

Yeah, sure. So I'm going to ask Commissioner Shibinette to answer those.

**Commissioner Shibinette:**

Thank you for that question. So, it's a great question about how do you get more of our community want to get a test, because right now our limitations is based on demand. There is not enough people that actually want to get tested. If you wanted a test, you could make an appointment today and get tested this afternoon. So we've identified that.

So part of our strategy over the next couple weeks, although not as good as what you said of going door-to-door -- that would be great. But that is only a moment in time, right? So, I would have to have the National Guard go door-to-door to your door every seven days to get a really good picture of community transmission. It's not a one-time deal.

So, closer to that strategy is we are collaborating right now with some of our hospital partners to take the community testing back into the healthcare system. And I think that's ultimately where it belongs. And that's almost a preview of what's coming either next week or the week after is that all of our fixed sites that are currently set up around the State -- I think there's probably nine right now. And then, we have about four mobile teams.

We have 26 hospitals in this State. Now, not all of them are going to participate. But, at least 12, 14, 16 of them are willing to do community testing for their communities, because it's in their best interest to take care of the people that live within their catchment area and within their community. So, I think not as comprehensive as what you talked about, which is going door-to-door, but bringing testing back to the community hospitals is really where we can get closest to what you're talking about to get people more comfortable to get tested in their own community.

**Governor Sununu:**

Great, thanks.

***Nancy West with InDepth:***

*Yeah, good afternoon, Governor. As you did this afternoon, you frequently talk about possibility of surges of COVID-19. But when viewers watch WMUR, we never see anyone on your team wearing a face covering. And you have been very steadfast against mandating that. Do you think that more of a focus on mask use or mandating their use could limit the possibility of a surge? And I have two other quick ones. Governor, when did you learn about the criminal charges against Salem Police Chief Michael Wagner? And did they play a role in his brother, Chris Wagner's recent retirement as Head of State Police? Last question, do you think it's fair to the other Candidates for Governor that you get at least two to three hours a week of free TV time on WMUR, not counting the many hours you make experts available to them? Thank you, and I hope you have a terrific 4th of July.*

**Governor Sununu:**

Well, thank you. A couple different questions in there; first the issue concerning Officer Wagner. I was informed this afternoon, actually, that an arrest, I believe, had been made for Officer Wagner out of Salem. That's really all I know about it, frankly. So that's all the information. I was just informed about it this afternoon. But that's really all the information I have for that.

The initial question on mask wearing, look, we've been quite adamant about asking people to wear masks. Again, within my daily life, there's very few people I come in contact with within 6 feet, frankly. We keep a great social distance with a lot of folks. And if I am within 6 feet of people that aren't being regularly tested, like if I go to the grocery store, whatever it is, people see me out there. I'm wearing the mask. Often people don't know it's me, because I'm wearing the mask. But I'll post it on social media, whatever it is, just so people understand that mask wearing is incredibly important.

We have a huge very aggressive PSA campaign that we're going to be launching this week, or next week. And that'll span over the summer just reminding folks how important it is to wear masks, to stay socially distanced, to be very cognizant of who they're around, to get the test when they can get the test.

All these things we talk about on a daily basis, we're putting some money behind, frankly, to make sure it's out there in all the different types of media that people could come across, because we want to keep that message very elevated, as we have, so that hopefully we don't run into the same accelerated rates of COVID that you're seeing in other States.

The last question was something. I think the tune of the question was: is it fair that I have a press conference? Look, this is not political. 99% of what I do every day is not political. So, with some of the other Candidates that are running for Governor, I can't speak to that other than to say we're here to

transmit information in the middle of a worldwide pandemic and crisis. And of course, we're going to keep doing it.

I think people very much appreciate the fact that we come up here. We talk about issues having to do with CARES Act funding, having to do with the pandemic, having to do with the issues of the day, having to do with the budget crisis, having to do with where they can find more information, how to get more involved in their community. Whatever it is, none of it is political at all. So that's all I'll really answer to that question. That's a political question, I agree.

**Jason Moon with New Hampshire Public Radio:**

*Good afternoon. I have just two questions. Governor, could you respond to some reporting earlier this week in the Concord Monitor that showed some nursing homes around the State were receiving defective PPE? Now, obviously that PPE was coming by way of the Federal Government. But has the State made any efforts to reach out to those nursing homes to supply functional PPE in lieu of that, and if you would just comment on the fact that that happened at all? The second question is regarding the quarantine measures. Can you clarify what folk should do? New Hampshire residents who are vacationing out-of-state, if they, say, spend a week on the Cape and they come back, it sounds like with the new order, they wouldn't need to quarantine. But what if they go to Florida for a week? Are they going to need to quarantine when they get back to their home in New Hampshire?*

**Governor Sununu:**

Yeah, so I'm going to answer the second part first in terms of the quarantine provisions. If you are vacationing around New England and you come back into New Hampshire, no, you don't. Under what we're releasing today, the guidelines that say you don't need to quarantine for two weeks, that stays if you're vacationing within New England.

But similar to where it was before today, if you're vacationing beyond New England in one of the other States, we are asking folks to remain in a quarantine process when they come back, which is why we're encouraging folks to only travel outside of New Hampshire and now New England if they really absolutely have to, because there is a risk there. We see how high the COVID rates all across the country are expanding. We're just very fortunate to be in the situation we are.

Your other question has to do with the defective PPE that was sent by FEMA to the long-term care facilities. I'm going to take a step back and say we've been working with this issue I think for over a month now, since the first time we had heard about it.

For whatever reason, FEMA has chosen to send their PPE to long-term care facilities directly. It is not how we've advised them to do it. Obviously, we always prefer things to come through the State for a variety of reasons, so we can coordinate what we're sending to long-term care facilities, so we can see what's coming in to make sure the products are what these facilities are actually looking for.

But FEMA, on a national level, has chosen to send directly to long-term care facilities, for whatever reason. And now, we've found out -- and we found out very early on -- that some of it -- not a lot of it, but some of it was defective in a variety of different ways.

As soon as we found out it was defective, we took two immediate measures. First, we replaced it, even out of our stockpile, not FEMA's. We just replaced it to make sure that those facilities were not going without the PPE that they had requested. And then, we're making the demand to FEMA that they fix the problem and they either replace the PPE again directly to the facility or to us. But we're making



sure that as soon as we hear of those incidences, we're replacing it out of our own stockpiles, demanding FEMA kind of either backfill what we've replaced, or backfill directly to the long-term care facility.

And again, we constantly encourage FEMA to go through the State, to coordinate through a centralized location, makes all the sense in the world. I can't answer why FEMA's doing it this way. It's very frustrating. Put that on my list of frustrations out of Washington, D.C. lately. Chalk them up. Okay. That's all set there. Yes, sir?

*Governor, can we have one follow-on to Commissioner Shibinette on the moving the testing to hospital settings? It's hard to get people to go to the ER as it is. And clearly it's hard to get them to come to these remote test sites, as well. But, how are you going to overcome that? There might be an added hurdle for some people to approach the hospital, if they've had bad experiences, the cost factor. I guess is that a concern moving forward, as you try to shift the testing to that setting?*

**Commissioner Shibinette:**

So, one of the things that we've asked the hospitals that are going to participate is for a plan on how they're going to set up their test sites. And it's not ER. I mean, people are not driving COVID-testing clients to the ER.

A lot of them are talking about having specific sites set up within their primary care practices. One hospital is going to have a drive-thru tent set up in a parking lot. So they're definitely not doing the emergency room. There may be some of that for sure, especially during off-hours.

But they're really looking at, strategically, how do they impact the community, because it's not just their patients they're going to serve. It's going to be the community. And so, when we're writing scope of service around collaborating around community testing, this is not just for that healthcare system's patients. It is for the entire community.

So, not to the ER, except for maybe in off-hours, but to a variety of different places. A marketing component to that, where they're putting it up on their website, they're putting it on their Facebook page. They have a phone number set up, or they have a portal set up online. So there's a lot of different things.

And we're giving the facilities the flexibility within their community, because the plan in Manchester is going to look very different than the plan in Berlin. So, they know their communities best. And we're also giving them the option of partnering with someone, different community people. So we know that some hospitals are partnering with the VNA. One hospital's partnering with an urgent care center. One's partnering with a primary care medical group. So they're not doing it themselves. They're just taking the lead on getting the community testing, which is a great partner to have at this point.

**Governor Sununu:**

Great. Okay, well, look. The July 4th weekend is upon us. We want everyone to have a good and safe weekend. Practice the social distancing. Wear your masks where you can. We're in a really good place here in New Hampshire. We really are. We're very fortunate. We're very blessed. It's a good long weekend to kind of appreciate the blessing, spend a little time with family, and enjoy New Hampshire for everything she gives us. So thank you, guys, very much. Have a good one.