



Office of Governor Christopher T. Sununu  
Press Conference  
Thursday, November 12, 2020 at 1:00 p.m.

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**Governor Sununu:**

Good afternoon. Good to see everybody. Thanks, everyone, for joining us today. A quick note just so folks understand, because we moved the press conference today to 1:00, unfortunately David and the Translation Team isn't joining us today. But a full transcript of today's press conference will be available online following the press conference. With that, we will kick it over to Dr. Chan for a Public Health update.

**Dr. Chan:**

Good afternoon. Several Public Health updates for today, but first the numbers. We are announcing 323 new people diagnosed with COVID-19 today. 270 of these are people who tested positive by PCR and 53 by antigen testing.

In the last week, we have now averaged about 240 new infections per day statewide, which is up from where we were last week. Currently, there are 2,528 people with active infection. And the 14-day rate of new infections is at 178 per 100,000 population. Both of these numbers are increased from last week, as well.

Our PCR test-positivity rate is at 2.6%. And there are four new people hospitalized with COVID-19 that we are announcing today, and 64 people currently hospitalized statewide. There are three new people that have died from COVID-19. All three of these individuals have been and are associated with long-term care facilities, bringing the total number of people that have died directly or related to COVID-19 to 495.

This pandemic virus is now widespread in our State. The number of infections is also increasing. The hospitalizations are increasing. The test-positivity rate is increasing. And the number of people dying from COVID-19 is also increasing, which is reflected in the changes in the numbers that we have been reporting out here on a weekly basis.

All counties in New Hampshire and the State, as a whole, is now at a substantial level of community transmission. And we know that, as community transmission increases, the risk of COVID-19 to individuals, to schools, to businesses, to communities will also increase.

But I want to stress again that we know how to control spread of this virus. We have seen our community mitigation efforts pay off and work in the first wave of the pandemic and over the summer, when rates were low. But controlling spread of COVID-19 continues to be a collaborative and collective effort. Public Health, alone, is not able to control spread of this virus without the buy-in and the help from individuals and businesses, and organizations, and communities.

Given the high rates of community transmission, we want to announce -- and I'm going to hand things over to the Commissioner in a minute, but want to introduce the change that Public Health will no longer be conducting contact tracing investigations for each and every person diagnosed with COVID-19.

Instead, we will be prioritizing who we investigate and targeting our Public Health resources to those individuals in those situations most at need and most at risk for spread of COVID-19. We will also be working with and empowering our local partners, the individuals, themselves, with COVID-19, to help with outreach and help do some of the contact investigation.

So, we want to stress that if people do get called by Public Health, please pick up the phone and work with our Investigators to help identify people who may have been exposed to COVID-19 and are at risk, themselves. This is going to continue to help protect businesses and schools, and community organizations.

But not everybody will be getting a call, going forward, from Public Health. So we are asking people who have been diagnosed with COVID-19, and we are asking our Healthcare Providers and local partners, to help with the outreach effort and to help identify close contacts of people diagnosed with COVID-19, and provide them with the appropriate Public Health information and guidance.

We will be posting more information on our website for our community partners. And people can go to [NH.gov/COVID-19](https://www.nh.gov/COVID-19) to find out more information that we should have a post shortly directly on the homepage.

And I want to stress that contact tracing is part of a containment strategy to stop the spread of COVID-19. But it is one and only one layer, or intervention, for helping to prevent the spread of COVID-19. As community transmission increases, it becomes a less effective strategy at identifying and breaking chains of transmission. And so, we need to, at this point, continue to rely on the community mitigation measures that we have relied on all throughout this pandemic to bring the second wave of the virus under control in New Hampshire.

I'm going to hand things over now to the Commissioner. And she's going to talk more about some of the details of the changes in contact tracing. Thank you.

### **Commissioner Shibinette:**

So I think we're going to go directly to that and then I'll back up and do a long-term care update, when I'm done talking about contact tracing. So, as we've said for several weeks now, one of the big obstacles in contact tracing is reaching the patients that have positive cases. Right now, we're reaching about 40% to 50% of our positive cases on the first call.

Because of that, we want to equip our Providers, our Physicians, Nurse Practitioners, our Hospital Staff with the tools to help everyone keep themselves safe and their communities safe. And the way we do that, we know that the Providers are talking with the patients, because they're oftentimes delivering the positive COVID test result to the patient.

So while they have them on the phone, we are going to ask them to give them basically a one-pager that we will be providing by Public Health that basically gives them the isolation criteria. Anybody in the household that's a close contact, asking them to quarantine, so they will be able to have that first point of contact with the patient and be armed with all the information they need to start breaking the chain of transmission, as Dr. Chan talked about.

So, some of the case investigations that we have typically done, we are going to start prioritizing those case investigations. So what you'll see on this slide are the people that we are prioritizing for a full case investigation: people under 18 years of age; people over 65 years of age; racial and ethnic minorities that are being disproportionately impacted by COVID-19; anybody associated with a cluster or an outbreak; congregate living settings, and Healthcare Workers.

So we will start with these cases as they come into Public Health. And if we complete these, as our numbers go down, as we complete them, we don't stop here. We continue to go on and continue to investigate as many cases as we can through the day. But this is going to be our priorities.

The expectation -- and it really has been all along -- people are told that they are positive by COVID-19 usually by their Healthcare Provider. That's the first call that they always get, unless they get a rapid test and they're told immediately. So, that will still happen and their Providers will be given the information to hand along to the patient to start the isolation and quarantine process. So, Dr. Chan will be issuing a health alert to his Provider colleagues tomorrow, with the directions around the new contact tracing plan.

So now, to back up for a long-term care update, today we are announcing three new outbreaks: Coos County Nursing Hospital with 26 residents, 33 Staff; the New Hampshire Veterans Home with 9 residents and 2 Staff; and Prospect Woodward Home at Hillside Village in Keene with 8 residents and 2 Staff. We are closing one outbreak at Bedford Hills Center, which closed on 11/09/2020. All counties are currently in a Phase 1, when it comes to visitation.

One other public announcement that I wanted to make, in the last two or three days we became aware of four instances of potential community exposure at polling locations on election day. Those community exposures were at Souhegan High School, Pembroke Academy High School, Belmont High School, and Newfields Elementary School. These were all people that identified in the last couple of days of having positive COVID-19 tests and reported being in line and not being able to 6-foot socially distance, while being in line.

So our public notification today is anybody that was at a polling station, specifically those four, but really anybody, based on our rate of community transmission right now, if you were in line at a polling station on election day that you really need to be monitoring for symptoms of COVID-19. That's all I have. Thank you.

### **Governor Sununu:**

Great; well, thank you, Commissioner. A couple things on my end before we open it up for questions, first we have some data slides, so just to bring people up-to-speed as to where we are. Obviously, we all know our numbers are increasing, something we've always talked about. We knew it was coming.

So this is just our percent-positivity slide, something that we've seen before. As Dr. Chan mentioned, our percent-positivity has gone from back about in, I'd say, early September, somewhere just below 1%, to around 2.5% to the 3% range. It's kind of rolling around there a little bit. And again, this is a very important number, because this kind of normalizes, in terms of the overall community impact based on the number of tests that we're doing.

But again, we want to keep this number as low as possible. But I think we all have to be realistic and expect that, as numbers increase, testing may increase, as well. But likelihood the percent-positivity is going to keep increasing. So, again, all within a manageable range right now, but a number that we keep a very close eye on.

Also, we started showing this last week, because folks, I think, given that 45 approximately States in the country, virtually all the States in the country, are seeing very appreciable increase in the data, this normalizes all the New England States. So what we're looking at here is the seven-day average of new

cases per 100,000. So you normalize the data. This is the number of cases per 100,000. And it's the seven-day rolling average of that.

So as our numbers tick up, you can see kind of how other States' numbers are ticking up. You could see Rhode Island, unfortunately, continues to have very high rates. They're in the green. Massachusetts -- I'm sorry, Connecticut is in the blue. And Massachusetts is in the yellow. Those are the top three. And you can see their numbers rising pretty aggressively along with the other New England States. And then, New Hampshire is in magenta. So we're this one here. You can see. So all of our numbers continue to go up, Maine and Vermont, as well. So we just want to kind of show folks where we are, at least relative to a lot of our partners within the New England region.

Kind of on that same line, earlier today New Hampshire did join all the other New England States, as well as New Jersey, in pausing interstate hockey competitions. This doesn't pause hockey. It pauses crossing the border for games. New Hampshire took, I think, a very aggressive, data-driven action a few weeks ago, when we temporarily paused hockey, looked at redoing some of the guidance. We put some mandatory testing in place; got hockey going again hopefully with a fresh restart.

Starting this Saturday, though, on November 14th through December 31st -- so this will continue at least through the end of the calendar year -- the New England States will suspend all interstate competitions for public and private schools, and youth hockey, in an effort to stop the spread. The pause of interstate competition will not impact college, professional, or the U.S. National Team hockey activities, which continue to remain subject to the protocols that we've put into place, the health and safety protocols that are already currently in place.

Given the support for this agreement from all of our regional neighbors, I think New Hampshire, we made kind of the practical decision, if you would, to join the effort, as all the States were kind of doing it as one. We do remain very optimistic that the newly issued hockey and ice arena guidance will continue to ensure the safe and successful hockey season for New Hampshire hockey players.

So the season is still very much on. We don't want to misrepresent that. It's just some of those teams that would traditionally cross borders, all the States in our region have agreed to suspend that for now.

Also want to bring up one more update on the State's quarantine requirements. One of the issues that we've really found is that, especially in schools or in a lot of the congregate settings, it's one thing when a few folks get COVID. It's another thing when 40-or-more people have to be quarantined because of that. It can shut down classrooms. It has caused a lot of schools to go temporarily remote, not because everyone has COVID but because there's such a close contact with a lot of those classrooms and those groups. As much as I think a lot of those organizations are doing a great job keeping their cohorts separate, at some point, if you do get a few cases there on a sports team or something like that, it is causing a lot of quarantining.

So while our seasonal travel guidelines remain in place -- or I should say the travel guidelines through the season, I think everyone's thinking of the holiday season right now. Today, we are updating what we call the leisure travel guidance. As the holiday season draws closer, we've definitely received a lot of questions around what is appropriate and permissible for holiday travel. That would be that leisure or recreational travel.

So first -- and we're going to kind of go back a little bit to the encouragement that myself and Dr. Chan, and Commissioner Shabinette have been giving for quite some time. We really do encourage all Granite Staters to be extremely careful and cautious regarding small gatherings beyond and including, frankly, immediate family. It's just the gatherings right now are still one of the big spreaders that we see

not just here in New Hampshire, but really across the country. Our State's contact tracing efforts have showed us that one of the biggest drivers in increased COVID is those types of gatherings.

And so, given that, we want everyone to think carefully about what they're going to be doing and what sacrifices, potentially, that they can make, knowing that this is a very unique year. And it really is up to each citizen to consider that.

So we're going to update our travel guidance that provides individuals traveling outside of New England with two options upon their return. Currently, when you come back, we're having folks quarantine for 14 days. We're augmenting that to allow a seven-day quarantine with a test. So if you get a test, after seven days, you don't have to do the 14. You could do the 14 without a test, or you can quarantine for seven days with a test. That also brings a lot of that type of travel quarantining restrictions more inline with a lot of the other surrounding States that we have.

We're still one of the more restrictive. Frankly, I think we're trying to keep a very cautious approach on the interstate travel. But at the same time, looking at the risk factors beyond seven days of shedding the virus after posing a negative test, it isn't zero but it is much less. And the impacts of the 14-day requirement we know are quite heavy. And again, just to get everyone more inline, get our State more inline with what some of the other States are really doing.

And again, the essential travel, whether it be for work, whether it be for school, those exemptions still remain in place. Those exemptions have been in place for quite some time. They'll remain in place. This is more for that leisurely or holiday travel. So it can be seven-day quarantine with a negative COVID test.

And then, one last thing before we open it up for questions, again just on the same, I think, tone that we're really pushing today and will continue to push, is just the guidance is really, really important. The State has done a lot in putting good, smart guidance documents together, whether they be for travel, whether they be for your workplace or school.

And we want to really encourage everyone to go back onto our website and make sure that you and your employees, your family, your coworkers, your community, whatever it might be, is familiar with those guidance documents. They have worked very, very well up until now. And we know that they can keep working well, even as the entire country sees our numbers going up. It will, I think, allow us to be very careful and what I call surgical, if you will, about any restrictions we may have to make, whether they be geographic or within a specific industry.

But the fact that so much work went into those guidance documents, they've really worked. And we just want to make sure people are refreshing themselves with them, all the different things that we have done. The fact that any gatherings over 100 people still require a mask, and obviously the restrictions we have on travel outside of New England.

So, we just want people to stay vigilant, stay right on top of it, and not become lax. And obviously we all have COVID fatigue, something we've been talking about for some time. But now is the time, as we see the numbers tick up. It's still a very, very serious issue. And we just want everyone to be right on top of it, as we were for the first six, seven months of this. With that, we can open it up for questions.

## Q&A Session

*Me?*

**Governor Sununu:**

Yeah, hi, how are you?

*How are you?*

**Governor Sununu:**

Good.

*I know you've been talking about holiday gatherings and obviously to exercise caution. But do you have exact recommendations on let's say numbers that should be gathering, and if grandparents should be attending these gatherings, as well?*

**Governor Sununu:**

No, the State isn't going to make formal -- well, look, the -- formal guidance around what should happen within your home with your immediate family. But obviously, we recommend, as we always have, since the very beginning of this crisis, if folks are elderly, if there are underlying health conditions, they need to take extra precautions. They need to maintain the social distancing.

And I would strongly recommend anyone that falls under those categories think twice about any type of gathering with immediate family or otherwise, because the numbers are very prevalent. There's still a lot of asymptomatic transmission out there, to be sure. And so, families just have to be very, very cautious and very, very careful in whatever they do.

*Governor, you were talking about how family gatherings, the contact tracing that has been done has shown that family gatherings are causing more transmission and more spread. Could either you or Dr. Chan elaborate a little bit on what you're finding, specifically, in terms of what kinds of gatherings that are the most likely to cause a spread, what the circumstances are?*

**Governor Sununu:**

Gatherings, gatherings where people aren't wearing their masks. It could be a backyard barbecue. It could be something watching Sunday football with you and a bunch of friends over, or you and just the family, kind of that secondary family, maybe the cousins come over or the parents come over, or your neighbors come over. Those type of neighborhood gatherings is what we're seeing.

Any gathering where people are feeling too comfortable and not wearing masks, and not taking precautions that frankly we've been recommending all along; I think people, yeah, because we know them -- we keep saying it. The virus doesn't care that it's Uncle Bob. But you should and you need to, and for your sake and for that family member, whatever it is.

So it is not a specific type of gathering other than those where we are feeling much too comfortable and familiar, and we're kind of forgetting and loosening, I think, our own discipline on the social distancing and wearing of masks. If there are circumstances where it's a family member that is typically not in your immediate family, even if you're in your own house, yes, you and that member should probably be wearing a mask, absolutely, right? You got to be smart.

We're not going to send the Mask Police in there. We're not doing these mandates of what you have to be doing within your home. But we're really making sure that that message stays elevated. But it could come in any different form. There's no gathering that is exempt from that, if you know what I mean.

*To take that last sentence you said, I mean, then how can you say that any Thanksgiving gathering could be safe? And kind of what is your advice for families? I mean...*

**Governor Sununu:**

I think there is a risk. Every time a group of people come together, there is a risk. The risk getting to zero is not possible. We cannot manage zero risk. The Government can't put mandates in to get it to zero. It's just not possible. It's a virus.

Look at the numbers across this country. The States with the highest mandates and stipulations, and shutdowns, and all that, their numbers are increasing like everybody else's. That's not to say those things don't work. But you can't manage the risk down to zero.

Obviously, we're not going to tell people that they can't have a family gathering at Thanksgiving. That wouldn't appropriate, frankly, for the Government to be telling people that. But what we can do is manage our controls, expectations, the elevated message, and especially the data that we're seeing out there. And the data says that family gatherings can transmit the virus as much as anything else. But you got to be extra -- good afternoon, Paula. How are you?

*I'm well. How are you, Governor?*

**Governor Sununu:**

Good.

*I have a question that maybe Dr. Chan or you might answer. It sounds like we've lost control of this virus and we seem to have had it for a number of months.*

**Governor Sununu:**

No, anyone who thinks that we can control a virus, that's a terrible way to define it. What we can control are the mitigation efforts, the messaging, the things that we put into place to help manage and mitigate the spread of the virus. So I just want folks to be careful.

I mean, again, look around the country. As much as any Government or any group tries to control something, this is a virus, and there's just mathematical spread that's going to come into play,

unfortunately, especially at this time of year, which is exactly why our predictive analytics showed months ago that this is the exact position that we were going to be in.

If you told me back in April that our numbers were going to hit 350 on November -- what is it -- 14th or November 12th, I'd say, yeah, that sounds about right. And that's exactly what we were saying. And the reason we could say that is because we have a sense of how viruses spread. This one's a little different. It has a different attack rate. Obviously, that affects congregate settings a little differently and all of that.

But the sense that we had control and now we've lost control, I just don't think that's a fair assessment. I think we've put great guidance and stipulations in place, and whatnot, to help manage the spread. But I just don't think folks should be saying, well, unfortunately we've now lost control as if we've done something wrong. No, I think it's really up to all of us to maintain that vigilance. And even if we do everything perfectly, we know the virus is still likely going to spread at some level.

*And then, particularly about nursing homes, it seemed to me that we were at a point a couple of months ago where we only had one outbreak. And now, is there any explanation for what happened and/or is that also just reflective of the...*

**Governor Sununu:**

Yeah, I'll let Commissioner Shabinette.

**Commissioner Shabinette:**

Thank you, Paula. We have seven outbreaks now in long-term care facility. I think what we've seen -- and we've really looked at this closely through this spring -- is our number and the severity of our nursing home outbreaks definitely related to the degree of community transmission.

As we saw Hillsborough and Rockingham County back in April and May have higher rates of active cases, we saw more nursing homes in those areas with outbreaks. And I think that you can see that same kind of correlation here today. Coos County for the first time, they didn't really have a spring wave at all. But now we have Coos County Nursing Hospital with an outbreak.

And as our community transmission levels go up, we expect to see more nursing home outbreaks. The Staff that take care of these residents are part of our communities. They go to our grocery stores. They interact with everybody else in the community. And our elderly residents in long-term care facilities don't have the option to socially distance themselves from their caregivers.

*The question has been asked. We only get a weekly update on the nursing home numbers. Is it possible to expand that out to give people a better understanding of what is happening in the nursing homes, on not just Thursdays but on every day of the week?*

**Commissioner Shabinette:**

So I think weekly is most accurate, because while they're in outbreak, they have weekly testing done, right? So that's usually when the numbers are update. So if they have weekly testing done, six out of the seven days a week there's really not going to be an update. It's when those test results come back

from their weekly testing, unless someone becomes symptomatically suddenly through the week. So I think weekly is probably the most accurate data you're going to get.

*Governor, oh, sorry. Go ahead.*

*On hockey, can out-of-staters play on New Hampshire teams? I'll give you an example.*

**Governor Sununu:**

If you live in Methuen and you're on a Salem team, and you play for New Hampshire team, then, yes, you can keep playing on the New Hampshire team. It's just the teams really moving from one State to another; great question.

*Are you looking at or considering extending that kind of guidance of restrictions to other winter sports: basketball, volleyball, indoor soccer?*

**Governor Sununu:**

It's been discussed but nothing that we can announce or we're looking at right now. I think a lot of what we're seeing right now, the first analysis we're doing is how many schools specifically in the State are looking at not even having winter sports. And I think there's a lot of schools that tried fall sports and maybe were successful or not. Lot of schools are even looking at not even doing a youth athletics in the winter.

So we're kind of doing a bit of a survey right now to see who's considering and who isn't. Hockey is definitely more interstate than other sports are. But things like the ski team, let's say, something like that, if a ski team were to come up, so we're looking at all those possibilities. But, again, we're trying to be, I think, very specific, data-driven about it, and collect the data and see where we go. We still have a couple weeks before that comes up.

*One other topic; on churches, is there any change in guidance? Or will there be, down the road, soon, in terms of places of worship?*

**Governor Sununu:**

So the only change in the guidance on the places of worship was a clarification in terms of not what happens during a religious ceremony. Those flexibilities are still available. How some of the churches or religious services might have events before or after, like a cup of coffee or something after church down in the church basement, we're just reminding them that they can use the standard protocols that we put in place for a restaurant, for example. So, that's all. It's just the before-or-after function events that sometimes follow with that, just to bring everybody in line with consistency.

*Two more questions: does the State plan to open flex hospitals? That's one. And then, any other restrictions or shutdowns coming down the line, why or why not?*

**Governor Sununu:**

Sure; so restrictions -- I don't want to forget the second question. Flex hospitals; so, we absolutely have the ability to open a flex hospital on a moment's notice. One thing that we understand which is fundamentally different today than it was in March and April is that hospitals are open and they're doing services. They're performing services. They're doing it safely. They have a lot of testing capability, as folks come in to be tested. And that is a great tool to allow those facilities to keep functioning, and to make sure the doors are open specifically for the citizens who need those services.

That means that we have less available bed capacity today than we did then. And so, the need to open a surge or flex hospital would probably come much sooner than it did even back in March and April. But we can do it. And if we have to, we will go there.

I mean, I think the number's about 64 in the hospital today. I imagine that number's going to rise very aggressively. We have 350 cases today. If you ask me where we're going to be in two weeks, I think we're over 1,000. I think that's it. And we're preparing for that, right, so we can open those surge hospitals. And at that point, you may need something like a surge hospital to open. But we're going to be ready and we're going to be prepared. I just think it would be naïve to say that, we're at 350 and I hope it doesn't get over 500. No, again, I've always said my job's to prepare for the worst, unfortunately.

The good news is, I mean, we didn't show the mortality data and things like that. The number is always going up and that's unfortunate. But the percentage of those, of cases that are fatal compared to where they were in the spring, is much lower. I couldn't tell you why. Maybe Dr. Chan could tell you. I haven't really looked in the actual hows and whys.

When you saw the second surge happen across the United States, which we really didn't -- did not impact us, you saw the second surge actually have a much lower rate of fatality than the first surge did. Again, we can hope for that, not plan on it. There's less hospitalization that comes with that, as well.

So, the point is that the numbers are going to increase very aggressively. When you see these surges happen, they don't happen for two weeks. They happen more on the four-to-eight week range, something like that. And so, all we can do is, again, prepare for the worst and know that, if we have to open up additional facilities, we're going to do that.

But the plan right now is not to shut down hospitals and all of that again. We don't want to go backwards to that level, because we had to when we had to. But none of the data shows that we're even remotely there yet. We want folks to know they can still go in for their MRIs. They can still go in for their biopsies. They can still visit their hospitals for their immediate needs, because there's such a negative aspect to shutting that down, in terms of the population health and the opportunity for it.

*Dr. Fauci told ABC News this morning that the cavalry is coming, that there is hope for a vaccine, and gave sort of a rough timeline. Trish Tilley today also, at the Opening Up Task Force, gave members sort of an overview of how -- it was like a four-phased priority, sort of a triage, who was going to get it first, not necessarily so much a timeline but how we were going to roll this out. I was just wondering if you guys review that for us and give us sort of an idea of how it may change from anything that the CDC may be saying about how we might implement.*

**Governor Sununu:**

Okay. So, if I might, how we're rolling out the vaccine is it's in multiple stages. It's very detailed. The Team has put together a great plan. Not to avoid the answer, but maybe at the next press conference we will spend a little extra time.

I don't think the vaccine -- the vaccine's not going to be ready probably until well into December or even January, potentially. So maybe just so I don't give you a half-answer, maybe we will kind of review where we are with the Vaccination Plan and strategies. And it is a little different, depending on what phase we go in and where it comes.

We just got news again that Moderna, they're going to be looking very optimistic for their vaccine, which is coming up. I think there is also a two-shot vaccine. Obviously, a lot of folks are very excited about the Pfizer news last week. I am not an expert, as some of these folks are. But I think we were all shocked when we saw the concept of 90% effective vaccine. That's a really high number. And if that were the case, that would be phenomenal.

But there'll be a couple different types of vaccines. There'll be a couple different ways to have it distributed, and the timing of that is obviously. So we will do maybe a bigger presentation on that next week, if we could.

*Governor, with the national surge in these cases, there's been some talk now about a four-to-six week lockdown, or shutdown. Some people have expressed that. What are your thoughts about that?*

**Governor Sununu:**

I don't see any need for that right now, really. And I think we're really far away from that. It's not saying we would never do it, but the numbers would have to really -- this situation would truly have to become beyond even the management and protocols we've put into place. That's where we'd have -- we'd have to really lose control of those, if you will.

So we're not looking at additional aggressive restrictions right now. Again, the negative impacts of that kind of lockdown and the stay-at-home, which we absolutely had to do in the spring, it was the right thing to do because we didn't have testing and contact tracing, and all these other things. And everything was just so different back then. We were really learning about the virus and creating the playbook as we went. It's absolutely the right thing to do in the spring.

But, situation's just extremely different right now. And the negative impacts of that, from a health standpoint, we now know, and I think we suspected at the time, but we even now know for sure the mental-health issues, the isolation, the shutdown of schools, the issues around abused kids, the issues around substance misuse and abuse, all those issues get drastically exacerbated.

We don't have a Federal stipend right now. So if folks were to all -- if we were to shut everything down and everyone goes on unemployment, there's no \$600 check per week coming our way, unless Congress decides something different. And there's no sign of that right now. So all of those different things of variables come into play when saying no, right now it's not something we're looking at by any means.

*Governor, so you're talking about increased cases potentially going over 1,000. That is a much different situation than in March, correct? I mean, this is a much higher number of cases that we're recording. We're also pulling back contact tracing. So are you saying the difference between now and March in terms of your decision of whether to add more restrictions comes down to the availability of testing?*

**Governor Sununu:**

Oh, it's the availability of all these different things in our toolbox. It's contact tracing. No, no.

*Aren't the fundamentals the same?*

**Governor Sununu:**

No, hold it.

*Sorry.*

**Governor Sununu:**

Let me answer the question. The fundamentals are not the same. They're very different, actually. It's testing. It's contact tracing. It's understanding of how the virus moves, our understanding of congregate settings, all the new guidance documents that we now have in place that weren't in place at all.

We can see schools and congregate settings like universities opening without the massive outbreaks that we had predicted. So we know that, again, good protocols there can help manage the virus in that case. There's the economic effects, which are very different today than they would even have been back in the spring.

So there's a whole lot of variables that really go into play. And can you go back to the percent-positive? Let me show you another fundamental difference here. There we go. So back here when our percent-positivity was somewhere around 15%, 20%, maybe even up to 25%, remember the number of people that we weren't even testing. We were telling people, I know you have light symptoms. If you're young and healthy, go home and ride it out, right?

We tell people that are asymptomatic, young, and healthy to go get tested now. So when we had 100 cases here, think of all the cases that we really had but we weren't even testing, because we just didn't even have the testing capability.

So it's really unknown. We feel like we're capturing a much higher percentage of the real cases today than we were then. I mean, we might have been reporting 100 cases, because that's what we knew, every positive case we reported. But remember, there were so many folks that were never even tested that probably should have been tested, but the testing literally didn't exist.

So, if you told me that we had 1,000 cases per day on some of the -- that it was really 10 times what it was, maybe, yeah. So it's hard to know.

*With that few number being tested, you still implemented the restrictions. So I guess the question is, if now we have much better information and we have much higher numbers, shouldn't that again trigger the same response that the State had in March?*

**Governor Sununu:**

No, because remember our response is -- a big part of our response is how it overloads the healthcare system. So we go back to the importance of hospitalizations. In fact, we didn't show it this week but next week I'll do a hospitalization number. And we know it's 64 today. But we will try to get an update, if we can, on the actual capacity of beds to give folks a sense of how much capacity we have. So, I mean, but that's a huge, huge part of it.

The fear was is that this could have just -- on this date, we thought this could have been skyrocketing for the entire year. We just didn't know. So that's why we pulled back on hospitals and made sure every bed was available.

And you see these multiple surges. We know these surges do have a parabolic shape. These surges do come and go. But they can be very, very big. So how it impacts the healthcare system, in particular, is another huge variable. And we just know more. We can manage to it. We can see what our numbers are.

If you remember, at this point, we had -- I think at our peak point we had about 125 people in hospitals, I think, at its peak. Right now, we have half of that. And that doesn't mean it's a 1:1 correlation, per se. There's a lot of other things that could come in. It doesn't mean we have half the number of true cases. We know hospitalizations lag the case number.

But I'm going on with this answer, because it's really important. The case number, it's not an unimportant piece of data. It's very important. But, we can get much more impactful information at this point, which is the percent-positivity, because we're do so much more testing; the hospitalization number, because we don't want to overwhelm the system; the mortality rate, based on the number of cases and positive cases that we have, both locally and nationally. Seems like that number's pretty consistent, region-to-region, for the most part.

But those are the kind of numbers that we're looking at, because it's all about making sure that, knowing that people are going to get COVID, unfortunately, some cases will be more severe. We want to make sure that we have the resources for those most severe cases. And that's really what this is all about.

The case number doesn't tell that whole story. It's just a small piece of it. I think there's other levels of data that we just know so much more about that.

*Another question on this: given that now we are looking at these new factors -- you mentioned mortality. You mentioned hospital rates, percent-positivity -- is there a trigger? Is your Team working on any sort of trigger within those numbers that, if this hits a certain level, cases aside, we will then go to bigger restrictions?*

**Governor Sununu:**

No, there's not a single number. There's not a single datapoint or variable. It's all these moving pieces that we've been discussing, right? So let's say you have 10 different variables and moving pieces.

They might be moving geographically, meaning Rockingham and Hillsborough might see those numbers very differently than Grafton or Coos. And so, that would take into consideration.

They might move within an industry. So maybe we're seeing massive outbreaks or impact in a school, or a hospital, or something like that. And we can make again different stipulations, or shutdowns, or restrictions, based on those areas. We can be much more surgical about it, as opposed to the broad brush across the State, everything just has to close.

I think we just have so much more data. We're so much smarter about it. We can manage better. And because of that, we can guarantee the best net-benefit health -- population health benefits to whatever decisions that we make going forward.

Does that make sense? I mean, just think of all these moving puzzle pieces, but they're always moving, right? And constantly, I mean, almost on an hour-to-hour basis, the Team's putting them together and seeing what it looks like, and seeing what those predictive analytics look like, both geographically and within those industries. It's a challenge. It's a lot. Hi.

*With regards to contact tracing, I've heard stories that some schools districts are conducting their own tracing because of backlogs. Does that mean there's needs to be an increased effort on the State's...*

### **Governor Sununu:**

So the question is there are a lot of schools that are now doing their own contact tracing. I think that's great. I think it's awesome. We've tried to provide a lot of the resources and training, and things of that nature to those districts that want to do their own contact tracing. Manchester and Nashua, for example, have been doing their own all along. More and more districts are starting to do that, which is great.

It takes the idea that all this contact tracing is just going to be in this one centralized location, takes the burden off of that a little bit. Everyone still communicates their data and information, which is the most important part, so we can understand where something might be happening or whatnot. But you just have more hands on deck.

The fact that I think this is a great idea. As the contact tracing demand grows and grows, and grows, the fact that we're going to really lean on and work with Providers, which are frankly some of the best communicators, in terms of an individual's health, in terms of here are the precautions that need to be taken if you're COVID-positive. Here's what quarantining looks like, dah-dah-dah-dah-dah. Let them also be part of that communication tool.

So I think it's great the more we can decentralize that with the consistency that you need, in terms of maintaining the datapoints. But whether it's more districts doing their own contact tracing, more Providers and Doctors, themselves, just being part of our communication mechanism, because that's one of the most important parts. It's getting the data. But it's also communicating the expectations, the protocols, what they should be looking for. That's a big part of it. So the more hands we have on deck, the better.

*And with regards to masks, some communities in the State have Mandatory Mask Laws. In fact, Durham I hear does.*

**Governor Sununu:**

About a dozen-or-so, I don't know an exact number.

*And do we know the effects of those Policies? Are numbers going down in those communities?*

**Governor Sununu:**

Not necessarily; I mean, I think masks help. Don't misunderstand me. There's no doubt masks definitely help transmit [sic] the virus. There's even data showing that masks prevent us from receiving the virus to a certain extent, which wasn't really known a few months ago. So that's all good news.

Not only locally can you look at how local mask mandates might be happening; I'd say look at nationally, right? The fact that you have 35 States with mask mandates, their numbers are still skyrocketing. I think the masks are helping probably manage those numbers from going even higher.

But where there's the highest prevalence of COVID, for the most part, a lot of communities are taking those mask mandates and they're moving forward with them. We support that, if folks want to do that a local level. But I don't think there's any data to show that, oh, Durham put in a mask mandate and their numbers are dropping or anything like that.

*CDC seems to think that masks will bring numbers down. Are we ignoring that? Or should we be...*

**Governor Sununu:**

No, I don't think anyone's ignoring that. If the idea is if we just do a mask mandate, our numbers will go down, that's not true at all.

*No, but it's part of the puzzle, right?*

**Governor Sununu:**

Yeah, it's a variable in the puzzle. Now, I know very few people that walk out of their house who don't have a mask in their back pocket, I mean, because there's very few stores you can even go into without a mask. I'm performing a wedding this afternoon and everyone's going to be wearing a mask.

So there's events all over the place where people are taking the mask wearing very, very seriously. And if anything, I think venues and places of business, schools, they're taking it a little extra cautious now. They're seeing the spread go into places like Coos and Grafton. They understand rural communities can get it just as easily as anywhere else. They really can. There's been a delay there, which is a good thing. But you're seeing those outbreaks and those numbers move very aggressively.

So masks are important. The message has to be there. They help. There's no doubt. But an idea that a mask mandate is going to just solve the problem, that's a comfort level that I don't think the data bears out right now.

*I have a question. I'd like to get a little bit more information about the polling places and times of day, perhaps, or give people more information on how many people are involved in these.*

**Governor Sununu:**

Yeah, so I would say this. We know of about four polling places now. But what we don't want to do is say these four locations are all you have to worry about. Our sense is there was more voters out there than ever before. And our level of COVID was higher than it has been in the past.

I think the important part of the message is everybody needs to act like they might have come in contact potentially with someone with COVID and just think about, were you able to maintain distancing? Keep an eye on any potential symptoms that you might have and respond accordingly. And if you have to go get a test and feel like you need to get a test, by all means go get tested. And keep it elevated.

But I'd say that these were four individuals in four individual locations. But I think the general message I want to really emphasize is this could have been a situation almost anywhere. And I think we want all the citizens to appreciate that, going to vote, if you weren't wearing a mask, or might have come in very close contact with someone you don't know, and have any symptoms following, take it seriously.

*Governor, I want to ask you about COVID fatigue. I know that we've addressed this before. You've talked about it. But now that the numbers are going up, I'm sure you're aware that there's still this opinion out there that this is all an overreaction to the virus. Some folks still just not refusing [sic] to take it seriously, what's your message?*

**Governor Sununu:**

Yeah, it's similar to what I closed with a little bit in my initial statements. It is so important that you go back and look at the guidance documents. Refresh yourself with the universal guidance: the guidance documents in your workplace; the guidance documents in school; the expectations for large gatherings, whatever it might be; your places of worship guidance documents.

It was done very carefully. They worked. There is COVID fatigue out there. At the end of the day, the Government can put all these rules and restrictions. And we've done a great job with that. But everyone has to take them seriously and has to follow them all the way through. You got to play -- as Bill Belichick says -- you got to play 60 minutes. I guess the Patriots learn that the hard way more often than not now than before.

But you got to play this thing all the way through. And we're not near the end yet. We're getting there. But we still have quite some months to go. It's going to be a while before the vaccine is fully implemented. January, February, March, it'll start. But my sense is we will be well into the spring before we really have a sense of the effectiveness of the vaccine, its true availability to citizens.

And then, once we get to a point, I mean, I think we all hope that we get to a point where if you wanted the vaccine, you could have the vaccine. Those who have made that choice for themselves, they were able to do so. If folks didn't want to make that choice for themselves, that's their choice, as well.

And with that comes more flexibility, because remember all these stipulations aren't looking out not just for ourselves but for others. It's always about others when managing COVID. And so, if others have the choice now to be vaccinated at a high rate of success, then that obviously will give everybody a lot more flexibility in what they can do, and the COVID fatigue, I don't think, will be as big of a concern.

But we are nowhere near that right now. I know we have some of the phone. So we will just take a few calls on the phone.

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

*Hi, thank you. Governor, I have three questions regarding election day. Do you consider Joe Biden the President-elect? And you said the election went well in New Hampshire. But President Trump says there was widespread voter fraud all across the country. What's your message to the President on that? And has anyone from Joe Biden's team contacted your office to discuss his plans on dealing with COVID-19, including a mask mandate?*

**Governor Sununu:**

Sure; so Joe Biden is the President-elect. There's no indication of widespread voter fraud here in New Hampshire. I can't speak to other States. I just don't know. Every State does it different. But I can tell you, in New Hampshire, there's no evidence of widespread voter fraud. Folks voted at a unbelievable rate, and we got the results that night. We counted and it looks good.

If there are individual cases, we're always willing to look into those. And the Attorney General's Office has been very good about that. And no, no one from the Biden Administration has contacted my office yet.

***Robert Blechl from The Caledonian-Record:***

*Thank you. Does anyone know -- a two-part question here -- does anyone know? Was there any specific event that might have triggered the surge in cases in Coos County? And the other part of the question is: what's the State's response to the outbreak at the Coos County Nursing Hospital?*

**Governor Sununu:**

I'm going to turn it a little bit over to Commissioner Shibinette. I don't know if there's any single event that defined that.

**Commissioner Shibinette:**

Thank you for the question. No event, specifically, in Coos County that resulted in like a super-spreader event or anything like that. Coos County Nursing Home -- or Coos County Hospital in West Stewartstown is being supported like every other nursing home outbreak that we've had through this pandemic.

I've been in contact with the Administrator. We've reached out to make sure the staffing is okay, to do infection control virtual surveys. I mean, we're always available. We have a Contract for staffing that we've utilized. We're exploring other Contracts, because not everybody can find -- or companies can't find people in every corner of the State to work when we need them to work. And that tends to be more challenging in the North Country.

**Governor Sununu:**

Thank you.

***Donna Jordan at The Colebrook Chronicle:***

*Yes, thank you. Good afternoon. First, I want to thank you for your attention every day to this virus for the past year. I'm sure it brings a level of stress for everyone and would probably feel good if you could have a normal workday again, though I guess it'll be a while. I do want to mention first on the vaccine. I talked with our North Country Incident Command Team this week and they're basically backing up the info. you're providing which is that it'll probably be close to two years before the vaccine is available to everyone. But they're pushing all of the same aspects of this as you: wearing masks, etc., etc. I have only one question and it kind of is going to fill in with what Commissioner Shibinette may have just provided. There are 65 residents at the Coos County Nursing Hospital, of which 28 have tested positive. There are now 26, because 2 passed away earlier this week. There are 33 Employees that are positive who are out of work, as you mentioned earlier. The Hospital Administrator, herself, is out of her office and working on the hospital floor in the COVID unit. They turned their entire 3rd Floor into the positive unit. She met with the County Commissioners today, talked about her need for the extra Nursing Staff, the N95 masks, and small and medium gloves. The Commissioners were continually on the phone during the meeting and gathering gloves -- unboxed gloves, unopened gloves, from all of the towns in the area that were leftover from election day. 5,000 N95 masks are literally arriving with the National Guard any minute now. But the Nursing Hospital continues to urge that they were told by the organization, I guess, that you guys are contracting with, that there is no Nursing Staff available for this area. So I'm just wondering if there's any other way you can get them the extra nursing care that they can get. Thank you.*

**Governor Sununu:**

Sure; well, no, thank you for the question. And I mean, you've hit one of our biggest issues that we're dealing with right on the head, and that is Nursing Staff. The entire country is facing a shortage. There's virtually no State that isn't dealing with this issue in some level, especially in rural areas, because, as Commissioner Shibinette just noted, it's very hard to get folks into those areas. It's just they don't have the population density to support the kind of turnover of Nurses that you unfortunately need. It's not just those that have COVID. It's those that are quarantined, because of other situations.

I know that in many of these situations, if folks are asymptomatic but they're positive, they're working with the other positive folks with -- the residents within some of those facilities when they can. And God bless them for doing that and for keeping coming into work to help provide that critical care that is needed for those individuals.

Outside staffing services, there's a couple other things that we're looking at. There isn't a single solution here. It isn't like you can necessarily pick up the phone, even to another State right now, and say, send us some of your Nurses, because virtually everybody's going through the same problem and the same crunch, at the same time.

Also, what is exacerbating this issue a little bit is the fact that some of our programs really shut down, right? All the training programs and things of that nature were shutting down in the spring. So some of the certifications, or the folks that were in those programs, those individuals being able to come

out of those programs and into those facilities to be part of that workforce, that's been delayed to some extent.

So, we're turning over every stone. We really are. And there's some innovative ideas out there. But anything that folks can do to be part of that solution, obviously we're wide open with ideas. But we know it's a major issue and will continue to be probably one of the single biggest issues, even above the number of cases we simply see. One of the single biggest issues is, again, managing the healthcare workforce, making sure that healthcare system does not get overwhelmed. But an aspect of that is definitely the workforce that's needed to provide it.

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

*Thank you very much. Hi, Governor. My questions are kind of specific to Manchester, but with a statewide angle. I realize it's been a week since you received a letter from 13 Mayors around the State. And I don't know if you've responded to them directly. But they were talking to you about the homeless crisis, which has been exacerbated by COVID-19. Here, in Manchester, our Emergency Management Director Chief Dan Goonan's calling this a humanitarian crisis at this moment, with over 300-or-more people living out in the rough. And the State has become involved with a property owned by the State at the Courthouse, which I know you're aware of that. Signs had been posted last week for that to be vacated by the 40-plus tent community people living there, which each tent among the 40 might be housing 1 to 4 people. The State has said that those people need to move or will be removed by Monday. And as far as I understand from Chief Goonan, there has not been coordination with the State as far as who will be removing anybody who does not vacate the property and where they will be moved to. So that's my first question, if that can be addressed, as far as the plan for that. And that's a subset of the more than 300 people who are unhoused, and doesn't include the 107 people who may be living in the two shelter spaces that have reduced capacity due to COVID-19.*

**Governor Sununu:**

Yeah. So, no, a very important issue, but I apologize. Could you just rephrase the question aspect of it? I just want to make sure I get your exact question.

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

*Okay. Yeah, part 1 is: have you coordinated with the City? Or will you have State Officers there to remove people from the property? What happens on Monday? And where will those people be moved to, because there are no beds here available? And I've called around through the list of 211 shelters and I'm not finding beds for the general homeless population.*

**Governor Sununu:**

Okay. So we're coordinating directly with those individuals, making sure that they're aware of the services and opportunities that are available to them, and their options, where they might go, whether it's in Manchester or other parts of the State. Maybe some of them, not all of them, are necessarily from Manchester originally. And so, that's the most important coordination is the coordination with those individuals. Was there a second question?

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

*So, again, I spoke with Chief Goonan about this pretty at-length two days ago. And he, in speaking with the people there, said they have no idea where they're going to go. And he wasn't aware that anybody from the State had come in to speak to individuals about that at this moment. The only people going into the site, as far as he's aware, is the Outreach Team.*

**Governor Sununu:**

Okay, sure. I'll have Commissioner Shibinette answer that.

**Commissioner Shibinette:**

Thank you for the question. We have an Outreach Team that has been working with every individual, specifically for those that are on the Courthouse lawn, and then even those that are in the other encampments. And we've met with the City of Manchester several times since the pandemic started to talk about homelessness. And when they first set up encampments down on Canal Street, we put services in place, including port-a-potties and cleaning services, and things like that.

Since that time, we've had Outreach Teams going into the encampments pretty much every day. And right now, we've ramped up those services trying to place the people at the Courthouse encampment into housing across the State.

Now, there's a couple of very important parts there is that we offer those services and we offer that housing. It does not mean that every client is going to accept those offers. And I think that is the difference that we do have Teams going in and trying to reach these people. But not all of them are open or receptive to receiving those services right now.

**Governor Sununu:**

And as a follow-up, if I may, as a bit of a reminder, in that letter that we did receive and we're going to respond to it to make -- one thing I try to do when I respond to these letters isn't just to send a hey, thank you for the letter. We try to respond with all the facts and figures, and the data that kind of surround the issue.

The amount of money that we've put towards the homeless issue from the State perspective into local communities all across the State is absolutely unprecedented. It's imperative that the cities, themselves, whether it's the City of Manchester, they need to coordinate with their Provider community. Their Providers are there.

The homelessness crisis that is not solely limited to Manchester, it isn't solely limited to the State of New Hampshire. We have to recognize that, while we have the lowest poverty rate in the country, there is a homelessness issue here. And it has to be addressed.

So one thing that -- the most important thing the State can do is provide those resources, provide that understanding and training, making sure those communities are connecting with their Providers so that their citizens have that connection, that knowledge base, that opportunity. The idea that you can force a citizen to take a service, no, you can't do that, unfortunately. And we shouldn't be doing that. Don't get me wrong. But you got to make sure they are aware of all the different pieces that are available to them.

And there are a lot of wraparound services that go into that, whether it be mental-health services, SUD services. There could be a variety of issues, or a variety of services that surround those individuals. And so, that's why our Teams have been on the ground in Manchester every single day, every single day.

For the City of Manchester to say that they're not aware of the State's personal one-on-one involvement on this issue is absolutely false. Of course they know that we're there because we're talking to them virtually every single day.

So we've provided the funds. We're providing the manpower. We're making sure the resources and all the programs are available. It's important that the cities, themselves, whether it be Manchester, or Berlin, or Colebrook, or wherever it might be, or just local small towns -- I live in the Town of Newfield, right? You can have homeless populations anywhere in the State. And it's something that we have to be very aware of, especially as the winter is coming. These cold snaps are coming.

So the resources are definitely there. You got to make sure the individuals are connected to the opportunities in their Provider communities. And again, I think we've done a -- the State has gone over and above. I can tell you that our Teams have spent more time in the City of Manchester on this issue over the past 18 months than at any other time in the State's history, far and away more time.

So the opportunity's there for these individuals. But it really takes a partnership to come together to make sure that we have that whole level of success that we do expect and can achieve.

***Jordan H. with New Hampshire Public Radio:***

*Hi, my question is regarding the community exposure at polling places. You voted at Newfield Elementary School on election day where there may have been community exposure or community transmission of COVID-19. Are you monitoring your health at all?*

**Governor Sununu:**

Honestly, as I was about to answer that question, I was about to cough, too. That was quite ironic. No. No, I believe the individual in question was there at a much different time, was there much later. I think between 12:00 and 12:30 was when that individual was there. I was there first thing in the morning. So there really was no ability to cross over there.

But, again, it's a statewide concern. And I think everyone needs to just, again, if you have symptoms, if you have concerns, stay quarantined. Get tested; follow the protocols that we've put into place. Oh, that was it? Okay. I thought there was a follow-up.

*So there's questions over kind of how the Legislature might meet and what kind of session they might have. Just to ask you straight up, would you agree with the decision to house the House in Reps Hall?*

**Governor Sununu:**

No.

No?

**Governor Sununu:**

No, that would be a really bad idea to have 400 Representatives. Frankly, the average age is 50, 60, maybe even older. I'm not quite sure. All be in a tight space and room like that, that's exactly what we don't want to happen. No, that would be a really bad idea.

*This is going to be a huge logistical challenge. The LOB building where all the hearings usually are held, it apparently has almost no air circulation at all. So we can't hold hearings. I mean, is the State working with the Legislative Leadership in kind of finding a solution here?*

**Governor Sununu:**

Yeah, a bit. Yeah, I mean, I think there's a variety of options that I know the Legislative Leadership is looking at. You'd have to speak to them specifically. I mean, the legislative body's very separate than the Executive Branch. But we're always there to provide options and recommendations, in terms of what they may or may not be thinking.

And I've discussed it already with the future Legislative Leadership, just about what they're thinking. I know they're looking at different venues across the State, frankly, both Concord, Manchester. They did it over at UNH, I think, earlier. So, venues like that, it can be done. And when it comes to the hearings, you can also have kind of a hybrid of some in-person and some Zoom, and using technology, too, to make sure that they happen and the public input is there.

So important that the public input happens. That was one of the real problems with the last session. They ended up piling all these Bills together. They didn't get a really fair shot at a public hearing, and I know they'll want to manage that.

*That was my last question actually. So, last March, the Legislature shut down. And the number of Bills that were going to be passed was severely reduced. Going into this session, do you think there needs to also be a similar reduction, and a reduction in how often the body meets, and a reduction in how much they focus on?*

**Governor Sununu:**

How often the body meets should be independent of how they meet. As long as they're meeting in a safe and productive way, and they're doing the right things by how they meet, I don't know if the number of times they meet and the number of days they meet would actually matter. Sorry, there was another question there.

*Would you recommend that the Legislature reduce its volume of work, given that the pandemic...*

**Governor Sununu:**

I'll say this. I think the Legislature, this session, I have a lot more confident that they'll be able to manage the Bills, the redundancy of Bills. You don't necessarily need every Bill to be repeated in both the House and the Senate. I think with good management and leadership, I think Chuck Morse and whoever the Speaker of the House is ultimately going to be, I think those folks will -- they will have the experience to manage the process, to make sure that things are heard in a timely fashion. But I can't speak to what else they may or may not be doing on the efficiency side. They have their role to play. I have mine.

*Governor, with regard to the largely sharpened contact tracing, any concern that some people won't go get tested, if they're not in that group? And they may be symptomatic, but...*

**Governor Sununu:**

No, look, I think it's their -- if folks are symptomatic, I think it's few and far between where they're thinking, I shouldn't go get a test. I mean, go get a test. The tests are available. You should absolutely be getting a test.

So I don't know if it's the contact tracing that gets people there. Again, we've only had 40% or 50% of the calls actually picked up on the first call. So I think by having the Providers being part of that process, you could actually get an even greater number of people interacting, getting the information, and maybe even you see a higher percentage of success there.

I got to be honest. I noticed it's 2:12, which means General Hospital has started. And if we don't end this quickly, I'm going to get a lot of negative emails. So, any last question? Ethan, you look itchy.

*Sure.*

**Governor Sununu:**

Okay, one more.

*I just want to go back to the election a little bit. You said that you recognized Joe Biden as the President-elect. I wondered if you'd respond to kind of the questions that you've heard from the Trump Administration in the last week over how the election was conducted, whether it was rigged, comments you're hearing from others. You're a Republican, yourself. Do you stand by those comments?*

**Governor Sununu:**

Do I stand by the comments from the -- I would say this. Look, if there are voting irregularities, they're going to challenge those in court. I can tell you that every day that goes by, the ability for those irregularities to be won in court dissipates, right? And the number of votes that would have to be overturned in those recounts is getting bigger and bigger by the day.

So that's just the reality of it. It's their right to challenge that. And that's fine. But Joe Biden's the President-elect. And I think, like most Americans, we suspect he'll be taking the oath of office in January. Right, yeah.

*Regarding the contact tracing, I've talked with a few people who have tested positive, and when they get a call from the State, it's not identified as the State. So they don't even know who it is, just so you know.*

**Governor Sununu:**

Okay. No, we will make sure that folks are identifying themselves from the State. Sure. Okay. Thank you guys very much. We will be back next week. Thank you.