



Office of Governor Christopher T. Sununu  
Press Conference  
Wednesday, November 23, 2021 at 3:00 p.m.

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**Governor Sununu:**

Well, good afternoon, everybody. Thank you for joining us. I do want to start things off with just a plea that you have heard many, many times from this very podium. There is no doubt we are seeing record levels of cases. We're seeing record levels of hospitalizations. This winter surge that we predicted is unfortunately now rearing its ugly head, and we are definitely in the throes of it, not just here in New Hampshire, but across all of northern New England. Other states in the country are seeing their numbers escalate, as well, given that the time of year that we're in, folks are going indoors more. And we see more breakthrough cases coming through, especially with the Delta variant. So we do need everyone to get vaccinated. We need everyone to get their booster shots.

Also, the hospitalization piece is one thing that we're really, really watching very, very closely. My Administration continues to work with the hospitals and the Association very directly almost on a daily basis. And as part of this weekly update, after we get our Public Health update from Dr. Chan, we're going to be talking about a new Executive Order that'll hopefully help increase hospital capacity and aid hospitals.

We have a new at-home testing partnership with The National Institute of Health, and in conjunction with Amazon. We have a booster list initiative that we will be talking about to help everyone get boosted before -- their boosters, easy access before the holidays. And just a reminder that all those who are eligible -- or all those who are fully vaccinated are now eligible for booster doses.

Immunities, with the COVID vaccine, it wanes. It weakens over time. We all know that, unfortunately. And those who got vaccinated six months ago, while still seeing drastically lower incidences of cases of COVID and much better results as it pertains to severe symptoms and hospitalization, we just still need everybody to get vaccinated because those breakthrough cases are increasing at a much higher rate the longer you go. Just over time, it just makes sense that unfortunately, the vaccination protection will slowly wane over time. So we're going to talk a little more about that kind of Booster Blitz and the opportunity to get your booster, if you haven't already. But first, let's open it up with a Public Health update with Dr. Chan.

**Dr. Chan:**

Great, good afternoon. So we are reporting 561 new people diagnosed with COVID-19 today. As the Governor mentioned, we are currently seeing the highest level of COVID-19 in our communities that we've experienced at any point during this pandemic. And in the last week we're averaging almost 1,000 new infections per day on average. Currently there are 7,627 people with active infection, and our test-positivity is at around 9.5%.

Hospitalizations due to COVID-19 have all also increased. There are currently 350 people currently hospitalized with COVID-19 statewide. And unfortunately, the number of people dying from

COVID-19 continues to be high. There are 4 new deaths related to COVID-19 that we're reporting today, bringing the total number of people that have died during this pandemic to 1,678 deaths due to COVID-19. None of these new deaths that we're reporting are in people -- or in residents of long-term care facilities. But certainly, as community transmission has increased, we've also seen the number of infections and the number of deaths in long-term care facility residents also increase.

So, as mentioned, we're currently experiencing the highest level of COVID-19 in our communities that we've seen at any point during this pandemic. And it remains important for people to take steps to prevent COVID-19, most importantly, getting vaccinated.

Everybody 5 years of age-or-older should get vaccinated against COVID-19. This includes a recommendation for children 5 years of age-or-older and teenagers and adolescents to get the COVID-19 vaccine.

As the Governor mentioned, there's also booster doses that are now available. Anybody who's 18 years of age-or-older is eligible and should consider seeking out a booster dose. This remains especially important for older adults and people with chronic medical condition that put them at higher risk for severe illness. And in fact, data and studies are showing that booster doses increased vaccine effectiveness at preventing COVID-19 to greater than 90%. Vaccines have remained high at prevent -- vaccine effectiveness has remained high at preventing hospitalizations and deaths. But a booster dose can increase the vaccine effectiveness at preventing COVID-19, itself, preventing infection, itself, to a level pre-Delta that we saw vaccine effectiveness of greater than 90%.

People can go onto [vaccines.gov](https://www.vaccines.gov) and search for different locations by vaccine product to either initiate vaccination and become fully vaccinated or seek out a booster dose. And with that, I will hand things over to the Commissioner. Thanks.

### **Commissioner Shibinette:**

Good afternoon. As Dr. Chan said, as we see higher levels of community transmission, we are also seeing an increased number of outbreaks in our long-term care settings and other institutional settings. So today we're announcing six outbreak closures from since our last press conference. And we will be announcing nine new outbreaks in long-term care and other institutional settings. We are going to release a list after the press conference of the new outbreaks and the closed outbreaks, rather than me reading off that list today.

In addition, I want to call your attention to a new documentary on nursing homes and COVID-19 that was released this week. Every week at this at this press conference, I stand talk about long-term care facility outbreaks.

Facilities that care for elderly have borne the brunt of the pandemic. And we can see that from the current list of outbreaks. So the new documentary, *Closed Doors, Open Hearts: Nursing Homes in COVID-19*, new documentary that was put out by the American Healthcare Association, it features Edgewood Center in Portsmouth. I watched it yesterday and was very shocked and proud that Edgewood Center was in our community. Shocked with everything that they went through and how well they dealt with the pandemic at Edgewood Center, and very proud to call them a New Hampshire nursing home.

So I encourage everybody to get out and watch that new documentary, *Closed Doors, Open Hearts*. It's posted on DHHS' Facebook page right now. Or you can find it at the American Healthcare Association's website. That's all I have. Thanks.

## Governor Sununu:

Great, thank you, Dr. Chan. Thank you, Commissioner. So a variety of different and what I think are significant updates. First, let's start with an Executive Order that I just signed. First, to be clear, this not a new State of Emergency. That's not where we're going.

This an Executive Order to provide Directives that are available under the Public Health Incident that Health and Human Services currently has in place since our State of Emergency has expired. Through this Executive Order, I'm directing the Department of Health and Human Services to assist hospitals in addressing capacity challenges, providing additional flexibilities to assist in setting up internal surge centers within the campuses of the individual hospitals.

Last year we set up surge centers in places like gymnasiums and fieldhouses across the State. Thankfully, they were never needed to be utilized. But after our trip to Kentucky, which happened earlier this year, back in late-August/early-September, it became clear that the most effective and efficient way to increase hospital bed capacity was building an internal and temporary acute care surge centers. There's no better place to receive care than within the four walls of a hospital. And this Executive Order is going to assist with that.

We're adding flexibilities to increase bed capacities at rehabilitation facilities, as well, and other licensed institutional facilities to potentially fill surge needs at the hospitals. We're asking the Office of Professional Licensure and Certification and other Boards that license our Healthcare Professionals to streamline licensing and to increase eligibility to assist the healthcare system in the coming months.

Our healthcare system is resilient. There's no doubt about it. We have a great healthcare system here in New Hampshire. But it is being tested with these increased not just rates, but with the increased amount of COVID that we're seeing within the walls of the hospital. And this Executive Order will help meet those challenges, those needs, and those demands of this hospital capacity crisis.

Switching topics a little bit, we are announcing today something that we're calling our Booster Blitz Initiative, which we will designate as December 11th. So on Saturday, December 11th, we will have over 20 sites across the State within our communities set up to administer booster doses for anyone looking to be fully boosted in time for the Christmas holidays.

Of course, we do encourage individuals to go online and schedule an appointment for a booster at their local pharmacy or their Doctor's office. And when we checked this morning, there were still appointments available between now and December 11th, to be sure.

But the demand for boosters is increasing. That's a very good thing. And we want to make sure we're opening up as much capacity as possible. A lot of folks like more community-based sites for whatever reason, and so we want to make that available to them.

Similar to our large vaccine supersites of last spring, that's not exactly what we're talking about. We're kind of taking that model and shrinking it down to multiple sites across the State on a smaller scale, but with, again, many more sites across the State to help increase accessibility within the community.

These sites will be focused, a one-day affair right now. We could do more down the road, of course. But right now it's going to be a one-day affair on December 11th. And we're giving plenty of notice so that people can plan ahead, if they want to get their booster shot with plenty of time before the holidays.

In the next week-or-so, the Department of Health and Human Services will have a link to book a site (sic) at one of the sites. You can actually go and figure out where the sites are. You can figure out

what type of booster dose, if you're preferential to the type of booster that you're looking for. We will be setting all that up this week and early next week. That should be available for folks to go online and book your booster shot at any one of the sites across the State. We will share that list, I think, early next week. I think we should be able to be able to have that up-and-running and give people a little more piece of mind as they enter the Christmas holiday.

Testing programs, so, as we head into the winter surge, we always know that testing is an incredibly importance that individuals who come down with symptoms, they can get tested, or if they're positive, they can stay home. Obviously helps limit the spread.

Moving into the winter months, at-home tests are going to be a very, very valuable tool. And at-home tests are a huge opportunity that folks within the State of New Hampshire, in particular, are going to be able to take advantage of.

There's really two separate programs going almost simultaneously, when we discuss at-home tests. These partnerships, a variety of different partnerships, will bring approximately a million tests to the State for at-home use. That's a lot, which is great.

We do somewhere between 8,000 and 10,000 tests a day, I think. Is that about right? Yeah. I think, I want to say it's about maybe about 8,000 and 10,000 tests a day. Our test-positivity rate's about 10% just right now. So that would mean we have -- and we have about 1,000 cases a day on average. So I'm going to say we do about 10,000. I'm doing some rough math on-camera, but I think that's about the way it works. So a million tests really provides potentially -- of at-home tests, on top of what we're already doing, whether it's in a Doctor's office or a care center, really does provide a lot of opportunity to make sure that we are robust in our testing through this winter surge.

So there's a couple different opportunities here. Individual families will be able to order online at-home rapid tests, which will then be delivered via Amazon in under a week free-of-charge. The NIH, or I should say Health and Human Services federally is help paying for this program in conjunction with Amazon. It's being administered through NIH. You'll just simply be able to go onto our website, click on a link, order your tests, and it get shipped to you free of charge, which is a really exciting opportunity.

The State recently received about 50,000 of these at-home rapid tests and will be offering these first tests to schools across the State that request a supply. Obviously, there's a lot of demand within schools. If a child goes home with a runny nose, or not feeling well, whatever it might be, we want schools to be able to hand that test if they so choose -- if the parent so chooses, to that child. They can go home, take the test, and get the results right there, which is very exciting.

This initiative is called the Say Yes COVID Test. Again, it comes at no cost to the State. Smaller programs have been done in other parts of the country. But I believe this the one time this initiative is statewide. We're the first State to have this Amazon/NIH partnership statewide, right here in the State of New Hampshire.

Additionally, yesterday there was another program a lot of folks might have seen. Yesterday, the Executive Council did vote to approve a Contract with a company called Vault. And Vault is going to supply the State with another 100,000 at-home PCR tests in Decembers. And again, very similar to the Say Yes COVID Test program, will be offering the first round of these tests -- these at-home PCR tests.

So they're a little different. They're PCR tests. We're going to offer those, again, to schools that choose to request them. Information on the remaining allotment of tests can be available through our website, as well, so the [nh.gov/COVID-19](http://nh.gov/COVID-19) website, you'll also be able to order those, if you so choose, right off of our website. But, again, the first allotment, we're really going to make sure that schools have them in their settings, given the very high demand for children in testing across the State.

Those test kits are going to also go out to other community-based locations like our federally qualified health centers, homeless shelters, municipal locations throughout all of our Public Health Networks. So, again, it's really about making sure that testing capacity is as robust as possible. It's very easy to access, whether it's clicking on a button, having a test sent to you. Or it may be something as easy as the School Nurse handing a test to your child if they have to go home and they might be symptomatic.

Last thing I do want to highlight on something not directly COVID-related, but very seasonal-related. It's Toys for Tots, frankly. I'm big fan. We had a great event down in Manchester. I thought the -- I was hoping the Press would show up. The Congressional Delegation was there. And the Mayor was there. I was there. We do it every year. We did it out of the Mall of New Hampshire. A huge thanks to all the folks that get involved, especially the U.S. Marine Corps. The men and women of the Marine Corps have really stood behind this program for many, many years.

There are donation bins all around. But you can always go [toysfortots.org](https://toysfortots.org) to find a donation bin. It really can make a difference, especially this holiday season. We know things are more expensive. We know supply chain is limited. Anything you folks can do to be part of this really, really great program, it's very uplifting.

We're entering the holiday season. And it is a time to -- where there's a lot of anger, there's a lot of angst. There's a lot of politics and all that kind of nonsense out there. But it really is a time to sit back, I think, take a beat, take a breath, and remember what we do have to be grateful for. And any opportunity we have to share those blessings with others and share that opportunity, especially with kids, as we enter the holiday season, our ability to give back is so important. And it's needed, especially during the pandemic. And we are still dealing with this pandemic in a variety of different ways. And anything folks can do to help this really great program -- and I know it's cliché, but it feels really good when you when you drop a bunch of toys in that bin and you know it's being taken care of by the Marine Corps and they're going to get to those kids one way or the other. It's pretty great. Okay. With that, we can open it up for questions.

### **Q&A Session**

*Governor, we've hit new one-day, as Dr. Chan was saying, across the board, and particularly on the metrics that you've identified as being really the ones to watch: hospitalizations, test-positivity.*

**Governor Sununu:**

Absolutely.

*We know you're not going back to a legal definition of emergency under any kind of State of Emergency. But when does this become an emergency again to you?*

**Governor Sununu:**

Well, I think it's a hospital-capacity emergency right now, absolutely. Again, the State of Emergency is a very unique thing. It provides the Governor with very unique powers and, again, very important powers. When we one hit this Pandemic, it was very unknown. We couldn't get gloves and masks, never mind testing materials, and now vaccination, which obviously we have a lot of tools at our



disposal.

The crisis right now is really around hospitalization capacity. And we can provide a lot of that flexibility right now with an Executive Order. Depending on where we go, I'd like to tell you that I think that we've maxed out on our hospitalizations and our cases. We have not. I'd be shocked if that were the case. I'd love it. But I would be shocked if that were the case.

Unfortunately, the trends I'm looking at, at least, look at least at two or three, four more weeks of increasing rates in cases, especially as it gets colder. It's just natural that that's going to happen, and not just here New Hampshire, but all across the country. So that is going to put a lot of pressure on our hospital system.

A lot of hospitals have already made decisions internally to flex down the types of procedures that they're doing. We hear of longer wait times within the hospitals for folks that aren't even in there for a COVID issue, right? It has a real domino effect. And it isn't just the number of people in hospitals. It's the staffing.

About 85% of our hospital beds right now in the State are staffed. It means about 15%, hundreds actually aren't staffed. So that's part of the crunch, if you will, which is why part of my Executive Order addresses licensure, expediting that process, making sure that we just can get some folks in there that want to help, that want to be part of the system. We're not holding that back at all.

If we have to provide additional resources, in terms of funding, that's always on the table. And we talk to the hospitals every day about where those dollars could go. But right now it's not as much about dollars as it is about staffing and flexibility.

I do know the Federal Government, I believe, released their funding today. They have their latest round of funding to Healthcare Providers. Hundreds of Healthcare Providers are getting checks or will be getting checks in the coming weeks from the Federal Government, which is great. Some of the hospitals will get millions of dollars. That's terrific.

But, again, it's really about a numbers game right now. And we're just going to provide all the flexibility that we can and help them any way we can. And that's why we took the trip to Kentucky two or three months ago, and unfortunately anticipated that we might have this. We were able to learn a lot out there, see what worked, what didn't; see how they supplemented their Staff; see how they used whether it was National Guard. We're not the point where we're using National Guard in our hospitals just yet. But if we had to do that, we could do that, depending on where we go.

But I think the next few weeks are going to be very telling. I think it's going to be a fairly bumpy road. And we just want everyone to be vaccinated, boosted (ph), be safe because the system right now is at an emergency point, as you identified,.

*And given that stark reality, what conversations, if any, have you had with the Public Health Team about additional mitigation measures that the State could not just recommend to try to enforce, potentially?*

**Governor Sununu:**

Oh, yeah. No. I spoke with the Commissioner and the folks at Public Health, who, are, again, in turn, are talking to the hospitals, getting the feedback from them. We're not just making these -- trying to make these decisions and ideas in a in a silo, or alone. And said, let's put everything possible on the table. So we have a whole kind of menu of options.

I think what we're doing today is kind of the first. There's a little bit of the low-hanging fruit, as

well as a few extra pieces of the more challenging pieces. There's some more that maybe they require legislation. Maybe they require going to the Rules Committee. I just can't do it with an Executive Order. Maybe there are things that maybe could go into place but would require a more robust -- a State of Emergency, which, again, we're not really there yet. But, again, they're constantly pulling ideas out.

We're going to -- part of this Executive Order really challenges the Office of Licensure and Certification to bring us their ideas, as well, right? They're on the frontlines of a lot of this. We've been able to cut down on our backlogs quite a bit. A lot of the applications we get even for Nurses, they're not complete. They're not full. So we have to go back. We touch every application. But sometimes there gets to be a backlog because the Applicant didn't provide enough information or whatever it might. So we want to take all aspects of that process, streamline it, and get folks that want to be part of our healthcare system on the floors of those hospitals and Doctors' offices.

*Is a Mask Mandate something you would have to take the Legislature for rules or something like that? I mean...*

**Governor Sununu:**

A Mask Mandate?

*Well, I mean, it's about a year since you implemented the last one.*

**Governor Sununu:**

Yeah. Well, we not looking at a Mask Mandate right now, just to be very, very clear. If folks want to protect themselves, the answer is really in that vaccine. A Mask Mandate affects every community equally. It's a very blanket approach. It's not the end-all/be-all.

Utilization of masks is great. It is a big piece of the puzzle. There's no doubt about that. A lot of schools are already implementing those Mandates. Some communities are looking at reimplementing those. Some have done so, when there are outbreaks or the community transmission is high.

So everyone always has the flexibility to do that. From the Governor doing it in a statewide mandated standpoint, we're not at that point. Again, that's just a piece of the puzzle. And the most important thing is that folks get vaccinated. They're getting tested. They're maintaining their social distance and their separation. They're watching their symptoms.

We know what to do. We've really, I think, pounded this home pretty aggressively for 20 months now. So it's just important that folks understand that. And more than anything, I understand COVID not gone. I know we're all tired of it. Trust me, no one is more tired of COVID than I am. And I'll say that every day for a while. But we have to stay vigilant on it. We really do.

It's when we become lax that we see these numbers really start to skyrocket. And there's very few people that that are unvaccinated that end up in the hospital and go, gee, I never thought this would happen. They know those risks, unfortunately. And they're real. And they're very severe. It's a very, very tough virus, and those symptoms can be very, very difficult to work through. So we just need to make sure that the hospital capacity's there. The services are there. And the care is there for those that are going through it.

*And just to be specific, the reason for no Mask Mandate from the State level, obviously, other than no emergencies, you think it would just be too heavy-handed?*

**Governor Sununu:**

At this point, it's not. I did not say the words it would be too heavy-handed. I'm saying that it's...

*Well, what's the why, I guess?*

**Governor Sununu:**

The why is that, again, it's a piece of the puzzle. There are some communities it might be appropriate. There are some communities that aren't. And again, local control and understanding the community transmission, what's happening in their schools, what's happening in their congregate settings, all of these communities I recall organizations have the ability to institute those types of controls, themselves. And if they find it necessary, they can go ahead forward.

I think we're going to be dealing with high up-and-down levels of COVID potentially for years, right? So if you start down the path again of just implementing a Mask Mandate, when do you undo it? It's not just about masks. I know that's an easy thing. It sounds like a nice quick answer. But, at the end of the day, this is about boosters. It's about vaccinations. It's about making sure that we have those other resources available to keep individuals that might be symptomatic and passing this virus on as aware as possible.

*Governor, we haven't seen the needle move when it comes to the vaccines.*

**Governor Sununu:**

Yeah.

*So, you've done PSAs. You're here weekly, telling people to get them. What other ideas are out there to push these people to get the vaccine that can get it?*

**Governor Sununu:**

Every idea. Yeah, if there's any idea that is out there that we think can move the needle, as you said, on getting the people their initial vaccination, we're utilizing it. We're leaving nothing on the table. We're pushing as strong as we possibly can.

We're talking about the opportunity for kids. We're talking about the opportunity for boosters. We're talking about the opportunity for individuals just to look in their community. And we're talking aggressively about the hospitalizations, because folks have to realize they have to be part of that solution.

You don't wait until you have to be in the hospital to realize, oh, gee, yeah, maybe I should have been part of this solution. So I didn't ended up in really intensive care. I mean, it's really tough care when you're in the hospital for COVID. Or if you find a loved one in the waiting room that's having heart palpitations and they can't be seen for potentially two or three hours, that's a scary time. And we've



heard stories like that because these hospitals are at capacity.

So it's not just about individuals with COVID. It's about the what-ifs. What ifs (sic) you know someone that has a stroke? Are they going to get emergency care right away? What if you know someone that's having potential heart murmurs or trouble? Are they going to get the care that they need?

Right now, you can. Right now, the system can flex. We have the ability to do that. But, as this grows, so does the need for us to kind of implement as much flexibility as we can. But at the end of the day, a lot it is about staffing and people. There's only so much that the system can bear. It can't flex indefinitely.

We're flexing aggressively now to handle what we can handle. But at some point, I'm not going to say the system breaks. But the system just hits real capacity limits, and that provides a crisis of care, I think, for our -- has a chain reaction of crisis of care down the road.

*One of the big concerns we're hearing right now from the public is with breakthrough cases. Is the State going to provide more detailed stats about breakthrough cases such as, these people were hospitalized? They had the vaccine. Or these people unfortunately passed away, but they had the vaccine. Are we going to provide more details on breakthrough case?*

**Governor Sununu:**

I think we're providing the details that we can. I guess I'll turn to Commissioner Shibinette if there's additional data there.

*If you know, and that's...*

**Commissioner Shibinette:**

So, we don't have aggregate numbers on breakthrough cases because of what we've talked about around not having a mature Registry and not having pharmacies reporting into the Registry. So if we don't know every person that's been vaccinated, then we're not going to be able to tell you every person that has a breakthrough case.

But what I can tell you is every day we received a report from the hospitals on the percentage of people hospitalized with COVID. So right now, about 70% of the people in the hospital today are unvaccinated people that are in the hospital. So 30%, and that fluctuates between 60% and 70% and 30% and 40% are vaccinated and unvaccinated.

One of the big issues -- so to add on to that, I met with pharmacies last week. We have commitments from Walgreen's and Rite-Aid to be offering opt-out by December 1st so that we will be able to migrate their data into the Registry. CVS has been largely unresponsive to our request to come to the table. So we will work a little bit more on getting them to the table to offer the opt-out for New Hampshire citizens.

What we're seeing at hospitals right now -- and we're very familiar with this concept because we hit with behavioral health over the last couple of years -- the backdoor versus front door, right? And everybody's heard me talk about the backdoor at New Hampshire Hospital.

So now we're looking at backdoor of regular hospitals. The hospitals today have a backup for

people waiting to go to nursing homes and rehab. So at any given time they may have 15 or 20 patients waiting for a nursing home bed or a rehab bed that they can't discharge because those facilities are either not taking admissions because of an outbreak or because they don't have the staffing to increase capacity. So they get backed up into the hospital. And then you add on the COVID numbers coming in.

So we have to open capacity behind the hospitals, meaning nursing homes, homeless shelters, things like that, so people can discharge out of the hospital so we can get more people in the front door. This, again, is a backdoor issue based on community-based care versus a front door issue.

*Commissioner, so you're not going to actually increase the bed capacity of hospitals, per se, with these, or are you, on a temporary basis?*

**Commissioner Shibinette:**

Well, what we want to do is give them flexibility to go over their licensed bed capacity. So if they have to flex into nontraditional spaces, that they can flex into nontraditional spaces. But what we're also doing with some of the flexibility in the Executive Order is trying to provide flexibility on the backend to open up the beds behind the hospitals.

*I wanted to know a little more about this internal surge. So when you say "nontraditional" settings, what do you mean? And then, the staffing, we have seen huge bonuses, a boost in salaries. We're still not getting people to come to the jobs. There's a feeling that people might leave the job with the Mandate. So where do the people come from?*

**Commissioner Shibinette:**

Right; so the nontraditional spaces are places where you traditionally don't have inpatient care, like maybe an ambulatory surgical center. In some cases, it's an outpatient center that you can move beds into.

There are different models of care that you use for efficient staffing called team care and things like that. Team models of care where you have one Expert and several other people that can and care for those people. They go into those different models of care depending on what their staffing levels are.

Where are the staffing -- where's the staffing coming from? That is the big question, right? In healthcare, they've called it The Great Resignation, the people just leaving healthcare in droves and not leaving healthcare to go from one hospital to another, just leaving healthcare because of the work environment. Mostly it's very tedious, very heart-wrenching work to know that there is there is a vaccine there that can prevent all of this suffering. And there are there are portions of our population choosing not to be vaccinated. And I think our Healthcare Professionals are having a hard time continuing going on 20 months now of this and knowing that there is prevention there and there's a good portion of our population that's choosing not to get it.

**Governor Sununu:**

Do we have some questions on the phone?

**Holly Ramer with The Associated Press:**

*Hi, thanks. I have two hopefully quick questions. One is about the coming Legislative Session. The House schedule several days in early January to take up the Governor's vetoes and retained Bills. And I'm told House Leadership hasn't decided yet whether they're planning to do that at the State House or at the Athletic Center in Bedford, or some other location. So my question is, have you talked to Lawmakers? What would be your preference? And then following up on Adam's question, when he asked about Mask Mandates, you talked about local control. The Department of Education is pushing a rule change that would limit the ability of school districts to temporarily return to remote learning because of outbreaks. And doesn't that go against the idea of local control?*

**Governor Sununu:**

Sure; so, first, in terms of the Legislature, again, where and when the Legislature meets, that's really completely up to the Legislature. I have spoke with them. My preference is that they be safe, and I know they're looking for locations where they can be in person, as the Constitution requires, and still provide social distancing and be safe. And that's both for the House and the Senate side. What they ultimately choose, I'd have to ask you to defer to them. I don't know. That's completely their choice.

But I know they're looking at it. They're trying to be very responsible about it. They're listening to all opinions about it. And they're also trying to find locations. You remember, especially with the House of Representatives, there's over 400 of them. And to provide a space indoors in the winter, 400 individuals that can be safely accommodated with the different services that are required, whether it's bathroom services or basic services in the building, heating, as well as maintaining social distancing, it's a challenge. And I know they've been working on that quite a bit.

In terms of the remote learning piece, if there are situations where schools cannot provide adequate staffing or there could be safety issues for those children, those are the cases where remote learning becomes an option. It's similar to if -- take COVID out of the mix -- if they were the flu, if there were any reason why a child might not be safe in school or there are staffing limitations, obviously, remote learning becomes really the kind of option of last resort, if you will.

But we don't want to allow that to be a crutch, if I may. Remote learning can patch a hole. But it does not replace the quality of education that individuals and kids can get actually in those classrooms. It is so important to keep kids in those classrooms and stretch all availability of resources to allow those kids to be in those classrooms. It makes such a difference in their quality of education, socialization, all of those things. And we've seen that it can be done safely.

We have small outbreaks here and there in different schools. I think most, if not all, the schools have done a very, very good job. I haven't heard of very many at all that -- of cases where you might have had a small cluster or an outbreak that didn't take responsible measures to keep those kids safe, allow the kids to be home, maybe institute temporary Mask Orders or additional social distancing guidelines.

So schools, I think, at a local level are doing a very, very good job. But let's remember, education is best handled in a classroom. That is our system. And whatever system we have today, we may be living with for years to come. If it was just a temporary thing, that would be -- we might approach it a little differently. But we may be in this COVID/non-COVID, rises and troughs of COVID cases and hospitalizations for years potentially. So we want to push ourselves, I think, to provide as much opportunity to keep those kids in the classroom in a safe manner. I think schools so far have done a very, very good job with it.

**Nancy West with InDepthNH:**

*Yeah. Good afternoon, Governor. The CDC recommends wearing masks in public buildings if community transmission is either substantial or high, which it has been in New Hampshire and looks like it's going to be continuing for a while. Now I notice in the State House that is not the policy. And I'm wondering why doesn't the State House and your office follow the CDC recommendation of mask wearing indoors, and especially when -- for instance, when you're greeting small children who are wearing the masks and you're not wearing a mask? What kind of message do you think that sends? My other question would be, could somebody please explain this data situation a little better? What data on the website is accurate? And is it still about 60% of the people who have been vaccinated in this State? And if it looks like there's going to be no big, great increase in the number of vaccinations, what other goals might you have to try to reduce the numbers, not just rely on increasing beds in hospital? Thank you.*

**Governor Sununu:**

Sure, so, just on your initial question, there's a lot of CDC recommendations that are not undertaken either by the State or by individual locations or localities. I think it's safe to say that the CDC messaging has been massively convoluted over the past few months and that's very unfortunate. They say one thing one week. They go with another thing another week. They're never able to provide a whole lot of data behind what they do.

So not that we just throw all of that the window. But at the end of the day, we make decisions in the State or in our localities, our communities, and our schools based on what we're seeing out there. So, I mean, that's really it.

There are lots of venues that individuals and especially myself that might attend. I'm vaccinated. I'm fully vaccinated. I'm protected. And again, I can tell you when it comes to kids coming into the State House, I think that's wonderful. I love the fact that kids and tours are back at the State House. It was great. And we saw a bunch of them come into the Executive Council meeting yesterday. And I'll always go out and give them an opportunity to shake their hand or say hello or allow them to ask questions. And it lets me hear how things are going in there schools. So that's just a really great opportunity. And we don't want to pull back on that at all.

In terms of the data, the questions, I'll try to decipher your questions there a little bit. That was very convoluted. But the most accurate vaccine data right now is the Federal vaccine data. We've said that over the past few months, given that our Vaccine Registry was not allowed to be set up over the past few months.

Now that that funding is finally now approved. We're moving forward with it. We're able to implement, I guess -- or get a lot of that data downloaded from pharmacies and Providers. That's going to take a little bit of time.

But right now, when you look at all the different opportunities to get vaccinated, whether it's through a direct Federal program, through your Provider, through a pharmacy, I think it's safe to say that the Federal vaccine data in terms of the number of individuals that have been vaccinated right now, at least, is more accurate than the State data.

Over the next few weeks and months, we will be able to repopulate that with the new Vaccine Registry that we have now up-and-running. And again, hopefully those two kind of start marrying together in terms of the accuracy of the data.

The vaccine is the way out of this. That's just the way it is. The vaccine is the way out. There are

new pharmaceuticals and other therapeutics coming online all the time. That's great. If you have early symptoms and you are of higher risk, we recommend immediately seeking out -- and you can go right to our website to see where you can get the monoclonal antibodies or some of the early therapeutic treatments that prevent you from getting more severe symptoms and ending up in the hospitals. And we want folks to go to our website. We encourage that.

If you want a vaccine, you want to test, you want monoclonal antibodies, go to the State website. It's all right there. We're trying to make it very easy to access all of those tools. But without a doubt, whether it's getting a booster shot or getting your first vaccine, that's clearly the way not just the State of New Hampshire, but the country and, frankly, the world is going to slowly come out of the pandemic from a crisis mode to an emergency mode to a point of management, until we finally can say vaccine (sic) no longer exist and we may never be able to say that. We're going to be constantly in a mode of management putting all these tools to bear.

***Damien Fisher with NH Journal:***

*All right, thank you. A couple of quick questions; Governor, Larry Hogan of Maryland and a group of about 14 other Republican Governors announced that they're banding together to combat supply chain issues and inflation. Were you not invited, or do you feel this isn't something that the Governor can address like this? The other question on inflation, New Hampshire's Congressional Delegation is spending \$ 2 trillion. They're voting to spend \$2 trillion through the Build Back Better Plan. Is this going to help inflation not? Thank you.*

**Governor Sununu:**

Sure; so, I'll talk I'll take the Build Back Better question first. There's no doubt that when the Federal Government spends \$1.4 trillion -- and again, infrastructure is great. We all want good infrastructure. But we already have supply chain issues. We already have workforce issues. We already have inflation issues, and this definitely going to exacerbate that.

My job is to make sure that we invest those dollars as smart and efficiently as we possibly can, whether it's on roads or bridges, or clean drinking water, broadband expansion. We're already doing all of those things in New Hampshire, so we don't have to reinvent the wheel or create a new system. We're really ahead of the game of most States when it comes to investing our infrastructure dollars, so we can kind of build onto that.

But where the steel is going to come from, from all these bridges, over the next five to 10 years is going to be a bit of a challenge. And so, we want to make sure that we're staying ahead of the game. Where the oils are that go into the asphalts, while the price of oil is highly inflated, the price of heating oil this coming winter, we're very concerned that it's going to be highly inflated. And we encourage everybody to call their home heating oil or propane Provider. Get on a system, get into their system for regular deliveries. It can make all the difference in the world in terms of not just saving a couple bucks but also getting assured deliveries through the toughest parts of the winter months.

So, we're putting a lot of things in place to hedge off that inflation aspect of Build Back Better. Well, this Build Back Better, and then the infrastructure dollars that are coming. Yeah. The Build Back Better piece on another \$1.75 trillion, yes, inflation gets hit yet again. The Government cannot just create \$1.75 trillion out of thin air and have it not affect inflation. And Americans understand that, to be sure. And I think that's why folks are so concerned going into the winter months.



So, in terms of the supply chain issues, there were a variety of Governors that joined together to talk about these issues. Here, in New Hampshire, I know what they were signed on to. The bulk of what those Governors signed onto was very, very good, and we support a lot of it.

I had some issues with a few of those items in there that I wasn't incredibly comfortable jumping on with. We're really promoting CDLs and access to CDL licensure and all of that. I don't know if we should be moving the age of a CDL. I don't know if we should be changing the rules around a CDL. We just want to make it easier to get and easier access. And that's what we're doing here in New Hampshire.

So, we have just a bit of a different take on it than those individuals. But I love the concept. Obviously, anything we can do to all join together to help hedge against some of these inflationary issues or workforce issues is going to be very important.

**Alli Fam with NHPR:**

*Hello. Good afternoon. I've got three. So my first one is you've mentioned that staffing shortages are really front of mind when we look at this hospital crisis, and that calling the National Guard is an option. I'm wondering, why not call them? Do they not kind of fit the staffing shortage that exists in hospitals? Second question is if you could just clarify what you mean when you say hospitals have the ability to flex and what that looks like? And then three, I know previous press conferences, Governor, you've mentioned the licensing holdup as being a problem that you're working on streamlining it. So how is this Executive Order different to some of the workaround licensing you've already done prior?*

**Governor Sununu:**

Sure; so all really good questions. First, we do have the ability to call up the National Guard. We're doing a couple things right now, which is identifying the roles that the men and women of our National Guard might and would likely take on in some of those hospital settings, whether they're administrative roles, custodial roles, assistance in customer service roles, or assistance to the direct patients, themselves, depending on the skillset that each of the men and women in the National Guard would bring to the table.

We could do it right now. And at some point, I think that need will likely be there. When I call up the National Guard, it could potentially be for weeks or even months. Last year we had the National Guard called up for effectively a year. That puts a lot of pressure on their system. And so I don't want to say it's only an answer of last resort, but we try to kind of wait as long as we possibly can to pull that trigger because it is a burden on those individuals and it's a challenge. And we did ask a lot of them last year. And we also want to make sure we're getting it right.

So we're working with them this week now, and allowing them to kind of engage with the hospitals to see what the need is, and then marry together what the opportunity is. So if that does come to bear, we will be ready to implement it in the right way and in a very efficient way.

You also asked about what flexing within a hospital setting means. And I'll kind of put my two cents on it. If the Commissioner wants to add a little more, she can. One thing that the Commissioner just spoke of is, it's not just the number of beds that you're licensed to, but increasing that capacity of beds and allowing those beds to appear in what might be a nontraditional setting.

So, in other words, if there were a large conference room area -- or maybe that's not the best example, but a large area where you could put four or five beds, bring in all the right equipment, and essentially create a temporary hospital rooms with those beds to allow a better concentration of care.

Right now, they would have trouble doing that. In this scenario, they can do that.

They're allowed to surge internally, similar to what we were talking about. Imagine what we were doing last year with creating these outside field sites, these tent sites, or the fieldhouse sites, themselves, allowing that to happen, but in the four walls of the hospital so that you're much more efficient with the staffing that that you have.

On licensing, we've been able to do a lot with licensing. Some of the licensing flexibility that we had during the State of Emergency had to go away with the State of Emergency. Pieces of that were continued through the legislation, and the Legislature did a very good job keeping certain pieces of that in place.

Part of my Executive Order today is hopefully streamlining and bringing back some of that opportunity. So it could be, for example, we touch all the Licenses that come in. But if it means putting more State Personnel to more proactively go back out to make sure that the License applications are fully completed, to make sure that all the background checks are being done and all of that sort of thing, just streamlining that process and speeding it up. We don't want to ignore rules, per se. But we want to speed up that process as best we can, making sure that folks understand how to fill out the applications, how to get through it, and providing whatever resources to the Board of Licensure that we possibly can. And just sharing of resources, that's another one. Making sure all -- and the hospitals, I think are doing a great job in this State sharing resources, sharing ideas.

When one hospital is hitting a real surge over a period of a few hours, they might call the hospital down the road and say, hey, can you take some of these patients? And I got to tell you, our hospitals are doing a very good job sharing resources and being a team. It is really a rising tide floats all boats with this system.

I can tell you very directly without naming any, there are other States where that doesn't work quite as well. But here, it really is a team effort. And I commend them, the Hospital Association, for working well in terms of keeping the whole group together. Even though we might have smaller critical access care centers in the north, we have the bigger systems in the south. Everyone really seems to be working very well together.

Rehab Centers, the Commissioner touched upon this, ambulatory or rehab centers that right now aren't licensed for that type of care. We can -- again, through the State of Emergency, they could do it. We can kind of reinstitute some of those pieces to allow them to take on some of that excess capacity or just, again, getting some individuals, whether they be elderly, into long-term care settings more efficiently, opening up those beds, just getting the whole system moving a little better. And sometimes it just takes some of these actions through an Executive Order to speed that process up, make sure the resources are where they need to be, getting the people the best care we can find. Sorry, that was a long answer. I appreciate everyone's patience on that one. There's a lot to it.

*Governor, can we hear from Dr. Chan about Thanksgiving as a driver of cases?*

**Governor Sununu:**

Yeah.

*That was obviously a big thing last year when I think you had more people -- well, no one vaccinated, but also more people taking precautions. How concerned are you about, people will gather as they should for Thanksgiving? But how concerned you about this as a driver of cases?*

**Dr. Chan:**

Yeah; so I think remember back to last year over the holidays, we saw a continual increase in infection, at least partly due to people gathering together over the holidays. And so, anytime you have groups of people gathering together from multiple households from different States, from different communities, the risk is going to be there for COVID-19 to spread, especially with the Delta variant, which is significantly more infectious or easily transmitted person-to-person. And so, we want people to be able to gather with family and friends.

But we want people to also recognize that there's a risk there, and to take steps to prevent spreading COVID-19 from one person to another. There are some commonsense approaches that people can take while still allowing them to gather and have holidays together.

As we've been talking about over and over, and over again, the first and best line of defense and protection is to get vaccinated. And for people that maybe have received a primary vaccine series, get a booster dose. Booster doses, again, are open for anybody 18 years of age-and-older.

There are other sort of typically recommended steps that people could take, like, if you're having symptoms of COVID-19 or feeling ill, don't go to a public or a family gathering. Rather test yourself for COVID-19. And we're trying to increase access to testing within our communities, and I think we're making strides at doing that. And then, certainly we continue to recommend that people gather in more limited capacities, so smaller group gatherings as opposed to really large, public gatherings. And then also, if people are traveling on a plane, on public transportation across the country, one additional layer of protection that people can take is to get tested again for COVID-19 when they come back after traveling across the country, for example.

So I think there's some commonsense approaches that people can take. The resources are there, for example, for testing. But it all starts with getting vaccinated. And for people that have gotten the primary series already and maybe are eligible for a booster dose, to get a booster dose.

**Governor Sununu:**

At the Booster Blitz on December 11th.

*I had a question about vaccines for 5- to 11-year-olds. What's the wait time like now? What are we seeing in terms of percentage of that population getting vaccinated? And do parents have to consent for vaccination for that age group?*

**Governor Sununu:**

Yeah. So do you want to grab that? Okay. Dr. Chan will. It's always best when I'm about to answer and they wave me off knowing that I'm probably going to screw it up.

**Dr. Chan:**

So, great questions. I don't have great information or detailed information about wait times. And partly that's because we're working with our -- so first off, there are multiple ways that parents can get their children vaccinated, through Primary Care Provider offices, through urgent care centers, through hospitals, through pharmacies.

Each one of those locations is going to have a different scheduling process. So, we're typically encouraging people to go to vaccines.gov to search for vaccination by age group and to see what local options there may be for getting vaccinated. And so the different wait times are going to vary.

But we're certainly working with our Regional Public Health Networks to make COVID-19 vaccines available to 5- to 11-year-olds through a number of different mechanisms. And we're working with our Public Health Networks to try and decrease barriers to access and increase access, particularly in children, through sort of two primary mechanisms.

One are what we call school-based COVID-19 clinics, where the Public Health Networks, the Vaccinators are going into schools setting up vaccine clinics, and making vaccine available during school hours so that a parent or guardian doesn't need to take time off from work. And so, it's for ease of access. That's one mechanism.

The other mechanism is really having our Public Health Network stand up community-based vaccine clinics where a parent or guardian can bring a child after school hours to be vaccinated. And partly that's recognizing the fact that some parents want to be there when their child gets vaccinated.

So there are multiple mechanisms that are available to get children vaccinated. And certainly we are working with our regional Public Health Networks to roll out some of these vaccine clinics and to do it safely.

There has been, we've heard, a lot of misinformation in some communities and concern on the part of parents or guardians that we will be vaccinating children in schools without parental consent. And I just want to be very clear that that is incorrect. That is wrong and false information.

We require consent from a parent or guardian. If a parent regarding brings their child in person, the parent or guardian can consent right then and there to vaccination. Otherwise, if there's a school-based COVID-19 vaccine clinic that is operating, there is formal consent that is required, including a Consent Form that's required to be signed, and then a very detailed medical questionnaire to make sure that the Vaccinator has the necessary medical information to make a decision about safety of vaccination, if the parent or guardian isn't there to provide that information. And then there are multiple processes in place to make sure that the child is -- the correct child is being vaccinated and that there's consent, and then there's the necessary medical information. Did I answer all your questions there?

*Yes, except for one. What is the -- you may not know this because of all the things we've talked about with data, but do we know what the percentage of vaccinated kids in that age group is right now?*

**Dr. Chan:**

I don't know the percentage. Let me take out my notes here. I think the number of 5- to 11-year-olds that have received vaccines -- and, again, this preliminary information. We're working on trying to get this data up on our Vaccine Data Dashboard. But some of the preliminary numbers that we have are probably close to about 4,000 children 5 to 11 years of age have been vaccinated. And again, if a

child went to a pharmacy to get vaccinated, those numbers may not be included necessarily in those numbers.

*Thank you.*

**Dr. Chan:**

Thanks.

*Dr. Chan, just real quick, Sullivan County, just looking at some numbers here, has the highest test-positivity rate. It's also, when it comes to cases, has some of the highest in the country. Do you know what might be happening there or why that may be?*

**Dr. Chan:**

Yeah. I don't have much information specifically about what's happening in Sullivan County. What I can say is that the numbers, these metrics bounce around. There's variability in them, day-to-day, week-by-week, location-by-location. What I can say is that the test-positivity numbers have gone up pretty much in all areas of the State. But I don't know specifically about special factors that may be contributing in Sullivan County.

*Great, okay.*

**Governor Sununu:**

The only thing I'm going to add is, as of two days ago -- I go on every couple days just to try to schedule a vaccine -- not to actually schedule, but to see what the wait time is. But of two days ago it was about a week or less for kids 5 to 11, depending on where you were and how you wanted to do it.

A lot of folks, I think, are waiting for these clinics. They're just getting up-and-running now. And a lot of folks will be waiting for the clinics to happen following the Thanksgiving week into the Christmas holiday season. So, yeah, about a week, something like that. And I think that's about the same for adults.

*And quick follow on that, Governor, is there any variability between the different vaccines, in terms of what's available? Anecdotally, I've heard that people have had Moderna appointments that get canceled or pushed back? Pfizer gets...*

**Governor Sununu:**

Moderna's in high demand. Yeah, Moderna's in very high demand. We're ordering it as fast as we can. And so we will make it as available -- we make it available as much -- we order as much as we possibly can, as fast as we can. But Moderna's in high demand. And so we know there's very little available right now. We will get probably likely -- likely get another shipment. I don't want to promise anything, next week. But it is being scooped up pretty aggressively. Yeah.



*Just, lastly, Governor, you mentioned -- oh, sorry.*

*It's okay.*

*As we progress into winter, cases and hospitalizations will likely increase. So just what's your message to Grant Staters, as nerves are high again and we are heightened that things could get worse here on out?*

**Governor Sununu:**

Yeah; take it seriously. I mean, it really is a serious issue. I think for vaccinated individuals, I'm surprised more folks aren't getting the booster. Take it seriously. The vaccine, it does tend to wear off. It's a great protector, getting that.

If you've already gone through the hassle of getting two shots of Pfizer or Moderna, and then just to have it wane off, get the third shot. Just go get the third shot. It doesn't take too much. It's a very easy process. The fact that I think we've made it very easy to get, we just want to encourage the vaccinated folks to be sure to get their boosters.

For unvaccinated folks, again, look at the numbers. It's getting to the point where we all know someone who may have been in a hospital or we have a loved one that has gone through some really, really tough symptoms. That can happen to anybody, and it's extremely rare. I've never heard of anybody unvaccinated come out of a hospital situation and not say, man, I wish I had gotten vaccinated. Everybody wishes they had gotten vaccinated. No matter how antivax you may have been beforehand, to go through that process can be excruciating. And obviously, if you're lucky enough to be able to come home and recover, that's wonderful. A lot of folks are not that lucky.

The reality of this is real. It's with us stronger than ever before. And you have all the tools in the world to actually make sure that you, your family, and your community are safe. And we're imploring folks to do so. Okay.

*I have one more question.*

**Governor Sununu:**

Oh, sure. You bet.

*Non-COVID-related, the PUC sort of late on a Friday night recently rejected the State's three-year Energy Efficiency Plan. Wondered what you thought about how that played out, and then the decision.*

**Governor Sununu:**

So there's a couple of aspects there. I definitely appreciate that PUC is looking at keeping energy rates low at a time when fuel rates and energy rates are skyrocketing across New England, especially with fuel or gas, or propane, or heating oil, keeping energy rates low. And we've done a phenomenal job of that over the past few years.

I think I've only looked at it. The PUC is kind of like a legal body. They're Judges, effectively. I have heard concerns from some of the utilities that they appreciate what the PUC did, but some of it

might not be implementable. So we have to work. I think we're going to kind of hear back from the utilities over the next few weeks to see how well they can implement some of the changes that the PUC is going forward with. And again, we want to make sure that our energy efficiency programs, which can be a very viable dollar spend to save another dollar, and a very viable dollar to spend to reduce baseload generation on fossil fuels and things of that nature, we take that very seriously. We want to make sure that we're still able to do that and those programs don't just wither on the vine, right? So we have to make sure they're robust.

So, again, there's a lot to kind of digest out of that Order that they came out with. I think there's a couple weeks for the utility companies and other folks to respond. There's been some threats of litigation over it. And again, we're hoping to find other solutions. I know there's some Legislators that are looking at some legislative solutions, which are kind of interesting.

So I definitely appreciate their focus on making sure our rate payers are not taken advantage of and, frankly, they have not these skyrocketing escalating rates. We've done a great job. You see the rest of New England's rates going like this. And New Hampshire's have gone up a little bit, but not at this astronomical level that the rest of New England has seen. And that's creating a lot of pressure on systems in other States.

I mean, in the State of Vermont, for example, you can no longer build with anything but electric heat, right? You can't put oil heat in your homes anymore in State. That's the extremities that people are going to. And so I think we want to make sure that we're hedging against that type of extreme, and we've passed some laws to prevent that here.

But rates are real. Inflation is real. Cost issues are real, especially for low-income families, the elderly or people on fixed incomes, whatever it might be. These are real pressures. Every dollar matters. And so I think in concept, what they did was an aggressive move in terms of making sure that citizens are protected. But we have to make sure it can actually be implemented the way that that it was envisioned.

*Thank you.*

**Governor Sununu:**

You bet.

*Can I just clarify one last thing? You were saying that the National Guard is engaging with hospitals. Is that a new development of preplanning, or is this something that's been going on for a while?*

**Governor Sununu:**

No, I think we've been talking to both the National Guard and hospitals about what the need is, how they could be implemented, looking at what other States have been doing? No, no. Come on up, Commissioner. What other states have been doing to allow their National Guard to implement, and we just want to make sure that we're putting the best skillset with our men and women on the National Guard, because it's very different, with the exact needs in the hospitals, both geographically, as well as per specification of the workflow need within those settings. But the Commissioner's really taken the charge on a lot of that.

**Commissioner Shibinette:**

So what we really have been doing is asking our Healthcare Providers what role the National Guard could play in their facilities. So we're not going to call up the Medical Providers within the National Guard, because, if we do that, we're just calling up the same people that are working within the hospitals and pulling them out of the hospital.

So what support services can we offer, such as environmental service, laundry, dietary, admin., logistics, observation for patients with mental health, things like that? And then the same for nursing homes, as we talk about opening up the backdoor, could we provide that same level of service with our National Guard in nursing homes to allow them to take more people out of the hospital into the facility? So right now we are defining the roles so that we can pull that lever very quickly when we have to.

**Governor Sununu:**

Okay. Great, well, thanks, everyone, for joining us. Again, just to reemphasize what were just talking about, this COVID surge is very real. It's very upon us. Then what is happening in hospitals is, in many ways, preventable, and we're asking everyone to be part of that solution.

It isn't just about getting COVID and going to a hospital. Again, it could be folks with a heart condition or a stroke, or needing to go in and get a biopsy. We don't want to limit or delay those very critical needs within our hospital and healthcare system any more than we than we really have to, or any more than we have possibly seen to-date.

So it's on all of us to make sure that, when the need arises, that the system is there for them. We're providing a lot of flexibility here so that they can flex and do what they do best. But we need everybody to really be engaged. It isn't just a Government solution or just a hospital solution. It's a community solution. And I'm a big believer that all 1.4 million individuals in the State of New Hampshire have a responsibility to be part of that.

Thanksgiving is here. Thank goodness. We hope everyone has a healthy and safe Thanksgiving. Enjoy the Turkey or the watching football, or just taking a long nap, whatever it might be. It is really a day of gratitude and blessings. And we're in the State of New Hampshire. It's pretty awesome.

We are incredibly fortunate, not just compared to the rest of the country, but really frankly, compared to the rest of the world. And again, if everyone just take a breath, take a beat, and figure out how they can provide that opportunity and service to their community to helping this this COVID pandemic, and helping us manage through it for not just -- if it's not going to be for themselves, do it for your family. Do it for your neighbors. Do it for your town and your cities. And by doing that, that collective good, there's no doubt that we can get through it as best as we possibly can. All right. Have a great Thanksgiving, everybody. Thank you.