



Office of Governor Christopher T. Sununu  
Press Conference  
Thursday, December 16, 2021, at 3:00 p.m.

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**Governor Sununu:**

Well, good afternoon, everybody. Thanks for joining us yet again to get a COVID update. COVID is very much still in the State. It's all across the country. The winter surge is here. And unfortunately for some of our nearby States in New England and the mid-Atlantic region, a lot of those areas are seeing their winter surge come upon them, as temperatures drop, as the weather conditions get a little rougher. The seasonality of the virus gets a little more aggressive in those States.

But, here, in New Hampshire, we're still managing through it. We really are. There's a lot of new tools that have been put to bear, especially around the hospital system, the flexibility that we're trying to provide the hospital systems of our great State, whether it's providing additional staffing, additional licensure flexibility, additional flexibility with some of the Regulations, in terms of making sure that those systems remain open and viable, which they are.

They are full. There's no doubt about it. But they are not closed. They're open. They're viable. And so, if folks have a health condition in any form or way, they should feel comfortable and confident about engaging with their Health System.

But you've heard us say a lot, this morning I had the opportunity to go visit Elliot Hospital in Manchester. It's really a part of the largest Health System in the State. They get the real brunt, if you will, of a lot of the cases of not just COVID but other issues right there in Manchester. Talked to some of the Nursing Staff in the ICUs.

Some of our initial Teams -- our FEMA Teams are there. There's about 24 individuals that have been brought in over the past week to help take some of that burden off of the initial Team, open up some additional beds, which has been, I think, a huge relief to them. But it doesn't mean that the system still isn't at an extremely high capacity. So, it was great to see them.

Some of the interesting dynamics we were talking about there were just the fact that hospital beds are not equal in that if you have a heart attack or a stroke, you may be in the ICU for three to five days. But the average COVID patient is in there for three to five weeks. And so, every single COVID bed that is taken within an ICU is really preventing many, many individuals of not being able to have that same bed for another healthcare condition. And so, it isn't just the number of beds that are being taken by COVID patients. It's the real impact. It's one of the most severe and intense treatments that you have to have often, knowing that, unfortunately, if you do have to be intubated, it can be weeks, potentially, before you come off and even longer for recovery.

So, that was a really interesting dynamic. And it really hammers home the point that, while we have, I think, 460 individuals in hospitals today across the State of New Hampshire, those are just the COVID patients. Those COVID patients just take up so much more of the burden, an exponential level of burden onto the system as everyone else, which is why we push vaccines, which is why the boosters are so important, and it's why it's on all of us to make sure that we're protecting ourselves and our families, and our communities, and that responsibility we all hold to the healthcare system in our communities.

Amazing individuals over there; some of these Doctors and Nurses, to be able to meet them, some of them have been on the frontlines effectively nonstop for the last two years working with incredibly hard-hitting conditions, specifically around COVID and just real full Emergency Rooms and all of that. And we just can't thank them enough. It was really great.

I also got to speak to some of these individuals from the FEMA Teams. Some of these folks are from HHS but they're authorized through the FEMA process. A lot of them are from Virginia and the mid-Atlantic area. But they've come up to assist at least over the next two weeks. We're going to make a big push to try to get them to stay a little longer, if FEMA will allow them to stay a little bit longer. We know the holidays is upon us. But this is really a critical time for New Hampshire in making sure that our system is as viable and robust as possible. A couple of things to talk about, but let's start with turning it over to Dr. Chan for a Public Health update.

**Dr. Chan:**

Great; good afternoon. I'm going to provide a brief numbers update, and then also provide the brief outbreak update that Commissioner Shibinette normally provides. So, we are reporting 1,126 new people diagnosed with COVID-19 in our State today. We continue to average statewide over 1100 new infections identified each day. And currently there are 9,607 people with active or current infection.

Our test-positivity rate continues to be elevated and high at 11.8%. This number will be updated on our Dashboard later today. Hospitalizations also continue to be high. Currently there are 463 people hospitalized statewide with COVID-19. And then, sadly, 11 new people have died from COVID-19 that we're reporting today, bringing the total number of deaths to 1,828 total people that have died from COVID-19 during this pandemic. Only 1 of these 11 new deaths is in a person -- or is associated with a long-term care facility. And unfortunately, deaths from COVID-19 continue to be too high. In the last 7 days, we have reported out a total of 53 new COVID-19 deaths reported to us.

As I'm sure everybody is aware at this point, we did announce our first Omicron variant infection identified in a New Hampshire resident this week on Monday. We are aware of two additional confirmed Omicron variant infections in the State. And there will likely be many more to come.

Specimens that are positive for COVID-19 continue to be tested for variants of concern through multiple locations, including at our Public Health Laboratories in Concord, through our Academic and Medical Laboratory Partners at the U.S. CDC and National Commercial Reference Laboratories around the country. And based on what we're seeing in other countries and in other areas of the U.S., we expect that Omicron is going to increase and there will be an increase in proportion of Omicron infections identified in the coming days.

I think that highlights the importance of everybody 5 years of age-or-older getting vaccinated against COVID-19, and everybody 16 years of age-or-older, who has completed a primary vaccination series, to get a booster dose. Booster doses are now authorized and recommended for everybody that has completed a primary series who's at least 16 years of age-or-older.

In terms of a brief outbreak update, since our last press conference, we have three outbreaks that have closed and four new outbreaks. And currently, there are 25 active congregate living outbreaks in New Hampshire, 25 in New Hampshire. And with that, I will hand things back to the Governor. Thank you.

## **Governor Sununu:**

Great, thank you, Dr. Chan. Just as an update, some folks were asking about some final numbers on our Booster Blitz, very successful over this past week. 15 different locations administering over 10,000 doses of the vaccine, even through some pretty rough weather. People really came out. The weather, we thought, was going to hamper things a lot more than it really did. So it was great to see so many individuals. I was one of the ones that got boosted, as a lot of folks know, over at the Stratham location, very, very well-run, very efficient system, and a big thank you to all of the Regional Partners to get that job done.

So now, building off last week's event, we already have a date scheduled for the next booster push. That's going to be on January 8th. We're going to hold our second Booster Blitz at locations across the State. We're setting the date now just to give folks a time to plan. We're going to have registration open up shortly after the New Year. We don't want to preempt that too, too much. But give folks about a week-or-so to be able to plan, depending on whether they're able to get a booster over the next few weeks. But there will be another Blitz on January 8th. We will get exact locations and registration times in the next week and let folks know. But we just wanted people to be able to plan ahead for that.

Also, as we previously announced at some of other press conferences, the fixed sites that are doing boosters and vaccinations have been going very, very well. And we are announcing that we're increasing the amount of our fixed sites. Health and Human Services is moving forward with a Contract to the Executive Council to add six additional fixed sites in other areas of the State. So they are walk-in sites. They have been very successful in terms of allowing folks to come through at their convenience and their schedule. And so, we're going to bring that Contract forward and get those up-and-running very, very shortly, hopefully in the next couple of weeks, if the Contract gets approved.

We talked a little bit about our FEMA Medical Teams. Right now, it doesn't look like they are scheduled to stay on the ground past -- I think it's December 23rd. They're here for basically two weeks. But we will be making a strong push so that, in just a few days, they've already made a huge impact, especially in the greater Manchester area. And so, we just want to make sure that we're pushing FEMA as hard as we can, in terms of keeping that opportunity open.

I do appreciate we do not have the highest hospitalization rate in the country by any means. And there are other needs in other parts of the country, to be sure. But the fact does remain that they've been incredibly effective for us. They're allowing our system to stay viable, to stay robust, and just a few dozen of those folks can really make all the difference in the world. So, we will be making sure that we try to keep them onsite as long as we possibly can and instate.

As part of our Executive Order to increase capacity within the four walls of the hospital, our Internal Surge Plans, we've now -- we just wanted to announce that we have now authorized six internal, temporary acute, internal surge centers within the following hospitals: Elliot; Speer; Huggins Hospital; Monadnock Community Hospital; Wentworth-Douglas; and Dartmouth-Hitchcock Medical Center. So an individual can receive the best care within there.

So, we do have these surge centers. You may not see them as the tent sites, per se, the external sites that the National Guard had set up before. But we're able to surge internally, which allows simply a better use of the Staff. And we've gone through the plans with six of those facilities so far so that, again, folks don't have to rely on multiple sites. They can surge within the walls.

It's similar to what we saw other States doing during their peak hospital crisis over the summer. They seem to work very, very well. And a lot of those models are being utilized here. Hopefully we won't have to utilize them. But we do have the ability to do it on a moment's notice.

We have our long-term care bed additions, as well. Something that we've been talking about for a couple weeks, but we've been able to put real lifesaving impacts into our communities as a result of the Executive Order that we released. Funding through the Executive Council, as well, it just opens up the ability for individuals to move from an Emergency Room into a long-term care facility that much easier. And it's already underway. So, we already have the first individuals last week started being able to move out a lot quicker to better long-term care facilities in their communities. And so, it's great just to see that already start opening up and breeding some fruits of success in just the first couple weeks. And we talked a lot about monoclonal antibodies.

So, we've received a few thousand more doses of monoclonal antibodies into the State. And again, it's just an immensely useful tool to help keep people from getting more severe symptoms of COVID, keeping them out of the hospital. They're out there. They're available. The decision to utilize a monoclonal antibody treatment is really between the individual and their Doctor. The Doctor prescribes that kind of treatment. The Government does not get involved in who gets monoclonal antibodies. But it's just very good news that all over the country there's a shortage of them, but we're able to get a few more into New Hampshire and provide a little more flexibility to the citizens of the State to have that as a tool, to keep them out of the hospitals and being able to work through any positive COVID symptoms that they may have.

Yeah, so we're going to announce this. This is good. So the Say Yes to the Test Program, I forgot that we included this today. So, the Say Yes to the Test Program put a lot of household tests out into the market. It was very, very successful. As a lot of folks, we had just shy of about a million tests put into homes. In about a day, they were taken up a couple weeks ago. And that was awesome; delivered just a few days later. Immensely successful; and us being the first State to do it in the country, dozen-or-more States are participating in that Program.

But we went right back to the drawing board and started looking how to do it again. And we're going to do it again. So we're looking to get hundreds of thousands of more of tests into the State through that Program. And I think that's going to be released next week. Yeah, I think it's next week, just to be sure. So, keep your eye out. We will have an exact date listed shortly. But we're trying to reach well-over another 100,000, 150,000 more households with our second round of the Say Yes to the Test Program.

Some folks in Washington pushed back a little bit. I know they want to keep everything very controlled. But, at the end of the day, this is the future of managing the COVID pandemic: home testing; easy access; rapid results for you or your child. And New Hampshire's leading the way. And again, I think it's going to not just keep the burden off of the hospitals. It's going to reduce transmission and really help us bend that curve down, knowing that we could be dealing with COVID in the long run for potentially a long time to come.

But building off of that, knowing that we've put so many tests out there that are already being used in homes, we're going to put hundreds of thousands more, make those available in the next week-or-so. And we're going to hopefully keep doing that, as much testing as folks need. It's very, very important.

What that also means is that, as people get a positive or negative test in their home, sometimes that data will be reported to the Federal level or the State level. Sometimes it will not. And so, the

test-positivity data, the number of cases we may have reported on a daily basis, is likely just going to become naturally much more inaccurate as we go forward. We've always said the most important piece of data we look at is hospitalizations and fatalities, because that data is what it is. There's really no gray area there. We can very clearly count the number of people that have severe symptoms. Unfortunately we can see in a very binary way the number of individuals that unfortunately have died of the COVID pandemic and the virus.

But the test-positivity data, we're going to be looking internally just in terms about how we use that data, knowing it's just going to become much more inaccurate. A lot of negative test results will never get reported to the State. Maybe even some positive test results don't get reported up to the State. So, right now we're just maintaining our Dashboard with that data. It's still fairly accurate. But over time, as more people rely on home testing and it's just more and more available, it's just logical to assume that the vast majority of tests being conducted in the State are not being conducted by the State. They're not being conducted by hospitals or Doctors, where the data automatically gets uploaded. They're being done right in the comfort of your own home.

But there's a huge benefit to that in that you just get to figure out whether you're positive or not that much faster. But the downside is it means the accuracy of your case data becomes much more reliable [sic]. So we're just kind of preempting that, I think, as we go onto the next weeks and months. That'll become more and more prevalent, for better or for worse. And there's, like I said, a good side and a bad side to that coin. But I think, at the end of the day, it's a huge net-positive that folks are finding out whether they have COVID or not that much faster in a reliable way. With that, we can open it up for questions. Yeah.

### **Q&A Session**

*Governor, in your trip to the hospital this morning, what are some of the images that stuck with you from the amount of work and the suffering that's going on in some hospitals?*

#### **Governor Sununu:**

Well, I think I give the Elliot Hospital a lot of credit. I think they've done a great job utilizing different areas of their hospitals to effectively expand their ICUs and how they treat their most severe patients in the hospital. There's areas of the hospital that typically will have certain equipment in it. And you see the ventilators, or whatever it might be, in those areas, or the pre-staging of equipment.

Obviously, we talked about the shortage of Staff. That's always an issue. I think they were grateful. And just being able to talk to some of these additional Staff Members that have been brought up here for a couple weeks was great.

It's tough, because when you're in ICU, there's really no family member visitation, because I think the vast majority, if not almost all of them are COVID patients. And a lot of them will be in ICUs and maybe be on intubators for weeks and weeks, and weeks. So, it's a very, very tough atmosphere to be sure.

The most stark piece of data, as I mentioned before, is just the idea that for every COVID patient that is in there, there's probably 4, 5, 6, maybe even 10 other types of patients, non-COVID patients that are not have easy access to that ICU bed. And that's really driving. It's not just the number of individuals that are in beds, but it's the type of individuals and how much worse COVID is than pretty much any other

ailment you could get into the ICU. It's really amazing, the effort and the work that has to be constantly managed with individuals that are so severe. And it's tough, because you want -- I'm sure family members want to be making those visits and being with those individuals, even if they can't respond in some of those ways. But it must be very, very tough on a lot of the family members.

So, I think the most stark image I took away was the fact that it's so hard for family members to be with their loved ones during such a tough time for such a long period of time. Kids, spouses, they can't be there, which is why this vaccine is so critical. It's so important. I can guarantee you none of those individuals we saw today thought they would be in that position a few months ago and there they are. And that was just one hospital out of 26. And so, that gives you a real perspective over the scope of the issue that we're dealing with, and I think we're still going to be in it.

Our hospitalization number's kind of bounced around, hasn't really moved too much in the past 10 days-or-so. That's somewhat of a positive sign. But it's still incredibly high, averaging around 450, 460 cases a day. So does that jump again a little bit after Christmas or as we approach Christmas? I think it very well could, and maybe even after the New Year.

So, I don't think it's going away anytime soon. And even if we start seeing a decline, like a lot of other States traditionally do, it takes time. Doesn't just go to zero in the next days, it's going to take weeks and maybe even months to really get it down to a much more manageable level. So, it's just when you're there walking those halls, it's about the families, I think, more than anything else.

*And just a quick follow-up, Governor, where do you stand, in terms of, as you're saying, the hospitalizations are here. They might go up a little bit. In terms of making that backend space that Commissioner ShibiNette had talked about, creating the space for the long-term care patients who could be moved out of the hospital, where does that progress stand right now?*

**Governor Sununu:**

We're already underway, which is great news. So, we've already moved over a dozen patients, or something like that, in just the first few days. The process is there. We have both funds to allow people to move faster during their Medicaid Application process, or just the Paramedics and the Teams that are working in the hospitals, that can clear out the Emergency Rooms a little faster and provide acute care services in more of a community setting, providing them that liability protection and whatnot, are all pieces of that puzzle. So, it's great to know that we just kind of came up with the idea a few weeks ago. We got some of the funds just passed last week, and already folks are already moving out. So that's great.

*Are you able to increase? I mean, I guess, is that rate that you're moving out, are you satisfied with that, in terms of competing with the hospitalization rate, I guess? Is it making enough of a difference?*

**Governor Sununu:**

Yeah.

*Or does it need more?*

**Governor Sununu:**

It's in the initial days. Yes. So I don't want to say no, although -- because it's only been a dozen-or-so folks, or something like that. But it's really only in its initial days. I don't think we have kind of a full assessment yet. But, looking at -- when we look very specifically at the census data within the hospitals, it's clear that I think we could have huge impact over the next few weeks to get people back to long-term care or independent living settings.

*Just to clarify on that point, is that ability to move people out coming from those FEMA Teams? Or is that also those -- are those kind of Strike Teams in the long-term care facilities yet, as well?*

**Governor Sununu:**

Yeah; the Strike Teams have not hit the ground here just yet.

*Okay.*

**Governor Sununu:**

So that'll be another tool in the toolbox to move it. So, what we're seeing already is the opportunity we're creating with the FEMA Teams as well as with the Medicaid eligibility money. So, we're essentially preauthorizing some of the Medicaid dollars, so the long-term care facilities aren't taking people at-risk. They know those Medicaid dollars are going to follow them, as they work through their Applications. So that allows the facilities to make the move, take the liability on, knowing that they're going to be covered with their Medicaid dollars. And then, when the Strike Teams come, that'll help in some of those long-term care facilities, as well. And that should be only a couple weeks away.

*And with that, would there be maybe -- well, what's your goal, perhaps, for the number of folks that you could move through the system that would make a huge difference for the hospitals? Do you guys have sort of an idea in terms of capacity in a nursing home, then?*

**Governor Sununu:**

Well, yeah, it's not a specific number. Anybody that is eligible that can be moved, should be moved as fast as possible. So the census and the percentage of individuals that are waiting for beds at any given moment, it could be -- on a good weekend, it could be 5% to 7%. On a tough weekend, it could be 30%-or-more. I mean, you're never quite sure. And it also varies from region-to-region across the State. So the key is that the system doesn't get clogged up, right, so that anyone who is in a bed that could be moved to another one, making sure all those eligibilities and gates, if you will, are open so they move right along within the system, and they're not parked in an Emergency Room for weeks on end.

*Did you learn that when you were in Kentucky? Or are there some kind of lessons that a month-or-more since that trip that show you that these are the kinds of things that we can do to make big differences?*

**Governor Sununu:**

Oh, sure. No, that was an incredibly valuable trip. Internal surge, what we're talking about today with the six hospitals that we've already approved for their Internal Surge Plans, versus an External Surge Plan, which is an option but clearly Kentucky, in particular, talked -- the folks in Kentucky talked a lot about how they were designing their plans to be internal surge.

Licensure issues that we've, again, fast-tracked in the past few weeks here, similar things that we saw back in September, when we visited Kentucky. I think some of the -- not just with Internal Surge Plans in terms of how they manage the beds, but how they manage the staffing, how they reach out. At least in Kentucky, they were reaching out to other groups outside of their traditional Healthcare System that might have nursing backgrounds or whatever might be and enticing them to kind of participate and come into the system.

So, no, that was an incredibly useful trip. And it really set the stage for a couple months of planning so that, when we hit this point, which we unfortunately we knew we would, we were kind of all go very, very quickly.

*Second Booster Blitz, do you know if that's going to be 15 locations again and do you have a goal of how many...*

**Governor Sununu:**

I think we're looking at 10 locations right now. We still have to finalize the Operations Plans with a couple of them. So, we didn't want to just release some and not others, and all that. So, we will probably have a more comprehensive location plan for those at least 10 locations, maybe a couple more, in the next week-or-so.

*How many shots would you like to see?*

**Governor Sununu:**

150,000, as many as you possibly can. With 10 locations, you're probably looking at somewhere between 8,000 and 10,000 shots, or something like that. Each locations will vary a little bit because of the thruput. So, for example, in Stratham, there was a huge thruput because it was done at a middle school. They were able to really pull on a lot of different healthcare opportunities and individuals from different systems, First Responders and whatnot from many different towns. And the thruput there was absolutely huge.

Some more rural areas might be harder to pull from other systems. Maybe some more inner-city areas, you might not be able to get the thruput because of parking limitations or whatever it might be. Someone all those are the factors that go into place to try to maximize the number of shots that we can give.



*One more, I'm into the numbers today.*

**Governor Sununu:**

Yeah, good.

*The tests will be going out again. As you know, the first time, those went so fast. Do you know how many? You said hundreds of thousands. Do we know exactly how many this time?*

**Governor Sununu:**

We're looking to do in the second round at least another half-million.

*Yeah.*

**Governor Sununu:**

Maybe more.

*Do you expect the demand to be what it was for that first time?*

**Governor Sununu:**

I expect it to be higher, just because it got so much attention the first time. I think everyone's going to be kind of chomping at the bit. And they'll probably go very quickly again. So, we will try to get as many as we can to as many households as we can.

But as I've always said, if you didn't get one, chances are your neighbor, or coworker, or friend did. So, if you need a test, call them. They're probably sitting in their medicine cabinet somewhere if you really need one. And we've already heard great anecdotes of people sharing them and utilizing them. So, it's clearly working, which is the good news.

*Governor, any consideration to using the National Guard to expand the bandwidth of delivering vaccines, whether it's at fixed sites or mobile units?*

**Governor Sununu:**

Absolutely; yeah, no, we can absolutely use the National Guard to expand our ability to administer vaccines and boosters. The first priority was really to make sure the hospitals had what they needed. And we put an initial 70 into hospitals.

But kind of in a second or third phase, we will look at using them more for the vaccine sites. I think some of the walk-in locations have been going very well. The Booster Blitz locations were able to be done very well without a heavy lift by the National Guard.

We'd obviously like to reserve that, if we can, because, when you call on the Guard, God bless them. They're willing to stand up and do anything you ask them to do. But you always want to use those

base resources first. So, yeah, we can definitely do that if we think it will help the system increase thrupt.

*I have a question for Dr. Chan, if that's...*

**Governor Sununu:**

Sure.

*Of the 463 folks that are in hospitals right now with COVID, do we know either by percentage or by accurate numbers how many of them were fully vaccinated? And also, could this be a metric that would be on the Dashboard in the future to give people an understanding of how many folks are actually unvaccinated and sick?*

**Dr. Chan:**

Yeah; so the report of hospitalizations due to COVID-19 are coming from the hospitals, themselves. And so, I think that the numbers, or the percentage, if you will, that the Commissioner reported out in the past of 20% to 30% of the reports of the COVID-hospitalized patients in the State coming from the hospitals are fully vaccinated. The vast majority, though, are unvaccinated, or not fully vaccinated.

We've been getting a lot of questions about what percentage of infections are occurring in people fully vaccinated, or what percentage of deaths are occurring in people that are fully vaccinated. And we're currently doing some keyway work on our data to be able to arrive at more accurate estimates of some of those numbers. And when we do, the plan is to try and make that data more publicly available.

But it involves improving both the quality of some of our, like, hospitalization data, and also improving the quality of our vaccination data, making sure that we have accurate vaccine data from the commercial pharmacies, for example, to be able to inform that better. And so, when we have that information, we will make it available.

*Can you see it as being used as an incentivizing tool that you would use in, perhaps, your promotional material?*

**Dr. Chan:**

Oh, absolutely. I think this is information and data that people are looking for, that they want. And it's important to get that data out there. I will say that there are several ways of looking at this issue of what's happening with vaccine breakthrough infections, for example.

I will say that looking at this as a percent is a little bit misleading. And so, I would point people right now to some of the CDC data, where they're looking at the difference in rate of infection and showing that people that are unvaccinated are at a six-times higher risk rate of infection than people that are fully vaccinated, over 10-times higher risk of hospitalization, 15-times higher risk of death, comparing unvaccinated to fully vaccinated people. And so, that data is out there nationally, and I think it clearly shows that people that are not fully vaccinated are at much higher risk for infection, hospitalization, and death. Thanks.

*Last week, you had mentioned you weren't considering preventative measures like masking or limits on public gatherings, because it might amount to putting people in a penalty box. And when you have Healthcare Workers urging people to do things like wear masks, I mean, from a Public Health standpoint, is it helpful to suggest that those measures are a penalty?*

**Governor Sununu:**

I'm sorry. I missed the -- I couldn't hear the last part of the question.

*Yeah, sorry. I mean, from a Public Health standpoint, is it helpful to suggest that those measures are more of a penalty?*

**Governor Sununu:**

Yeah, no. Well, look, I think the point that was trying to be made is that, with any mandated measures and restrictions that the Government imposes, you're forcing folks to make a sacrifice, right? You're forcing folks to make some sort of change in their life. Some are less severe. Some are much more severe. Some have economic drivers. Some have social drivers behind them. So, at the end of the day, I think you're referring to the interview on Face the Nation, right?

*Yeah.*

**Governor Sununu:**

Yeah, so the issue there was, well, I was asked, why don't you just do a State of Emergency? What's the big deal? A State of Emergency is a huge deal. It is a huge deal. Well, then, you can just take it off in a couple months. The idea that we're going to back-and-forth in a State of Emergency, putting mandates on and taking mandates off, and, again, telling 70% of the population that has been fully vaccinated, that has had their booster and all of that, that you, too, must now make all of these same sacrifices as everybody else, because they aren't minor things sometimes. Sometimes they could be very severe. It depends on the individual.

We're going to be going on-and-off with that, if we go down that path, for potentially years. So, yeah, again, it's a matter of the sacrifices that the Government would be asking people to do. There's a reason. I don't think any State east of Illinois has a Mask Mandate or anything like that. I think maybe New York does and that's it, because it's not as simple as just doing it, right? And enacting a State of Emergency is a huge deal and it's nothing that you just do willy-nilly. Well, we will do it this month. We will take it off next month, and potentially go down that path for a long time.

I can tell you the Legislature would have something to say about that, to be sure, as they should. It's a much more serious situation than that. And you're really telling everybody, regardless of the sacrifices that they've already made, they got to keep doing it for an indefinite period of time, as opposed to saying, look, we need to manage. We need to take this seriously. We need strong messaging. We need folks to get their boosters and their vaccines. But we also need to also move and be able to have the freedoms in our lives, economically and otherwise, to go about our business.

*Governor, the doubling of the fixed sites, when will those be up-and-running, and are those going to be focused on...*

**Governor Sununu:**

Yeah.

*I guess will that move up the problems we're seeing with some people trying to schedule boosters that are going to be in January? Are those going to be able to move that group up?*

**Governor Sununu:**

Yeah, I'm kind of looking. Those are in the next week-or-so, the fixed sites? Yeah, so the Council will approve the Contract next Wednesday, hopefully. And if that happens, then obviously it takes a week-or-so, maybe 10 days-or-so, to get them up-and-running. So probably shortly after Christmas, we will see them.

*Right after, okay.*

**Governor Sununu:**

Yeah, but you need the Contracts in place.

*And how are people going to be able to -- is it going to be a walk-in, or what are they...*

**Governor Sununu:**

I think they're going to be under the same model as a walk-in. Yeah.

*Okay.*

**Governor Sununu:**

The four that we have up now are walk-ins. And these additional five or six will also be of the same model, walk-in, which will be great. I mean, it'll put thousands of more boosters every day out onto the street.

*And the Staff for that one, is that going to be another sort of flex sort of First Responders, or that's not going to be the National Guard?*

**Governor Sununu:**

Yeah, no, not the National -- the National Guard isn't planned right now.

Okay.

**Governor Sununu:**

I mean, we could always bring up to fill in, if there are gaps in the system. But, no, it's Staff similar to the first four that we have now: Public Health Networks; First Responders; and there's a private company that really provides the bulk. We do kind of the backend logistics management. And then, there's a private firm that we bring in, through this Contract, to help staff it up.

*Do you see this winter surge getting so bad we're going to have to consider things like reducing the size of indoor gatherings? We see that now in Canada. For example, yesterday, they said all sports arenas can only have 50% capacity, because of the...*

**Governor Sununu:**

Yeah, no, I don't anticipate that.

No?

**Governor Sununu:**

No.

***Rick Green with the Keene Sentinel:***

*Some municipalities are putting Mask Mandates in place. One is being considered tonight in Keene. Do you support Municipal Mandates of this type? And part 2, given the high number of hospitalizations and deaths, why wouldn't you require masks in State buildings? And why didn't you wear a mask, yourself, for example, in the last Governor and Executive Council meeting?*

**Governor Sununu:**

So, if a municipality wants to put a Mask Order in place, they've always had the ability to do that. And that's the right to do so. And we support their ability to do that, based on transmission or what they might be seeing in their communities.

Again, there's no statewide Mask Mandate in place. I'm vaccinated. The booster works. Okay? So if other folks want to wear masks, that's absolutely great. They can do that. I'm a low-risk individual. I've gotten the vaccine. I've gotten the booster. And so, I choose not to wear a mask in certain situations. I choose to wear a mask in other situations. So it's not about when I wear a mask in one matter or another. And again, everyone has that ability to do that.

But, also understand, within State buildings or whatever it might be, if you start -- similar to the answer I gave before -- if you start down that path of requiring masks just in certain times, or certain transmissions, under certain Orders and certain Mandates, again, we're probably going to be in this situation for years to come.

I hope we're not. I hope, come next spring, there's some great solution out there. And COVID becomes a thing of the past. That would be great if I were dead wrong. But right now, I have to kind of plan for the worst and plan for the long-term. And that means that we may be in a situation. We need folks to get their vaccines, their boosters, clearly the best tools that we have in terms of managing the pandemic and pushing back on it.

Masks are a piece of it, of course. But they are a piece of it. Dr. Chan always talks about that Swiss cheese effect, all these other pieces that really need to go into place to be successful in terms of managing the viral transmission and the spread for the long-term.

*Can I get a Dr. Chan question in?*

**Governor Sununu:**

Sure.

*I know you're very technical and you're a Doctor. But how worried and concerned are you about the next few weeks, where we are in the pandemic right now?*

**Dr. Chan:**

Yeah, so I think what we're seeing currently in New Hampshire and across the U.S., and across the globe is absolutely concerning. We have one of the highest levels of COVID in our State right now than at any other point during the pandemic, the highest level of hospitalizations, one of the highest levels of deaths due to COVID-19. And I think the fact that we don't have a higher number of deaths is because of the work we've done over the last year to roll out vaccination, particularly to our most vulnerable individuals.

But I think, with the holidays approaching, people are going to be gathering. People are going to be traveling. With the Omicron variant emerging and seeing what's happening in other countries, like South Africa and the United Kingdom, where Omicron is overtaking the Delta variant, for example, in the United Kingdom, I think that the next several weeks is going to be stressful and there's increased risk for transmission and the numbers to go up, not only infections but certainly hospitalizations and deaths from COVID-19.

I think there's also a lot of uncertainty now, as we have seen new variants emerge, as we learn about them in real-time, because we literally study what's happening with their spread at a population level. That creates a lot of uncertainty. And I think it's a difficult period of time to not know exactly what you're dealing with when you have emergence of a new variant. And I think that's a period of time that we're in right now, still learning, still understanding how the Omicron variant is going to impact our citizens and residents in New Hampshire.

*And Doctor, does the next variant of concern always have to be worse? Or is there a chance we catch a break at some point and there's a variant of concern that's not as bad?*

**Dr. Chan:**

So, with many viruses, depending on the virus, there's always going to be some natural, genetic change or mutation in the virus, as it circulates. What you're going to hear about are those changes that cause more concern. Make a virus more transmissible, make a virus more easily spread between people. And so, there are genetic mutations going on all the time that we just don't hear about and don't know about. And what emerges are the more concerning variants, the variants of concern, as you call them.

So, this happens with the SARS-CoV-2 virus, the COVID-19 virus. This happens with other viruses, as well, like the influenza virus. But I think it speaks to the need to lower transmission, because the more virus you have circulating, the more spread you have. The more opportunities you're giving that virus to undergo genetic changes and mutations. And that's exactly part of the reason to get more and more people vaccinated, is because it'll help suppress the transmission, help suppress the viral replication.

*Dr. Chan, with regard to hospitalizations, we're just hearing anecdotally people who are younger are becoming hospitalized. And wonder if you could speak to that, and also whether is that largely not only a function of people not being vaccinated, but the more severity of the Delta variant than the earlier COVID?*

**Dr. Chan:**

Yeah, so a good question about young people becoming infected and hospitalized. Let me maybe frame that by just saying that the more infections you have in a group of people, the more likelihood, or the higher the risk is that people will end up getting hospitalized in that group or dying. And so, I think we're in the position right now where the lower vaccination rates are in our children, teenagers, and young adults, either because of vaccine acceptance and uptake in those groups, or vaccination hasn't opened yet for very young children. And so, I think we're naturally going to see a shift of the burden of infection move towards the younger age groups. And we've seen that happen over the last several months, certainly during this most recent surge.

So, currently, about 30% of all infections that are occurring are occurring in children and teenagers under the age of 18. And so, the more -- the higher the burden of infection is going to lead to a higher risk of people in that age group getting hospitalized or potentially even dying from their infection.

I have not seen good data to suggest that the Delta variant is going -- or the Omicron variant, with the newest variant, is going to lead to increased risk in a particular age group of hospitalization or death. What we do know is that it's hard to predict who is going to get severe disease and who isn't. It's still true that older adults and people with multiple chronic medical conditions or a suppressed immune system are going to be at higher risk for more severe disease or death, regardless of age group, regardless of variant.

*We continue to see kind of discrepancies on the State's Dashboard for school data and what schools are reporting to their communities, in terms of cases. And as the State says it's working to understand kind of the correlation between school mask use and cases, and outbreaks in schools, is that going to be reliable*

*analysis if the data you're reporting is very different to what schools are reporting? Or like, where are you pulling the data there?*

**Dr. Chan:**

Yeah, really good question about the school data. And as it's been talked about in the past, we're always trying to get the most up-to-date data that we have available onto our Data Dashboard. But, at the end of the day, we rely on schools, for example, to report that data to us to know that if somebody with an infection is associated with a school. And so, schools will always have the more accurate and timely data in this regard.

Regarding your question about looking at data related to cases in schools and mitigation measures, we are primarily focused on investigating clusters and outbreaks, including at schools. And so, when we investigate a cluster or an outbreak in a school, we're asking some basic questions about what mitigation measures that school has implemented. And the hope is to be able to look to see if there's an association or correlation between size of an outbreak or a cluster, and whether there might be testing, for example, or mask use in a school setting.

That's something that our EPI Team is looking into right now. Unfortunately, as with much of the data we're dealing with that's coming at us during this pandemic in large quantities, some of that data's really messy. And so, they're going through a process of cleaning up the data, organizing it, seeing if that data is in an analyzable fashion and what kind of quality analysis we can get out of it. They're still in that process. We don't have anything new to share. But the last few weeks, they've been working on sort of QA-ing and cleaning up some of that data. Thanks.

**Governor Sununu:**

Adam, do you have one more? Sure.

*I think it was yesterday. A couple of Democrats serving in the Legislature offered essentially a critique of the State's COVID response that boils down to, do more. How do you record?*

**Governor Sununu:**

Two Democrats out of 424 Legislators say do more, the fact that it even gets reported, give me a break. It's partisan. Any Democrats that are standing up trying to politicize the crisis that we have today, shame on them. That's a sham of public service, frankly. It really is.

One of those Democrats shook my hand last week and said thank you for all that I was doing, and then stood up and did a press conference trying to hit on it with absolutely not a single new idea, a single new opportunity that they could bring to the table, nothing. They basically talked about a few things that were well-already underway or actually completed, in terms of being underway, with the ideas that we have.

So anytime an Elected Official on the other side of the aisle, their press conference says do more, I'm surprised you guys report it, frankly, because what it does is it dilutes the validity of the message that we have, which is boosters, vaccinations, community transport, what's happening in hospitals. These are



really serious things that we talk about here without politics or prejudice attached to it. I think it's silly. Yeah.

*When you're thinking about kind of some of those sacrifices that you mentioned come with Public Health measures, like requiring an Indoor Mask Mandate, or declaring a State of Emergency, are we not asking our Healthcare Workers to make a massive sacrifice by letting the virus run wild and burning them out, or having more Granite Staters going to the hospital and dying? I mean, are those not also sacrifices that we're asking people...*

**Governor Sununu:**

Of course, but what you're saying is, if you're talking about going back to where we were with economic shutdowns, those have huge negative health implications, as well, right? You have more people on unemployment. You have more people without health insurance. You have all these other dynamics. We're not going back there. That would be really, really bad. And again, even Democrat Governors and Republican Governors, virtually all of us agree, at least the ones on the East Coast here that are dealing with the bulk of this virus, that's not where we're going right now, because once you start down that path, you can't -- those were put into place when there were no other tools to protect the communities and our societies. There are many other tools in place now. And now, it's up to the individual to hopefully make that choice and get vaccinated.

The idea that, if we just put a Mask Order in, the hospitalization number will just go down, no, there's no evidence to show that. The masks are very, very important, of course. But they're a piece of that puzzle. And so, you have to make sure that you're utilizing the pieces of the puzzle that are important to you. And if a community wants to do it, that's their choice. Maybe they have high transmission rates. Maybe they have low vaccination rates. Maybe they have an outbreak happening in one area or another. And so, they make that choice. That's fine. That's completely on them.

But, as a Governor, I have to implement a 21-day Emergency Order, which probably wouldn't go much past 21 days. You have to do it statewide, so every community, every town, everyone has to abide by it and stick to it, and do that, whether it's something as simple -- what you say -- as simple as a Mask Order, or some of the economic things that have much more economic implications.

At the end of the day, we all have that choice right now. And we're asking folks to make it. But if we're going to put Mandates in place until everyone is effectively forced to get the vaccine, then that's not the right path, either. So, this is a healthcare decision for individuals to get the vaccine and get the booster. But there are negative repercussions to the other side of that coin.

So even if I were to put a State of Emergency today and the next 21 days there has to be a Mask Order, I can guarantee you, 21 days from now, the Legislature would lift it, right? And the hospitalization issue is going to be just as severe, if not more severe, in the coming weeks, whether there's a Mask Order or not.

Can you curb it a little? Maybe, but I don't know if a Mask Order is the end-all, be-all making the difference. It's really about staffing shortages, Nurses getting burnt out, lot of individuals that are completely unvaccinated, and frankly probably wouldn't be wearing a mask anyway. And now, you've created a whole system with, where's the mask police, right? Where's the accountability in the system, and all of that? And we had issues with that the first time around, but that's when we didn't have any other tools really to be able to rely on. But now, we're asking all these communities and schools, and all

that to basically become mask police and implement penalties, and all of that sort of thing, if you're not wearing your mask.

So, it's a tough, tough place to be without an endgame. So, to take huge steps like that without knowing your endgame, I personally believe, as an Elected Official, and someone that's trying to maintain the public trust, is that you can't take those steps without knowing and being able to tell folks what the metrics you're going to be used to come out of it. I wouldn't even know what those metrics are, necessarily, because it's just one piece of the puzzle, something we're probably going to have to manage for quite a while.

But, God bless those Nurses and those Doctors. I mean, I was talking to them today. Unbelievable what they're doing, what they've been able to do. And that's why we just want to keep getting them as many resources and kind of helping hands, whether it's new Nurses coming onto the floors with licensure, expansion of the Nursing School that I did at UNH. That new system, if you haven't been over there, that new facility is really awesome at UNH, that Experiential Center that they put in for their expanded Nursing Program. And some of the new programs that we're putting into the community college is all to hopefully not just create the next generation of Nurses, but hopefully retain them, having hospitals integrate with those schooling systems early on so that there's warm handoff into the system. All these are pieces to kind of take that burden off the sacrifice. And it has been a huge sacrifice for those individuals. God bless them.

*And then, I guess as you're looking at some of the uncertainty with the Omicron variant, doing another Booster Blitz, got the testing coming in again. Are there any other kind of measures that you're considering that you can share?*

**Governor Sununu:**

Not right now; I think the things that we're looking at are the expansion of testing, the expansion of vaccines and boosters availability and the ease of access for that, and some of the flexibilities of the hospital system. I think over the next 4 to 6, 8 weeks, 12 weeks, maybe, that's really where all of our effort is going to be.

We don't know a whole lot about Omicron just yet. Dr. Chan probably knows -- I can guarantee he knows more than anyone. But the data's still very, very early on that. I guess the good news is, as soon as the Omicron variant was really identified overseas, folks were already working on it here, right? We weren't waiting weeks and weeks to try to figure it out. So, we already have folks working and figuring it out. But that data's still all fairly new, fairly preliminary, just in the first few weeks. We will see where it takes us. And there'll be another variant and another variant, and another variant. I have no doubt. It's just the nature of the way these viruses move and live.

*One quick question on the FEMA Teams.*

**Governor Sununu:**

Yeah, sure.

*You were saying you're kind of asking for them to stay. What is the likelihood they will be able to stay? It's pretty small?*

**Governor Sununu:**

I don't know what the likelihood is. I do appreciate there's a much higher need in other parts of the country, in terms of a very high number of hospitalizations. We're very fortunate here. We have great hospitals. We're somewhat connected into one of the best Hospital Systems in the world, just south of us down in Boston, right, so we can, even when your system becomes overrun or things of that nature, we can always lean on a place like Boston a little bit.

You go to some of the more rural States, I've talked to Governors in States in the Upper Midwest and everything where there's some hospitals in the cities. You have areas of Tribal Nations that don't have the robust quality of healthcare that we have here. And I think FEMA and some Federal Organizations are looking at making sure that they have adequate staffing and protections, as their hospitalization numbers increase.

So, that's just my point of saying I do appreciate this much greater need in other parts of the country. But our numbers are as high as they've ever been. Our system is as pushed as hard as it has ever been. And so, again, any supports that they can give, and we have a system here. With just 20 or 30 people, it doesn't sound like a lot, but, man, that can open up just 10 beds and create a whole bunch of flexibility in our system, and that's a pretty significant relief valve sometimes for some of these hospitals.

Okay, great. Well, thank you, guys. We will hopefully be back next week before Christmas with some more details on some of these new programs and expansions of the both testing, as well the booster sites. And we will go from there. Thank you, guys.