



Office of Governor Christopher T. Sununu
Press Conference
Wednesday, September 15, 2021 at 3:00 p.m.

Governor Sununu:

Okay. Well, good afternoon. Thank everyone for joining us. We haven't had kind of a full press conference in a couple weeks. It has been a while. We were going to have one just before Labor Day. But, as many of you have noted that I unfortunately was spending Labor Day, that week and that weekend, in the hospital.

But great care from the folks at Portsmouth Hospital, they really did a great job. If anything, I got to see and talk to a lot of the Nurses and Staff there firsthand about what's going on in the four walls of the hospital, similar to the conversations that we were having with some of our counterparts out in Kentucky, which we're going to talk about a little bit today. But after a few blood transfusions, I'm definitely on the mend. Don't forget to give blood. It really does save a life. I am living proof of that. But, with that, I'll -- let's kick things off with a Public Health update from Dr. Chan.

Dr. Chan:

Great, good afternoon. A brief numbers update for today, I'm also going to be reporting out on some vaccine numbers for Dr. Daly, who's not with us today. In terms of the number of new cases of COVID-19, we're reporting 549 new people diagnosed with COVID-19 in today's numbers. In fact, in the last week, in the last seven days, we're now averages over 400 new infections per day. And we have 3,726 people with active infection.

Our test-positivity is remaining relatively stable at 5.8% of all antigen and PCR tests combined that are positive for COVID-19. We have 130 people currently hospitalized in the State with COVID-19. And then, unfortunately and sadly, four new people to report today that have died as a result of COVID-19, bringing the total number of deaths to 1,452 during this pandemic. 1 out of 4 people is associated with a long-term facility. Three are not, so we are still seeing deaths associated with long-term care facility infections. However, the majority continue to be community-associated cases. And unfortunately, we have also seen deaths increase in the last several weeks. And in the last week, what we've reported out, between 15 to 20 new people that have died from COVID-19 in the last 7 days.

So these numbers are reflected in our levels of community transmission. We continue to see a substantial level of community transmission statewide in all New Hampshire counties. The vast majority of these infections, the vast majority of hospitalizations and deaths, are occurring in people who are unvaccinated or not fully vaccinated. In fact, since the end of January, when we started tracking vaccine-breakthrough infections, only about 3% of the infections that we've identified have been in people who are fully vaccinated.

But the currently available vaccines remain highly effective at preventing infection, even against the Delta variant. And they remain very, very effective at preventing severe disease leading to hospitalizations and deaths from infection.

But our vaccine numbers remain too low. And low vaccination is contributing to continued spread of COVID-19 in our communities. I want to stress again the importance and the importance of people getting vaccinated and becoming fully vaccinated, because vaccination is the primary tool to protect oneself and prevent spread of COVID-19 within our communities.

Let me transition now to just give a brief update on the number of how we're doing with vaccinations. We continue to make progress getting more people vaccinated in New Hampshire. To-date, 1,000 -- 1,544,000 doses of the COVID-19 vaccines have been administered in New Hampshire. This includes 832,000 people who have received their first doses of vaccine and 756,000 people who have now been fully vaccinated.

There are plenty of vaccines available and plenty of locations across the State through which people can get vaccinated. Over 500 entities and organizations across the State are offering COVID-19 vaccines, including hospitals, Primary Care Provider offices, urgent care facilities, pharmacies, commercial pharmacies, Mobile Vaccine Providers and including our mobile vaccine van.

So, vaccination is readily available. Vaccination is the primary tool that we have to control this pandemic. And we want to stress the importance of people getting vaccinated and becoming fully vaccinated. It's the primary way we have to control this pandemic. And with that, I will hand things over to the Commissioner. Thank you.

Commissioner Shibinette:

Good afternoon. I'm going to do a little bit of an update on outbreaks here in New Hampshire and then talk a little bit about our trip to Kentucky and some of the lessons learned coming out of Kentucky, and how we're applying them here in New Hampshire.

So, today we're announcing 13 current institutional outbreaks in New Hampshire. The list of them: Alpine Health Center; Bellamy Field Assisted Living; Carriage Hill Assisted Living; Colonial Poplin Nursing & Rehab; the Federal Prison in Berlin; Hillsborough County Department of Corrections; Peabody Home; Pleasant View Nursing Homes; Ridgewood Center; Rockingham County Nursing Home; Windham Terrace Assisted Living; Villa Crest Nursing; and Woodlawn Nursing Home.

Although we have a large number of outbreaks today, there is a significant difference than what we saw even a year ago, where we would see nursing homes that will -- would have one, or two, or three cases, and then the next week they would jump to having 30 or 40 cases. And what we're seeing now is that, for the most part, most of the outbreaks are staying in the single digits and not making that big jump. And that is largely due to the very high vaccination levels in both our nursing home residents and our nursing home Staff.

So back a couple weeks ago, most of you know that we took a trip to Kentucky, who has an overwhelmed healthcare system right now, just to learn about what we can do differently in New Hampshire to prepare for a surge when it gets here. Some of the interesting facts that we learned in Kentucky: 95% of the hospitalized patients were unvaccinated; 100% of the intubated patients in Kentucky were unvaccinated.

During the first wave of COVID-19, they found about 8% to 10% of their hospitalized patients needed ICU level of care. With the current wave, that jumped up to about 30% to 50%, depending on what hospital you were in. And the average age of the overall hospitalized patient dropped significantly with it averaging right around 50.

So what did we learn? One of the things that was really noteworthy was that we talked a lot to the facilities in the City Center. And their surge was largely due to outbreaks in the rural areas. So they had rural areas that had low vaccination rates. And their small rural hospitals couldn't manage that load. So they would transfer their patients into the City Centers.

So what we did, when we got back to New Hampshire, is we very, very clearly did a strategy to target all of our communities in New Hampshire with a vaccination rate of under 50%. So what you're going to see is mobile clinics and vaccine vans that are going out working with Town Hall Officials, local Fire and EMS, and trying to raise the vaccination rates in those towns and cities that have vaccination rate of under 50%.

We found that the staffing issues in Kentucky were the limiting factor and extremely critical to their COVID response. So, two items, really. Healthcare Workforce were not leaving their Employers. They were leaving the industry. And we're seeing the same thing happening in New Hampshire that our Healthcare Workforce is getting burned out. They've been working in basically a crisis environment for the last 18 months and they're getting burned out.

So really developing supports, every individual hospital and State to support their Workforce was really, really important. And that was the limiting factor. We see that in New Hampshire, too. The number of physical beds versus the number of staffed beds are very different. Oftentimes, our limits in hospitals is due to staffing.

You'll recall that when we first did COVID-19 surge planning, we did a lot of external surge sites. What you're going to find this time is we are going to support hospitals at doing internal surge. That goes along the lines of the staffing issues that hospitals and healthcare entities are having. So we are going to focus our attention on how we support the hospitals to do internal surge.

Stockpiling PPE, clearly stated that States, hospitals, and all healthcare entities should have 180 days of PPE in their stockpile. And I'm happy to say that we have more than that in the State of New Hampshire. All hospitals and healthcare entities have been told to stockpile 180 days. And the State of New Hampshire has more than 180 days. And then the really big item is preventing hospitalizations, and doing that by increasing your vaccination rates and then by very liberal use of monoclonal antibodies.

That is one of the biggest factors to change the trajectory is the monoclonal antibody treatment to the point that some of the hospitals in Kentucky were providing that treatment right in their Emergency Room. So someone would come in positive for COVID-19, have some risk factors. They would infuse the therapy and have them go home. And what they said is that they didn't see a lot of people coming back through their hospital doors that had had the monoclonal antibodies.

So you will see our messaging around that has been very clearly increased around the use of monoclonal antibodies. We are getting feedback from our Providers that they're seeing an increased demand for monoclonal antibodies. So that is a really big factor in preventing hospitalizations. It is one of the best tools that Kentucky has seated, and it's one of the best tools that we're going to use here in New Hampshire. And I think that's about it. Thank you.

Governor Sununu:

Great; well, thank you, Commissioner. I still have a variety of things I want to cover, specifically as it pertains to COVID-19. And then, a couple other issues, and then we can open it up for questions. And I will note. I know Dr. Chan has a call with the schools at 3:30. So, he'll be with us for a little while longer.

But, look, as we have long stated, COVID is going to be around for some time, perhaps years. So the best thing you can do is get vaccinated. We keep talking about it. We talk about the safety of it. We talk about the availability of it. It's the single-best tool that you can use to protect you and your family, and your community. And it really is extending to the community, your healthcare centers, your hospitals. And we all have a responsibility to protect them. And getting the vaccine is the single-best tool that we can all use to participate in that.

We continue to look at the data daily. We track cases. We track deaths. We track hospitalizations, vaccine rates. Over 760,000 Granite Staters who are fully vaccinated, of that group, less than 2,000 of them have tested positive for COVID. So we have a breakthrough rate of less than 0.2%.

So I bring that up because the vaccine really, really does work. Since the vaccine became available in January, we've had about 20 deaths with individuals that had been vaccinated. Again, that's 2/10,000ths or whatever -- or 2,000ths of a percent. If you get vaccinated, you're vastly protected from -- it doesn't mean it's 100%. But it really does work. And it really is effective in protecting yourself, your family, and your community. And those are just very, very important statistics.

We talk about breakthrough a lot. But the fact is the breakthrough rate is very low and the hospitalization rate is extremely low for those who have the vaccines. We continue to have one of the lowest overall hospitalization rates in the country. We're blessed with that.

But as the Commissioner was just talking about, we still have an overworked and overtaxed Hospital Staff all across -- and Healthcare Staff all across the State. And if the surge unfortunately this fall that we're predicting might come does come, we're going to get taxed even more, hence the trip out to Kentucky to kind of preemptively design our systems and make changes that we need to make today so that we are more prepared. But it is going to be some potentially very, very tough times ahead of us this winter.

I want to talk briefly just about that hospitalization rate, and just to be a little bit repetitive. The hospitalization rate that we're seeing, about 130 people today. I think we've average between 130 and 140 people in our hospitals with COVID.

It really isn't just about those individuals with COVID. It's about the chain reaction effect that those individuals taking those beds have, while, at the same time, we're seeing a large increase in folks that are looking for other hospitalization care, whether it be for a heart condition or a bleeding ulcer, or whatever it might be. It's really creating a domino effect on the entire system.

So when we talk about hospital capacity, it's not just about how many beds we have and how many folks have COVID. It's how many staffed beds we have. We have a lot of beds in the State. Only about 85% of the beds in the State right now are considered fully staffed. So we have a lot of beds that are empty because there's simply not the Healthcare Workforce to tend to them right now. So that's a reality. And I'm going to talk a little bit about exactly what we're doing to make that -- to kind of change that paradigm a little bit.

It's not going to happen overnight, but we're doing a couple different things, primarily around licensing and working with the Office of Professional Licensure and Certification. Courtney Lindsey [sic] and their entire group have really been tasked with looking at what we could do in immediate nature, through Executive Orders, and long-term through a legislative process. And it's a nice coincidence that we are here. We're at St. Joseph's today, St. Joseph's Hospital in Nashua. We had our Executive Council meeting here today.

This is a teaching school. They have a nursing school right here. We got to get a better understanding of their statistics, the Nurses that are coming through, what they're doing to move the

process forward, because, again, they're trying to grow and train their own Staff not just for here but for the Greater Southern New Hampshire region, as it pertains to healthcare.

But staffing is really the issue. COVID is a big issue. And staffing is only -- you could say is almost just as big of a crisis that we're dealing with. They are really compounding themselves at the exact same time. So we just have to put every tool we have in the toolbox in making that a much easier process.

So, let's talk a little bit about what we are doing, some of the proactive steps that we're looking at, similar to what we learned in Kentucky, but also just what we know can create a more streamlined process. In the immediate term, New Hampshire will continue to issue Temporary Licenses for 120 days to out-of-state Healthcare Workers who do have Licenses in other States. So, again if you're an out-of-state Healthcare Worker but you don't have a License here, we will extend that at least 120 days just to, again, streamline that process so those folks can go to work right away in one of our own Healthcare Provider Networks.

We're going to issue Student Nursing Licenses to students in their last year of their RN or their LPN Programs, as well as to Fellows or retired, or inactive Healthcare Professionals who might have lapsed within the last three years. So if you're a student in your last year of your Program, or if you're retired but you're still within three years, we're going to reissue those Licenses. We're going to get those Licenses moving, as well. And those will be valid through January 31st, 2022. And then, we can see if we need to take additional steps.

We're going to require the Board of Nursing to promulgate Emergency Rules so we can permit licensure for those Registered Nurses and those LPNs, again which would just speed up the process immensely. So there's a variety of things that we can do. Sometimes the process to get licensed is this long, and we're just going to fast-track, frankly, a lot of that for those who are already going down that road.

Now, beyond that, there's some legislative issues, similar to what we're doing in the immediacy. But there's some legislative action that we can take to make more long-term, more long-term stability opportunities for Nurses and Doctors, and Healthcare Providers: fast-tracking employment licensing to avoid duplicative processes.

Sometimes we found that there are multiple processes but they're effectively the same thing. So we're trying to streamline that. But we have to do it through legislation, not just through rules. And so, we will be bringing a Bill forward to do that for the long-term.

Extending the length of a Temporary License beyond that 120 days: so we're going to do it for 120 days in the immediacy. But we want to extend that beyond 120 days even more aggressively. And again, that's something we will pursue through legislation. And then, finally broadening the scope of all Healthcare Professionals, whether you're a Dental Hygienist or a Dentist, a Midwife, whatever it might be, broaden their scope of ability so they could be part of the solution. Maybe it's not in a COVID ICU. Maybe it's just helping another individual with a heart condition, whatever it might be. But a lot of these individuals have great medical training that can be utilized in our Healthcare Network as we see this crunch come on. And so, we're going to, again, broaden their ability to participate in those opportunities at a localized level.

So, I think it's great. These are just kind of initial steps. But we're going to keep doing whatever we can. Keep listening to the hospitals, the Doctors, and the Nurses, themselves, about what we can do. But right now, expanding and maintaining a healthy and vibrant Healthcare Workforce is one of the top priorities of the State, without a doubt.

Something else we want to talk about is around booster shots. We've had a lot of questions around booster shots. We are still awaiting the guidance out of Washington, the final guidance. We anticipate it'll be within about a week-or-so. It shouldn't be too long.

I did participate with a call with the White House earlier this week. And they indicated that we should have that news hopefully within a week about boosters: who can get them, what the opportunities might be. We just don't know what the final decision is going to be.

We do know it'll likely just be the Pfizer will be the first and only vaccine to receive this approval. And then, hopefully and likely others will follow down the road. But right now, it's just kind of in the world of Pfizer that we're really watching.

Here, at the State level, we are working with all of our different Healthcare Partners to make sure that when boosters become available, whoever they are available to, per the Federal Guidance, that our healthcare system will be ready -- is stood up. It's ready to deliver those boosters, whether it's your Pharmacist or your Primary Care Physician, or a hospital, whatever it might be. We have over 500 different locations right now that can provide the vaccine. And those are the folks in the network we're going to be leaning into to provide the boosters.

We're not anticipating having the State provide those boosters with those large sites. It'll be likely spread out -- more spread out over time. We don't know how many people are going to come in and request a booster. We hope everyone does who's gotten the vaccine. But we just don't know what the uptake exactly will be.

But we feel very confident so far that the Healthcare Network in place will be the network to provide the boosters. But we will stay right on top of it. And if the State needs to step in at any point in time, we will be ready to do so.

I want to take -- we're going to pivot a little. I'm going fairly quick. I hope folks don't mind, because I know that there's a lot here and I want to be able to get to questions. I want to talk a little bit about the Afghan Refugees, and then we will pivot a little. We will talk a little bit about the vaccine mandate.

I did have a call last night with the Secretary of Homeland Security, Secretary Mayorkas. And a variety of Governors were on the call. I was able to ask some very direct questions, everything from the screening process, the timing, what we could anticipate here in New Hampshire, in terms of the potential Afghan Refugees, which we are open to. We want to be welcoming to a lot of them, but also understanding that process is a big responsibility of the State.

For years, just as a reminder, the State has taken in different Refugees, Political Refugees from around the world for years. Typically we get a couple hundred from various parts of the world. The State has always been very open and welcoming.

But obviously, there were approximately 120,000 people evacuated out of Kabul. Many of those were already U.S. and American Citizens. But a large portion were also Afghan, Afghan Refugees, women, children, families.

We went through the process in great detail. And just if you'll bear with me, I give the Department of Homeland Security, who's really taking the lead even a little -- typically it's the Department of State. But now they're really leaning onto Homeland Security to take the lead on these efforts knowing that the screening process is very important, knowing that a lot of folks got on that plane for a variety of -- that has to go through a variety of screens, so to say, before we start resettling them here within the United States.

So 120,000 individuals were evacuated. They landed in other parts of the world, not directly in the United States, but different Military bases in other parts of the world. At that point, there is a process by which there is -- the screening really starts.

So before any of these Refugees come onto U.S. Mainland, the screening process starts. It's everything from a biometric screening process. The individuals are vetted against databases within the FBI, the terrorist databases, CBP, the Border Patrol, all the different networks that really tie into Homeland Security. They're run through all of that.

Their electronic devices are screened and scrutinized for any information that may be questionable before they actually even come into the United States. They're given a medical screening. Everyone is given a personal interview, and not just by any random individual, folks that specialize in terrorism and antiterrorism activities.

So again, they've sent about 300 to 400 individuals overseas to participate in this prescreening process before they even come to the United States. And I have to tell you that made me a lot more reassured. That's more information than we have ever been given about Political Refugees that come into the United States or the State of New Hampshire.

At that point, they, then, come into one of two airports: either Dulles Airport or Philadelphia International Airport. And from there, they, then, go to one of eight Military bases around the country. I don't know which ones they are. I imagine they're eight of our larger ones.

So these eight Military bases will effectively house the Afghan Refugees for a period of time, because that's where they're getting medical care, vaccinations, whether it's for COVID or measles, or whatever it might be. None of those Refugees will leave those Military bases until all of their vaccinations have cleared. For example, if they're getting the COVID vaccine and you have to be there for 21 days, they don't come until they've really passed that 21-day mark.

Just this morning, we were -- at least one or two of our organizations -- I don't have the exact numbers -- were already notified that we will be, here in New Hampshire, receiving at least 100 or 200 of the initial Afghan Refugees. We imagine that other organizations who contract directly with the Federal Government will also be receiving potentially. But that's kind of what we expected. And again, it doesn't mean they arrive tomorrow. They have to go through all these steps of -- they've already started that screening process or the medical clearances. But we imagine in the next few weeks, potentially, that we will be seeing some of the initial Afghan Refugees arrive here in New Hampshire after what is clearly a pretty thorough and diligent screening process. And we will open -- oh, the vaccine mandate.

Yeah, so let's talk about -- before we close it out, I want to take a moment and just discuss the President's vaccine mandate, obviously a very hot-button issue for obvious reasons. And let me first start in by being clear, saying the same thing I've been saying for months and months, and months, and months. The vaccine is the way out of this. There's no doubt about that. Folks need to be vaccinated. There's just no question. It's the best tool we have. It works. The data shows clearly that when you're vaccinated, you take that burden off the healthcare system. You protect yourself, your family, your community. It is safe. It is effective.

But I also firmly very much firmly believe very much that it must be a choice. We have always said that we would not be in the business of mandating vaccines. And here, in New Hampshire, we very much meant it.

Now, just last month, we all know that the White House was saying that they agreed, too, that the Federal Government should not be in the business of mandating vaccines. And then, last week, we all saw

a very abrupt reversal of that, announcing that 100 million Americans would be mandated into the vaccine process.

The problem I really have with this is you have a unilateral, one size fits all mandate out of one branch of Government. And that's just for the most part almost always the wrong approach. There's a lot of varieties and pathways that this could take. There's no involvement with Congress. There's no involvement with our Representatives. The Federal Delegation, they've all been really cut out of this. This is going to be promulgated through a Rule of OSHA, which is for the most part which has never been done before. It's very unprecedented.

The President unilaterally decided this. And again, making people choose between their livelihood and their job or getting the vaccine, all of that, it's just the wrong approach. We want folks to get vaccinated. It works. But having this one size fits all with the swoop of a pen forcing it, that's not good government, frankly.

We've reviewed our options at the State level. We have been advised that this Federal mandate, as it stands, it unfortunately would preempt any State Law that we could potentially pass to protect the individual rights of the citizens who may not be making this choice for themselves. But I am working with fellow Governors and Attorney Generals across the country to pursue legal challenges to this unprecedented mandate.

Unfortunately, we can't do this just yet, because there's no definitive rule. We have nothing in writing. We don't know exactly what the rule looks like. That's why, as Governors and Attorney Generals, we haven't moved forward on a lawsuit yet because we don't know exactly what the rules are going to say and how they're going to do it. I don't even know if they know exactly how they're going to do it. But I can promise you this. We will be ready for the legal challenges that are likely to come. And New Hampshire will participate in those one way or the other.

We need folks to get vaccinated. There's just no question about that. But this whole with the swoop of a pen we're going to force it on 100 million Americans, I just think is -- and I think most of my fellow Governors that have been truly on the frontlines of this for 18 months, working with our folks in Public Health Networks, working with the Department of Public Health, individuals and citizens, and we've been on the frontlines managing this from the beginning. And I can tell you there's a lot of agreement that this was not the right approach. And again, we will be ready to take whatever actions that we can, as soon as we figure out exactly what steps the Federal Government is going to take to try to promulgate this rule onto our citizens. And with that, we will open it up for questions. I appreciate everyone's patience. I know it's been a while. So I know that there was a lot there.

Q&A Session

Governor, I know we've lost Dr. Chan. Can you give us a sense of -- give us a number now and sort of the trajectory, how bad could the surge in the fall get?

Governor Sununu:

It'll be worse than last year, I think. Yeah. It'll be as bad or worse than last year, in terms of cases. Now, in terms of hospitalizations, it might -- the actual whole number, sure, it might -- last year, we hit about 350 hospitalizations at any given point. We might have the same number of hospitalizations. But it will actually be worse, because we don't have the redundancy within our healthcare system, which is why

our emphasis is so strong on Doctors and Nurses. We're not going to necessarily have 100% of our beds available for those individuals.

If you've seen what's been happening in other parts of the country, you have people waiting in hallways. You have people being turned away, a horrible situation where a dad was turned away for a heart condition by 43 different hospitals. They could not take him -- not here in New Hampshire but in his home state. And he ended up heading home. And he didn't make it through the night, right?

So that's what's really happening. This isn't just about protecting you from COVID. It's protecting our either healthcare system for whatever the other healthcare needs may be. And that's why the vaccine is so important.

Is it possible we could go back to eliminating elective procedures in hospitals?

Governor Sununu:

We're hoping not to do that. Again, the hospitals really made a lot of those choices themselves last time, just out of the need. In some cases, it worked. In many cases, it didn't. It kind of created their own chain reaction of problems. So I think hospitals are going to try to do everything they can to keep a lot of those elective procedures open.

What they found was, when we talk about elective procedures, it's not just knee surgery. That could be a biopsy, right? And that could be a heart scan or an MRI. Technically that's an elective procedure, but that can also be a lifesaving initial step for individuals. And because we weren't seeing a lot of that happen for a period of time, that's one of the reasons I think you're seeing this larger backup within our hospital system.

People delayed their preventative care. They delayed a lot of issues that probably could have been taken outside of -- been taken care of outside of a hospital. And it's reasonable and logical to understand why they chose to do that, or why the hospitals may have reduced their ability to do some of those procedures.

But that's the domino effect and the backup, the crunch you're seeing in a lot of hospitals now, combined with the COVID issue, combined with a burnt-out Staff. So you really have a perfect storm here of things that are crunching together creating such a demand within the four walls of a hospital.

So that's because a lot of these hospitals suffered so financially at the beginning of this, is that also a part of the...

Governor Sununu:

I don't think so. So, there was some financial hardships on hospitals early on. But remember, the Federal Government stepped in with hundreds of billions of dollars. And while some hospitals were down a little bit, not too much. I think on average, the average hospital was down in revenue here in New Hampshire about 5%. So that's not great. It's not up, of course. But it's also not the end of hospitals and it's not like that's why exactly they were cutting services.

The Federal Government, I think, did a decent job. I think there's another influx of that cash, about \$20 billion, that's going to be released for Hospital Providers. It hasn't been done quite -- this Administration -- the Biden Administration hasn't released any of that money. It looks like they're going

to do that in the coming weeks, which is good news. And again, I can't tell you what formula or who gets how much money. But the fact is there is Federal financial leave for hospitals. So that shouldn't be as much of an issue. But, of course, the elective procedures do make them a decent amount of money, as they should. They're some of the most important procedures you can get.

Governor, if we start to see mortality as bad or worse than we did last time around, how is that not an emergency? If it's not an emergency, why should it be acceptable to perform?

Governor Sununu:

Well, it could be. I don't think we should accept it, per se. If the fatality rate exceeds kind of what we had seen previously, that would be surprising. I mean, our numbers would have to get pretty high, given that 2/3 -- approximately 2/3 of our population's already vaccinated. And the younger population is much healthier. They could get COVID. We all know that. And there's a much higher rate of the younger population getting COVID. But, again, they're usually healthier, stronger. They can withstand a lot of those symptoms.

So I'd be surprised if the fatality rate got back to that level. I mean, like I said, it's unfortunate. I think we're up to about just under 1700 individuals in New Hampshire have died of New Hampshire. Those numbers have come down aggressively. We've had about 20 over the past week. We were average 10, 12 a day at one point.

So if it really got to that point, I mean, of course, we watch the numbers, I mean, literally hour-by-hour sometime. And we're going to continue to do that. We have a team that's right on top of it. So, again, you want to allow as much flexibility in the system as you can without -- we don't have a State of Emergency. We're not planning on another State of Emergency. But if the situation calls for a State of Emergency, of course we would do whatever we have to do to protect the system, and, again, the ability for individuals to get healthcare.

Governor, you saw in the State of Kentucky the Governor mobilizing National Guard Units to go to hospitals.

Governor Sununu:

Yeah.

Is that in our future? And have you looked at how much capacity there is in the National Guard to perform this kind of...

Governor Sununu:

Yeah, the question is: how could we potentially be using our National Guard in the future to assist hospitals? And we are absolutely looking at that. Typically that would be around administrative -- a lot of the administrative work, so the Administrative Staff can be a little more helpful with the hands-on with the patients.

But if that's necessary, we've already -- that's one of the reasons we brought General Mikolaities to Kentucky with us, to understand how they have designed that system. They're looking at -- and I think

we are now, as opposed to last year, where we talked about an external surge -- the Commissioner referenced this a bit -- where we'd create external surge centers, we could still do that. But most of the hospitals have said the best strategy is an internal surge, where you have kind of Phase I, Phase II, Phase III, depending on the pressures of that system. And part of those Surge Plans may require and call on bringing the National Guard or other State Employees, or something else, to help out with some of those administrative duties, again just to take some of the pressure off the system and allow more hands-on care for individuals that are seeking actual medical care.

You said that vaccines are the way out. But what's the State doing aside from this mobile van to get people vaccinated?

Governor Sununu:

Well, look, again, we're doing everything we have been doing, in terms of getting the messaging out; talking about the safety, the efficacy; talking about it's not -- we're really -- we want people to know a couple things. The Delta variant is very different than the original Alpha variant. It is much more highly contagious. It has much more detrimental consequences. It's a very different thing. It's still COVID, don't get me wrong. But it is very different. And so, we want people to understand that, that we're not talking -- don't think of it like it's 2020. 2021 is a very different story.

We want people to understand that it isn't just about -- a lot of individuals are saying, well, look, I might get COVID. And sure, I might go to the hospital. But I'll be okay. It's not just about you. It's really about the entire system, the entire healthcare system, and the domino effect that you'd potentially be contributing to, to individuals that may not be getting the highest level and quality of care.

So by changing our messaging and pushing -- and again, staying very strong, not just our vaccine vans, but I think the Commissioner and I, and Dr. Chan, we did a great job pushing our message out. We're going to continue to do that.

We just had an Executive Council meeting today. I've had Democrats actually vote down money to promote the vaccine. Council Warmington voted that down. Like, I mean I was flabbergasted. That's just political nonsense. So my job is to make sure we cut through all of that and just make sure we're constantly going not just at a State level but at a community level, talking to families as individuals, making sure they understand the opportunity is very much still there.

Wouldn't it be easier just to go with the mandate, then?

Governor Sununu:

Mandating a vaccine is not good government, because once you start that, you say, it's just a mandate. What's the big deal? But the precedent that that sets, the path that you then open up for whatever might come in the future, now any Governor and every -- any individual in Government can just, with the swing of a pen, force some type of healthcare procedure on you.

Look, I'm as pro-vaccine as they come. But there is a -- you also -- my responsibility's also to understand the boundaries and limits of Government to force things upon folks. It's a choice. And it always has been a choice.

Even you have individuals in Washington, Joe Biden, himself, said it is a choice and we're not going to mandate that on individuals. That's exactly what they were saying until, boom, they turned and, for a variety of reasons which we can speculate on, completely pivoted and made this mandate. So, we're not out on a limb here. Across the aisle, Republicans and Democrats have agreed that a mandate is not the way to go.

Now, they're panicking and they want to change the role of Government. My job is to understand everyone within government has their individual roles and responsibilities. And part of that is you can't just ignore the individual rights of our citizens. You just can't. As much as, look, I get angry when I see a lot of people not vaccinated. I want everybody vaccinated. But that doesn't mean that the ends always justify those means, all right?

Have you talked to anyone in the Federal Delegation about this mandate? Have you talked to Senator Hassan or...

Governor Sununu:

I don't know. I don't know if they've even made statements on this. I don't know where they are. I think all weekend they sat silent on it. It shocks me. This is a Federal issue, a Federal mandate, but the majority of our Federal Delegation said absolutely nothing about this until maybe yesterday or something like that. So, no, I haven't talked to any of them. They're not talking to anybody about it.

Well, speaking of yesterday, we've had (inaudible) at the State House where people are demanding to know where you were and where you stand on it. What's your message to the people who were at the State House...

Governor Sununu:

I was extremely clear here. Again, what happened at the State House was something that the House of Representatives put together. It did not involve me. But I'll tell you, we've investigated this. There is no single State Law that can stop this type of mandate. There's probably legal action we can take, and we are absolutely going to take it. Attorney Generals and Governors across this country are going to take legal action against this.

As much as I want everyone vaccinated, there is also an understanding that individuals do have individual rights. And I do have a job to also protect those individual rights. And we will take whatever legal action we can, join with other Governors, if we have to, to make sure that that's preserved, because once you start down that path, you can't just undo it. You've now set precedent for decades to come. And that's a very dangerous thing.

It's kind of like the State of Emergency. We had a long State of Emergency here. But let me tell you. It's a very, very delicate thing. It's a lot of power to put onto one individual. And again, only in those times of crisis did I really think we had to do that. And we did. And we did the right thing by it. We managed the State better than almost anywhere else in the country. But there's a limit to that. Just again, you got to be careful with the ends trying to justify the means. It doesn't always work that way, especially in public and civil service.

Governor, can you clarify the difference that you see between mandating a vaccine in a school, which people generally accept, and then mandating a vaccine this way, given the circumstance that it...

Governor Sununu:

If the Legislature wants to mandate the vaccine, that is absolutely within their power to do so. That's the fundamental difference here. If U.S. Congress wanted to pass a law, that is probably within their rights to do so. That's who we elect to be the voice of the people.

This is an obscure OSHA Rule with a sweep of a pen that one individual in this country decided without really talking to any of the other Elected Officials. So if the New Hampshire Legislature says, we're going to mandate the COVID vaccine for school, they have every right to do so. I imagine that'll probably happen at some point. I mean, we're still in like this not experimental -- but emergency use authorization for some of them, right? So that very well could come.

But that's the whole point. It's about the process, right? You have to respect that we have a process set up to do this sort of thing. And just because it's not happening fast enough, and frankly just because the Biden Administration are terrible communicators, doesn't just mean that with a swipe of a pen you're going to force 100 million people into this very significant healthcare decision. And it's not a healthcare decision of Republicans or Democrats. And it's not a healthcare decision -- people aren't choosing not to get vaccinated for one or two single reasons.

There's a spectrum of reasons out there, right? A spectrum of -- and you just have to respect that and understand that it isn't just our patience is wearing thin, is what the President said. I found that entire statement incredibly demeaning. He's not respecting that we have a lot of Americans that are making decisions. We might disagree with that decision. But they've looked at the research and they're making that decision for themselves. And at some level, you do -- while it's frustrating and it causes a lot of other problems in the system -- you do have to respect there is individual rights to be preserved here. And that's my job, as Governor, to make sure that we're adhering to that and pushing back on it when we can.

Even though I might not love the results, that's not my job. My job is to protect the individual rights of the citizens and the States, by the way. This Administration does not seem to understand that the States come first, always have. That's how this country was founded. That's how we've been designed. That's how the Constitution is really built. But they've gotten into this habit of one size fits all, big-Government decisions on behalf of everybody, because they feel like it. It's a tough thing to swallow.

I'm sorry.

Governor Sununu:

It's all right.

Do we know how many State Employees, what percentage are vaccinated?

Governor Sununu:

No.

And then (inaudible) that you can encourage your Employees to take the vaccine?

Governor Sununu:

No, we don't have that. We don't keep track of that.

And you don't think there's anything you could offer (inaudible), \$1,000 or something like that to them?

Governor Sununu:

Look, if somebody hasn't taken the vaccine yet, I don't think a few extra bucks is going to make the decision. They've -- especially New Hampshire, we're -- people in New Hampshire are incredibly smart. They do their research. You have to respect that, right?

These aren't people just sitting in the dark. And this has been months and months where they've had time to talk to individuals, or their Doctor. They've had plenty of time to make those decisions. A few extra bucks in the pocket isn't going to move the dial. I've talked to other Governors who've provided financial incentives, and after a couple weeks they all kind of peter out. They don't really work anymore.

So the Federal Government is giving -- has given a lot of money out to folks, right? We end up one day -- a couple thousand bucks ends up in your bank account, because the Federal Government is providing these Child Tax Credits or whatever it is. So a few extra bucks to get the vaccine, it's just not going to move the dial like people think it is.

And on the Afghan situation, would it be similar to other Refugee populations, where we have Refugee Centers in certain designated cities? Or would there be opportunity for other communities to...

Governor Sununu:

I think that -- well, there are certain -- so the way it works is the Refugees -- we have individual organizations here in New Hampshire that contract to bring the Refugees in and manage this population. They typically tend to be in the Nashua, Manchester, Concord area. I suppose if other communities wanted to participate in that, they could absolutely do that. But that's typically how it's run. And this process will work very similar, is my understanding. Yeah.

So, Governor, just going back to the vaccines, if you don't think incentives will work to get people going, if you don't think a Federal mandate will work, is this it, 54%, we're done? Do you think this is where we're...

Governor Sununu:

No, people continue to get -- I mean, we have up to 1,000 people a week come in and get their vaccine. It's happening. More people and more people are getting vaccinated. That's a good thing. It's just happening, I think, slower than we would like.

We know a fall surge is coming. And the question is: even with this Federal mandate, is that going to just make COVID go away? No, probably not. It'll move the dial a little bit, but not a ton. And then, we haven't talked about it, but there's also all the negative repercussions.

Folks are going to walk away from nursing. That's a fact. Folks are going to walk away from healthcare. And you can't just go hire someone from Home Depot -- no offense to Home Depot -- to come and be a Nurse. But that Nurse can get a job in Home Depot tomorrow, right? So when you lose a Nurse, that is a -- has a long-term repercussion. You'd have to take years potentially to build that one individual back. So losing them is very hard.

We've talked to the CEOs of hospitals. We've talked to -- and everyone has absolutely accepted, unfortunately, that if they were to mandate the vaccine, as that goes out, they're going to lose potentially 5% to 10% of their Staff in a Staff that is already overtaxed and overworked. So that's a real repercussion to compounding the problem that we've been talking about in the very walls here at St. Joseph's. That could be a real issue.

But, Governor, even without the Federal mandate, you do have local hospitals here issuing their own vaccine mandates.

Governor Sununu:

Yeah.

Dartmouth, Wentworth Douglas, so is it okay, or do you think private businesses should do that?

Governor Sununu:

And they're losing Staff, too. That's their decision. That's the other -- that's a great point. That's something else to remember. Hospitals, businesses, whatever organization you are here in New Hampshire, you already can mandate the vaccine. If that's what you want to do as a business, or a hospital, or a healthcare center, or whatever it might be, you can make those steps. Even school districts, if they made that choice, could look at those types of potential mandate.

So we have already given all that power to those individuals, to those entities to make those decisions. They're not barred from doing that. So they can already make it. And they are best to know the pros and the cons.

When I talked to folks in the healthcare world, they say, look, we know we may lose X number of Nurses. But we could compensate this way and dah-dah-dah. They're having those internal discussions. They're the ones to have those discussions, not one guy in Washington making the decision for them potentially.

So, what happens in a small critical access hospital in the North Country that might not be able to withstand losing a few Nurses, versus some of the larger systems where if some -- a few leave, it might not be the end of them, so to say? But now doing this idea that we're going to make all healthcare do it at the same time, they're not just going to not -- say, well, I guess there's nowhere else to go. There is somewhere else for them to go: out of healthcare for good.

That's my biggest fear that this mandate is going to create a quick chain reaction of events that cannot be quickly undone, because when you lose these amazing individuals that have done amazing work for 18 months, that I'm proof positive. I didn't think I was going to be in a hospital in two weeks. But thank God there were some great individuals there to take care of me. That's not necessarily going to be there.

I saw empty beds in hospitals and they just didn't have Staff for them. We -- it's happening everywhere. So it's scary to walk down a hallway and see empty beds. But they're empty not because there's not business, because there's no Staff. That's what I'm most concerned about with this mandate coming out of Washington.

And just while we're on the topic of mandates, we're back in school now. You said the fall will be almost worse than it was last year. Last year, we did have Mask Mandates in place.

Governor Sununu:

Could be, yeah.

Do you anticipate issuing anything to the schools in the fall, should we see the...

Governor Sununu:

I'd need a whole State of Emergency to start issuing Mask Mandates and restrictions, and all that. And we're just not there. If school districts want to -- about 2/3 of the schools in the State already have mask requirements for students. All the rest of them could do it, if they wanted to. But, again, they're looking at their local rate of transmission. They're talking to their parents. They're making -- again, making those decisions on the local level where they need to be.

Governor, just on the vaccine mandate, why, in your view, does an Employer have the rule authority to mandate a vaccine on someone, but not an Elected Official?

Governor Sununu:

Because it's their business, it's their property. It's their money. It's their investment. It's their livelihood. And our system is designed to create protections for individuals: individual businesses; individual students; individual parents. And that's part of the process. An individual always has -- should always have more empowerment than some overriding Government to sit on top, excepting obviously when in a State of Emergency or an area of real crisis.

We have a tough situation, to be sure. But, believe me. Nobody in Washington is thinking about New Hampshire or New Hampshire towns, or St. Joseph's Hospital, when they, with a sweep of a pen, create this obscure OSHA Rule that's going to create a mandate that really affects not just the vaccine rate -- that's a positive thing -- but all the negative things that come with it. They're not thinking about us.

These guys think about themselves. That flower shop owner thinks about what it would mean to mandate that. Maybe he has a health condition. Maybe he's trying to be more protective. He has every right to do that. It's his business. That's the beauty of private business in this country. You're empowered when you have your business to make those types of decisions with yourself and your Employees.

Even though it is a tremendous exercise in (inaudible), we've got a question. You don't think they're acting on the good here? I mean...

Governor Sununu:

Oh, I have no doubt that they think they're acting -- don't misunderstand me. I don't think there's anything nefarious about what they're trying to do. I think it is completely poorly thought out and it's being done in a way that doesn't respect the true boundaries of government and the process that's in place. If this was such a good idea, why has no Governor or Legislature in the country, Liberal or Conservative, even taken this up?

What?

Governor Sununu:

Why wouldn't he bring it to Congress to have Congress pass something, who are the voice and Representatives of the people, to have an open and public debate about what this would mean for their communities in different parts of the country? There's an open process to do this, as opposed to just a swipe of the pen. Going back to if our State Legislature wanted to take something like this up, that's where the power should be, with those individual Representatives, because they're the ones talking to their communities and can make sure that that voice is truly heard.

If they had something like that...

Governor Sununu:

Well, I don't know. I don't know what it would potentially look like. Is it just for schools? Is it something for everybody? I mean, that could come in a variety of different forms. But, again, it's in emergency use right now. We're not -- these aren't even fully authorized yet. We don't even know what the booster process is going to look like.

I mean, there's still so many unknowns unfortunately with the process here. And again, understanding the Workforce issues is a big one, and actually having an ear that will listen, not just dictate, but that will actually listen to what's going on, on the ground, to understand the true pros and cons.

You signed a Bill saying that State Employees could not (inaudible), the medical freedom...

Governor Sununu:

Well, be careful. The Bill really functionally says you cannot deny public services based on a vaccine or nonvaccine.

Okay. But doesn't that apply to a Government Employee if they -- you can't deny them their job, if they don't get the vaccine. Is that how that's going to work?

Governor Sununu:

Well, look, I guess, as an Employer, we could -- we can mandate a vaccine, somehow, as the Employer or something like that. But again, that's a legislative process. But that's not what that law says.

So can a school district mandate vaccines to Teachers?

Governor Sununu:

It's my understanding that they probably could. Yeah.

Okay. If one of your Department Heads decided they wanted to mandate vaccine for everybody in their Department...

Governor Sununu:

Again, we have a -- you can't do anything for individual Departments, because of Union Contracts and all that. All the State Employees would have to go together, if we were going to mandate anything.

Governor, as you (inaudible), outside the U.S., there's a lot of pushback to this booster process the U.S. is going forward with. WHO is saying there are all these undeveloped countries that have less-than-5% vaccine rates. They should get the quantities of vaccine to give out. And then, two, the question really is: is the booster being provided to all this population really going to do much additional good? What's your thought?

Governor Sununu:

So a couple things; in my discussions with the White House earlier this week -- and I'm going to do this off memory -- I believe they said they did ensure that there is still a large amount of vaccine going to the international population. It wasn't like America was hoarding all the vaccine. I want to say something like 200 million doses were going overseas and 100 million were -- for every 100 million that are being kept here. And again, that was going to keep going and the processing moving. I think they had prebought at least a billion doses of vaccine. So there is a process in place to ensure that some of it is going overseas.

I don't know all the -- to be honest, I don't know the data of the vaccine rate in some other countries. But, again, you don't necessarily cut off the spigot here within the United States until the entire world is filled up. There's a lot of ability to create vaccine by other companies in other parts of the world, of course.

But, I think they've tried their best to strike the right balance, making sure that the Pfizers of the world, or whoever it might be, are still providing vaccine across the world, which they are, and making

sure we're going to have enough here. The interesting part if we don't know what the uptake of the booster's going to be, right? That's -- really have no idea about that.

We've done -- there's been some preliminary surveys. But they're kind of all over the map. So will 20% of the people that already got a vaccine take it, or will 80%. Probably not be 100%, but maybe it'll be 80% of everyone who's already been vaccinated. Will folks think, look, two's enough for me? I'm obviously very clear. There's a lot of protection with the first two shots of Moderna and Pfizer. And so, we just don't know so -- what the uptake will be.

But the good news is, it'll likely be a gradual process. We don't know if it's going to be six months or eight months after your initial vaccination moment, how that will work. But it's probably just within the Pfizer world.

So my point in bringing that up is it's going to be probably elongated over time. It isn't like it's 750,000 citizens in New Hampshire are going to be applicable for the booster tomorrow. It's going to slowly stretch itself out. And then we will look at the uptake rate.

So I feel pretty confident that we can manage it within the healthcare system. And look, you may need a booster every single year, right? So, the State can't be in the business of only being the ones to give the booster every year. We really have a healthcare system to do that. And I think, over time, as folks can spread out their demand, it'll be more like a flu shot, a flu process, when folks get that shot every year, if that's what they come out and require. It's still very much unknown.

Governor, we're hearing reports of clusters of COVID-19 in schools right now. Is the State planning to track all COVID-19 cases in schools, just clusters? How is that information being published?

Governor Sununu:

No, that's a great -- I'm going to have Commissioner Shibinette talk about that.

Commissioner Shibinette:

Good morning -- or good afternoon. It's been a long day. So we do track the clusters that we know about. But obviously COVID testing is very different now. And we've always said back for a year now that there's a lag between when the school finds out information about COVID-19 and when Public Health does. But even now, you can get over-the-counter COVID tests. And the parent can report to the school that their student has COVID-19. And it may not ever get reported to Public Health.

So the clusters that we know about -- and currently there's 23 active clusters in New Hampshire, 146 cases. 92% of those cases are in kids. The average number of cases per cluster is 6. So the clusters we know about, we are absolutely tracking and we are giving assistance, and have an open communication channels with the school districts. But the reality is, is that testing is so broad now that there is likely going to be cases that we know nothing about.

Are those numbers that you just provided on the Dashboard, or will they be uploaded to the Dashboard?

Commissioner Shibinette:

Yes, yeah. They're actually being reported on the school call right now.

Commissioner, is there any way to find out with these clusters, which ones are in districts with mask mandates and which ones are not?

Commissioner Shibinette:

There's not a way for me to do that. But I'm sure there's a way for you to do that.

I didn't know if that was something that we were keeping track of.

Commissioner Shibinette:

No, but I'm sure with, like, great investigative journalism, you could probably figure that out. Yeah.

Governor, this morning the Executive Council took a vote on family planning contracts.

Governor Sununu:

Yes.

You've stated numerous times you consider yourself as pro-choice. What steps do you plan on taking in reaction to votes that we saw today and what we saw get passed through the Budget (inaudible) abortion rates of voters say slowly States -- reproductive rights are being chipped away? So as somebody who calls himself pro-choice, what steps do you want to -- would you take or do you think should be taken?

Governor Sununu:

Yeah, well, a couple things. I think the Executive Council's decision to shoot down the family planning contracts was a huge mistake. I've always brought those contracts forward. I've supported them -- every one of them, as Governor.

Fundamentally, nothing has changed in those contracts in decades, decades. These are the same contracts we were passing with the Republican Governors and Republican Legislatures in the '80s and the '90s, and the 2000s. This has just -- this has gone on for a long time. And so, it's unfortunate.

There are individuals that do rely on a lot of those services with those specific organizations. So there's a couple things. First, you can get similar services in other organizations across the State, if you're on Medicaid or something like that. I think a lot of -- and my hope is that a lot of these organizations will continue to provide those services and just fund them through other means, just not through the State contract. So there are other ways that these organizations can still provide these services hopefully.

Planned Parenthood has done that in the past. I don't know if Ludring (ph) and some of the others have. But hopefully they'll consider doing so. There are other ways and other streams other than just the tax dollars that are coming in.

I thought the Commissioner and her Team, Trish Tilley did a phenomenal job answering the questions very clearly, identifying that these dollars are not mixed. We've done preaudits on all of this. We've really -- the State, I think, has done a lot of their due diligence in helping the Council to be assured

that these dollars don't get comingled, and there is a separation, and all of these things that have to meet the requirements of the law for this stuff to pass.

There were hypothetical situations brought up by the Executive Council that have never happened in this State. And those hypothetical situations shouldn't be somehow taken as a single rare possibility of something happening that's never happened, is now going to be considered the norm, and therefore we're going to shut off healthcare for mostly these women, low-income families, children, whatever it might be. It's just it was an absolutely terrible decision.

So, if this contract hasn't changed, what has, the Republican Party?

Governor Sununu:

No, I don't think so at all. I think the Council changes. You get different folks in the Council with, for whatever reason, different -- these are smart individuals that, again, I simply disagree with them on their approach here. And I think it does have a pretty significant impact on healthcare.

But, Governor, as you know, since this Republican Council has come into office last January, you've got most of what, if not almost everything that you've wanted from them. Do you think you could have done more to convince some of them, just two of them, to change their minds?

Governor Sununu:

On the Executive Council?

Yeah.

Governor Sununu:

Oh, I don't know. I mean, no. I don't think so. I mean, we've talked about these contracts before. I mean, we all know each other. I know where they stand on this stuff. Unfortunately, I was hopeful. But at the end of the day, I really wasn't surprised where the vote went. I had a sense that that was what was going to happen.

So, I mean, we've talked about that before. I don't think that the Governor twisting arms, as much as I've tried to twist them both publicly and behind the scenes to make sure that we get the vote where it needs to be on contracts like that, it just wasn't meant to be today, unfortunately. But, it doesn't mean that everything falls apart.

I mean, there are other ways to fund this. There are other organizations that can provide similar services, just not with the dollars that were proposed today in the contracts that were proposed today. So, the services don't -- people should know doesn't mean the services end in New Hampshire, by any means. Okay. Can we take some on the phone? We probably have some -- I apologize. We probably have a few folks on the phone. Oh, hey, Holly.

Holly Ramer with The Associated Press:

Hi. Thank you. I have two questions. Dr. Chan had said that, since the end of January, only 3% of the infections have been among those who are fully vaccinated. Do we have similar statistics for hospitalizations and deaths? And the second question is about the Healthcare Workforce. Governor Sununu, I think you've mentioned that only 85% of the beds right now are considered fully staffed. So, my question is: has that changed significantly compared to earlier surges, in other words were we, at some point, 100% fully staffed, and that's dropped, as people got burned out, as Commissioner Shibiinette alluded?

Governor Sununu:

Sure; so, let me answer the first one first. And I'll try to remember the second one. Of the 760,000 Granite Staters who are fully vaccinated, less than 2,000 of them have tested positive. So that's a positivity rate of about 0.2%. So, if you're vaccinated, about 0.2% have actually had a breakthrough case.

Also, of those who are fully vaccinated, that 760,000, about -- only about 20, unfortunately, but about 20 have actually died of COVID. That's 0.0002%, something like that. And the hospitalization, again, is just a fraction of -- it's far less than 1%. It's -- in fact, I think it's less than 0.1%. So those are incredibly, incredibly low numbers.

I think the total hospitalizations is about 134, as of -- no, no, for vaccinated individuals. It's about 134 to 150 individuals since January that have been vaccinated, have ended up in the hospital. But even a very, very small percentage of those have actually died, which is unfortunate for those individuals, but good news that the vaccine really works. So hopefully you wrote that down.

As far as the percent -- the 80 -- approximately 85% of staffing beds, I mean, there are some hospitals right now that are operating at about 50% to 60% staffing capacity on their beds. The State averages somewhere around 85%. We try to keep track of that over the past couple weeks.

But we didn't -- that isn't a number we were looking at. But anecdotally from all the hospitals we've heard, it has steadily trickled downwards. Some have done okay. But quite a few of them have just been a steady trickle downwards. Virtually none of them have gone up in staffing, because, again, when a Nurse walks out the door, it's really hard to get them back, if they don't have that, which is why we're trying all of these different opportunities with licensing. If you've retired two years ago and you want to come back, we're going to fast-track you and make sure you can get back in and working side-by-side in a hospital bed, as soon as possible. But it has been a slow trickle downward. I can't tell you if we were -- I don't know if we were ever at 100%. But it's been a slow trickle downward to about 85% today. Great, Kimberley, hi.

Kimberley Haas with Seacoast Current:

Good afternoon, Governor. It's good to hear that you sound good and healthy again. You gave us quite a scare. I'm not sure who would be the appropriate person to answer my question today. But as we know and have seen on the national news, the Delta variant can really affect youth. I'm wondering: what are the current hospitalization rates for kids here in New Hampshire? Has there been any kind of increase? And what's the current vaccination rate for youth 12 to 18 years old here in the Granite State? Thank you.

Governor Sununu:

Right now, I don't believe we have any youth in hospitals, at least as of a couple days ago. So, if there are any, it's an incredibly low number. It's maybe one or two. But we don't know of any at this time. So that's actually very, very good news.

So we know that COVID is spreading. Delta is very much spreading within that community. But, again, those kids tend to be healthier. It tends not to affect them as much, even the Delta variant, which is good news. And well, again, we've seen some and heard of some very tough stories of youth in hospitals across the country. Right now, we don't have any of that situation here in New Hampshire. As far as the percent of youth vaccinated between 12 and 18, because they do qualify, I don't know. Commissioner?

Commissioner Shihinette:

It's something that we're going to have to...

Governor Sununu:

We'd have to look at the Dashboard, Kimberley. I apologize. We don't have that number off the top of our head. But it should be on the Dashboard. If you don't get it, then I'll make sure that somebody from Health and Human Services reaches out and tries to dig up that information for you. Okay? Great. Oh, that's it? Okay. That was it for the phone. Any other questions here? Go for it.

We will fire off. This is just a big-picture kind of thing. People (inaudible), patience wearing thin for any number of reasons. Anxiety is out there. What's the message for those people? As you said, we're heading into a potentially difficult fall here. So, what's the message to the people in New Hampshire?

Governor Sununu:

Well, I'm going to give the message to the people of the State that I got last week, when I was sitting in a hospital bed. Everyone needs to take a deep breath. We got a long way to go. If you spend all your energy and all your frustration, and all your anger on a single day, single-point issue, you're going to burn out, whether it's in the workplace, whether it's on social media or seeing these things politically that frustrate you.

Everyone's got to chill. They really do. And take things in stride, doesn't mean that you ignore them. But let's take them in stride. Let's take a step back and say, you know what? We live in New Hampshire. We live in one of the best States that's managed COVID. We live in a State with one of the lowest hospitalization rates. It's likely going to get worse, but we live in a place where we got incredible individuals like Commissioner Shihinette and Dr. Chan, and the General. They're going to help us prepare and be ready for whatever might comes.

We live in a very blessed place. And so, I -- just get some -- I just want folks to have some perspective. Take a deep breath; kids are back at school. That's a really good thing. I know the Mask Orders can be very tough on some kids and some parents. But understand that there are reasons for it. People aren't making completely abstract decisions. They can be frustrating and we might disagree with them, as we talked about earlier with my disagreement with what's going on in Washington.

But we can't let that define us and define our day. We're still in a very good situation here. Our economy is strong. People are making money. People can get jobs. There's all these other issues to bear that are going very, very well for the State of New Hampshire, and even COVID, relatively, is going very well. And so, I'd just ask folks to take breath, don't get riled up over every Tweet that comes out or every issue that might come, because you don't know what's going to come tomorrow, right? You just don't.

I mean, I don't mean to do the every day's a blessing and every day's a gift, but it is, especially in these times. Smile, take a deep breath. It's okay to -- you got to deal with issues. But everyone's got to relax a little bit and understand we have great people and great leadership here to help individuals. And this is a State where we cherish the individual, where we cherish that voice. Even though we don't always disagree and we can't all get what we want, folks here in New Hampshire do really live under that "Live Free or Die" spirit, and we want to champion that as much as we possibly can, understanding that we could have some tough times ahead.

I don't know if that answers your question at all. But I can tell you that's what I tell myself every day, right? We got tough, tough decisions to make. And I'm blessed with a great team. And the citizens of New Hampshire are blessed with a great team. We are your team. And I think we've been doing a great job so far.

Doesn't mean every decision we've made has been absolute homerun, but we try to be as transparent as we possibly can and make sure that we're listening. We're here at a hospital today because we need to listen to what's happening in the walls of the hospital.

We go to schools to listen to what's happening with Teachers and students, and how they're managing through COVID or other issues. And again, that is a really good process. And again, that's one thing that I cherish very much, and I don't want to get -- while I don't always love the outcome, you have to appreciate and not let that process get eroded, because once it deteriorates, it's hard to get it back. You just kind of become like everybody else. It's New Hampshire. This is what 603 pride is all about, and we're blessed to be here.

Okay. Well, that's a positive note to end on. Well, thank you, guys, very much. And again, we will -- we're going to keep trying to kind of move things along, in terms of making sure we're transparent, talking to folks. I don't know if we will be back next week or the week after. But we are going to continue to have press conferences on this and a variety of different issues. Be good. Have a great weekend, everybody, and we will see you on the other side.