



Office of Governor Christopher T. Sununu  
Press Conference  
Wednesday, January 26, 2022, at 3:00 p.m.

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**Governor Sununu:**

Well, good afternoon, everybody. Thanks for joining us again. Another update on COVID, some of the things happening around the State, some of the initiatives that we're moving on. We're still seeing pretty high levels all across the State. They're not accelerating, like they once were. But they're incredibly high. Hospitalizations also remain fairly stagnant but still high, around over 400 individuals on any given day in the hospital with COVID.

So we're still, unfortunately, as we had predicted, going to be in this at least for the next few weeks until hopefully we see a drop later this winter or early in the spring. But there's still a lot to manage, especially when it comes to the overwhelming load on the healthcare system. I think what I'll do is start by turning it over to Dr. Chan for a Public Health update. And then, we can talk about a few of the new initiatives we're bringing onboard.

**Dr. Chan:**

Great, good afternoon. Just a brief numbers update for today: so we are reporting 1,023 new people diagnosed with COVID-19. These daily counts are incomplete and numbers will be updated as we continue to process tests coming in. But we continue to have a high level of COVID-19 with a current count of 13,870 people with active infection.

Test-positivity remains high at 17%. Currently there are 401 people hospitalized statewide with COVID-19. And then, unfortunately, 3 additional deaths to report today for a total of 2,173 people that have died during this pandemic from COVID-19. In the last week, we reported 59 new COVID-19-related deaths, averaging more than eight new deaths identified each day related to COVID-19. That's all I have. Thanks.

**Commissioner Shibinette:**

Good afternoon. A brief outbreak update: we have two outbreaks to close since our last press conference. We are opening seven new outbreaks at congregate living settings. So that brings our total number of outbreaks in congregate living settings to 47 in New Hampshire today.

**Governor Sununu:**

Well, thank you, Commissioner and Dr. Chan. Couple quick things: this morning, the Executive Council did vote to approve our request to sell 1 million at-home rapid tests at our liquor stores.

So as a lot of folks know, we did two rounds of our click it and get a home test delivered right to your house for free. Those two were incredibly successful. The Federal Government is now kind of replicating New Hampshire's program on a much greater scale with somewhere in and around the 500 million tests that they're going to be making available to individuals. And you can go on the Federal Government's website and just click to get those delivered.

But we also know that a lot of folks in New Hampshire might try to get some at stores and maybe there's not as many on shelves with the Federal Government buying up so much supply. And we know that demand is still going to be there.

The Commissioner undertook an initiative to basically secure a million at-home tests that we are going to be selling in our liquor stores at cost. So effectively we will buy them for a certain price. We will put them on the shelves and sell them for that exact same price, approximately in the \$13 range. The Executive Council and the Fiscal Committee approved these dollars this past week. Executive Council, just this morning, we want to thank them for that. I think this is kind of a huge opportunity for the State, in terms of accessing tests at any one of our liquor stores across the State.

They come in single doses like this -- or not doses, but it's just a test. So, it looks like this. And this should be hitting the shelves probably within the next two weeks. So now that we have authorization to make the purchase, they'll make the purchase. They'll be shipped here. And then, we will go through our traditional distribution networks within our liquor stores to make sure that they're available to folks at cost, which is really great. Another million tests coming to New Hampshire in just the next couple weeks.

I want to also take a moment and just talk about our Department of Defense Strike Teams. These are the Joint Strike Task Force that came from a variety of different areas of Military Service. They were brought here for a couple weeks. That was extended one time already. And we got word today that these Strike Teams that are working primarily in Elliot Hospital where the bulk of the kind of overload in the system is, as it pertains to COVID and hospitalizations, they've been authorized to extend their stay up until March 7th, which is really just terrific.

We were very nervous that these folks might only be here for a couple of weeks. But seeing that the need is there, they've been very successful in providing a lot of flexibility for our hospital system right there in the Greater Manchester area. So it's just great news and provides another tool in the toolbox so that we can respond to the COVID pandemic and provide some flexibility for those Nurses and Doctors on the frontlines, specifically in Manchester.

The partnership with FEMA and DoD just has worked very well. We want to thank them for allowing them to extend their stay. And we have no doubt they'll be incredibly useful in terms of how we manage going forward.

Also today, we are announcing an update to our fixed testing sites and our vaccination sites. So first, let's talk about our testing sites. Again, testing is going to be so important not just while we face this Omicron surge, but definitely well into the spring.

There are new locations this week in Belmont and Lincoln. And Keene is opening another location just next week. And again, if you go to [COVID19.nh.gov](https://www.covid19.nh.gov), you can see the map that we have here for you. You can find out all the hours, the locations, where to go. They're just walk-up sites, which makes it very, very easy. I think they're open seven days a week, 9:00 to 3:00 p.m., which is really great.

On that same line, you can also go on and find all of the vaccination sites, themselves. There they are there. They'll be open for the next couple months, at least. Salem and Nashua recently opened. Manchester's going to open this coming Friday. Keene is going to open this Monday. So I don't want to go too fast for David. But you can see them there on the screen. And, again, [COVID19.nh.gov](https://www.covid19.nh.gov) is the website

for all the details and locations, and hours for a vaccine, as well. So, just trying to make it as accessible as we possibly can on all fronts.

We are in this Omicron surge. Again, a lot of folks are talking about the fact that the Omicron severity of illness is not as severe as Delta. That's very good news. But it is vastly more contagious. And you just look out your front door, right? Talk to your kids going to school. You really see it going everywhere. And so, that's why the hospitalizations continue to be high. My guess is that they will remain high and the healthcare system will continue to need some assistance at least for the next few weeks, until we see what the next steps are.

We're all hopeful that this is the last we see of it. But you just don't know. We've been in this position before where we thought the end was near. And COVID tends to take a turn on us. So we will be prepared, whatever comes. But I think the robust system that we set up to provide a lot of flexibility for testing, vaccines, and boosters, and accessibility with this new million tests coming into our liquor stores is going to be break, just to help and just so people know it's on the shelves and it's there for them when they need it. With that, we can open it up for questions. Adam?

### **Q&A Session**

*Governor, can we hear from you and also Dr. Chan? We had heard the last few weeks you talking about how, with the increase in volume in home testing, you're going to kind of see decoupling in terms of the number of cases and what is known. So where do you think we are right now based on our numbers? And I know. And do you have news of how many more additional cases are out there that just aren't being reported?*

#### **Governor Sununu:**

Yeah. I think it could be thousands. I really do. I mean, I talk to people almost every day that say, oh, yeah, I gave my son or daughter a test and it's positive. So we're keeping them home. And they're not necessarily reporting that up to the State or the Federal level. And that's just incredibly common out there.

So it could be, I think, a large number. I couldn't tell you. I think your guess is as good as mine, right, because there's no way to really assess it or survey it, or anything like that. So, again, what we're just trying to do is always look at -- not to be a broken record for the past four months -- hospitalizations and the fatalities, hospitalizations and fatalities. That's what this is really all about.

We know a lot of people are going to get COVID. A lot of them very well, especially now, will be Omicron. That's the new variant here in the vast majority of cases. Almost all cases now are Omicron, even in New Hampshire. And so, we're just going to have to kind of ride that wave and manage it. But I think we have a lot of the good tools in place to do that.

*Can I ask about how many liquor stores we have and when exactly you figure these...*

#### **Governor Sununu:**

So, currently we have approximately 75 liquor stores. I'm going to tell the press don't quote me on that exactly. I think it's between 75 and 80. I think a couple were closed temporarily because of staffing issues. So that could actually fluctuate on any given day.

We suspect that we will have the order in, go through our distribution chain networks, dah-dah-dah, get them out to those stores in the next couple weeks, I think, is a safe bet. So, we just got the authorization a couple hours ago. So now they can actually go sign the Contracts, cut the checks, and move forward.

*And you had said before that there were some States that were having a hard time, possibly when you were on the call with the White House last week. Is that still the case? Are we going to be secure that we're going to get these?*

**Governor Sununu:**

We're fairly confident. But I won't believe it until I see it, to be honest. Yeah. So we heard from both Maryland and Virginia that some of their purchase of at-home tests had been pulled back by the Federal Government. They effectively took their tests.

So we're making the same purchase. We've gotten some assurances from the Provider. But you just never know. So the plan -- the dollars are there. The Contract is there. We're moving forward. But I think to the point you're making, I'll believe it when they actually show up in New Hampshire.

*And will the volume be -- like obviously the store in Portsmouth sells more than the store in Lancaster, or will they be distributed...*

**Governor Sununu:**

Yes, yeah. So there'll be kind of a pro rata share distributed amongst the locations, based on demand and need. I don't know if all -- I don't think all 1 million tests will necessarily be on the shelves on day 1. But they'll kind of fill the shelves and replace them, as the demand is there, until we kind of expire through the million tests.

*Governor, the FDA is limiting the use of some monoclonal antibody treatments now. How does that impact New Hampshire? What's being done with that here...*

**Governor Sununu:**

Yeah, so we had talked about that nationally probably starting about a month ago, when they looked at Omicron. Dr. Fauci and the folks at the CDC both concluded that, yes, the studies were showing that the monoclonal antibodies that we traditionally used for the Delta variant were not really effective against the Omicron variant.

Now, there are antivirals that are also available, very, very scarce number of those, because it's so new. I know the Department is pulling down as many -- asking for their allotted share of those antivirals as strong as we can. That will have some effect on the Omicron variant.

But the vast majority of monoclonals and traditional monoclonals that we were using December-and-prior are not really effective against Omicron. So, that's a change that I know -- I don't want to speak for Public Health, but I know Public Health has put out their Notices to Doctors, let them know that this transition is in place. That's really what they should be prescribing as they go forward.

I think the challenge we're still going to have, though, is just that limited number of the antivirals that can work against Omicron. We pulled down as many as we can from those that the Federal Government will give us. But I think the whole country is asking for more and there's just a limited supply there.

*Does that treatment just get saved, like, stored somewhere? Or will it get thrown out or...*

**Governor Sununu:**

The old monoclonal antibodies that we're effectively not using as much of anymore?

Yes.

**Governor Sununu:**

I'm not sure. I don't know about that. Yeah.

**Dr. Chan:**

Yeah, so the messaging we've heard from the FDA on this, and Federal HHS, is to not throw away the monoclonal antibodies that are no longer effective against the Omicron variant, and for healthcare systems to hang onto them, in case they become useful in the future. Now, we don't know.

We've seen this happen in the past with the changes in the variants, in the last year-or-two. And so, the messaging for healthcare organizations is to hang onto them but don't use them, particularly the Bamlanivimab product and the casirivimab product. Those are the two monoclonal antibody products that aren't expected to be effective against Omicron. We do have the Sotrovimab, which is effective, in addition to some of the other therapeutics that the Governor mentioned that remain active against Omicron. Thanks.

*In terms of the supply there, do you have a sense of when it might increase?*

**Governor Sununu:**

I don't think in the near future. I think we will see a small trickling of it increase over the next month-or-so. The other -- I think the next big push that is being made is specifically on -- I believe, are they antivirals that are going to be done as a -- the Pfizer antiviral and the Merck antiviral, one is a little more effective than the other. Really takes eight months, we hear, to actually make those pills. So those ones, which I think there's a lot of anticipation of those coming on the market en masse probably again not until this summer, unfortunately. So, we will see where we are there. But I haven't heard that there's going to be any substantial increase in deliverable there in the near future. But we will keep asking.

*What do you see as the summer? What do you think the summer's going to look like around here?*

**Governor Sununu:**

New Hampshire, it's going to be a great summer. Yeah. I mean, it really is. Look, I think we did a phenomenal job last year of "getting back to normal". In terms of COVID, my sense, I mean, it's anyone's guess at this point. If there weren't a new -- and I'm just going to give my -- this is just purely my opinion, right? And Dr. Chan can give his opinion, of course. And his is probably a lot more accurate than mine.

But, if we weren't -- if Omicron is kind of the last variant that we see, I think it's understood that that wouldn't be the worst thing in the world. It's clearly much less severe. Maybe it sticks around much longer than we think, but maybe it's a lot less severe than we had originally anticipated. And so, I think people are just -- they're already getting on with their lives. They're already getting along with their businesses.

I think it's going to be a great tourism season. I think things are just moving forward. And that's why when we talk about mandates or shutdowns, and all this stuff, we've always played for the long game. Ever since we got rid of that State of Emergency here, going forward, which is seven, eight months now, it's always about creating a system that is sustainable for the long-term. And that's, I think, the system we want, we hope to be in.

If there's another variant, I mean, that's more severe, all bets are off. I mean, who knows what that will actually look like? We can respond in kind. We definitely have the playbook and how to do, and what we need to do. But I think everyone is looking forward to a great summer, frankly. Don't wait until summer, we're going to have a great spring.

*Governor, with the tests at the State liquor stores, are taxpayers, in effect, paying twice for these things? Why aren't they free?*

**Governor Sununu:**

No, so we're using ARP dollars that come in. We're using the Federal dollars to buy them. People buy them from us at cost. So, I think the idea is that we could do it again and again, and again, potentially, right? So those dollars don't go to the General Fund or anything. They'd go right back into kind of that ARP fund, where theoretically we could go buy more tests and keep the program more sustainable for the long-term.

Yeah. And I'm sorry. The last piece there is the Federal Government is doing the big free part, right? So, it didn't make much sense to us. If you want it free, you can absolutely get it on the Federal Government. Might take a little longer to get to you. If you need something in the moment, I think the demand right now is sometimes you go to Walmart or the pharmacies, and they're trying as hard as they can. But sometimes those shelves are empty. So we're just trying to find another avenue to keep the shelves full at a reasonable price for folks if they need them in a pinch.



*Around a third of kids in New Hampshire State custody at residential facilities tested positive for COVID this month. And what is the State doing to support facilities that have these outbreaks?*

**Governor Sununu:**

Sure, so similar to what we're doing with schools. Making sure that if they need PPE, that it's there. If they need masks and they want those, that it's there. Making sure that they have access to the testing materials, whether they're at-home tests or they know where they can get a PCR test if, for whatever reason, it's there. And for those that are teenagers and available for vaccinations or boosters, again, they know exactly where it is. And it's readily available.

So, we're just trying to, again, provide all those opportunities for them so that they have those management tools at the ready, whether it's three kids or 30%, right, of the population. That's just the nature of Omicron right now. And so, the best we can do is make sure everything is available as they need and as fast as they can get it.

*And then, are kids at the group homes and the Sununu Youth Services Center, are they being placed in quarantine when they test positive and isolating alone, or are they cohorting, or...*

**Governor Sununu:**

That's a good -- probably I'd defer to the Commissioner on that one.

**Commissioner Shibinette:**

So most residential facilities will have an Isolation Unit where kids will isolate but they cohort, right? So they're on an Isolation Unit. There's Staff there that obviously have to provide services to them. So they're isolating from their non-COVID peers. But they're cohorting with other kids that have tested positive.

*While you're up there, I have a question about the ER boarding crisis and the update today with the Hampstead Hospital Contracts going through.*

**Commissioner Shibinette:**

Sure, um-hmm. Yeah.

*There's also a vote on getting, I guess, work done for the facility at (?) hospital. Can you tell us right now how many kids we've had in boarding situations and how this will alleviate that?*

**Commissioner Shibinette:**

Sure, I'll give you a range, because every day our kids change. And we've run from especially around the holidays, single digits, 5, 6 kids, right up to 20, 25 kids. And it's really varies in that area. And it depends oftentimes on if there's an outbreak at Hampstead Hospital or if there's an outbreak at New Hampshire Hospital, or at one of our residential programs and they have to stop admission or slow their services.

So, right now, Hampstead is licensed for 111 beds. They are operating between 40 and 45 beds. We expect that we're going to bring a Contract forward in the coming months to have a Third Party help us run Hampstead, and then increase those numbers from 45 up at least another 20 beds by the end of this calendar year. And some of those beds will be PRTF, Psychiatric Residential Treatment Facilities. So they're longer-term beds. So really start building out the continuum of care at Hampstead Hospital property.

*Oh, sorry, Commissioner, if you don't mind? Can you just give us -- there's 47 facilities in outbreak status. How is that different now versus obviously when you didn't have the vaccine? That was a much more serious situation. Explain sort of what the status is with that large volume, but it doesn't seem like it's in a "crisis mode".*

**Commissioner Shibinette:**

Yeah, so what we're seeing is that although several facilities technically meet the definition of an outbreak, which is three with an epilate in between cases, we're not seeing the fatality rate. We're not seeing the hospitalization rate. We're not seeing it spread all throughout the building, because, honestly, our most vaccinated population right now are nursing home residents and the Staff that work there. So it's probably one of the safer environments when it comes to vaccination status. But the people that live there are just so vulnerable. So we're still tracking it for now. But it certainly -- it's certainly not having the outcomes that nursing homes were having back in 2020.

*And then, just going back to residential facilities for today, are you guys tracking Staff cases there? And how are you kind of prioritizing? Or I guess, how are you looking at tracking outbreaks there versus in a nursing home, and what...*

**Commissioner Shibinette:**

So if a facility reached out to Public Health for assistance because they were having an outbreak, we obviously will put that on our list of outbreaks that we're tracking. We track any outbreak that's reported to us. Because we're not doing contact tracing on every case, it's more difficult to identify outbreaks unless they're reported directly to us.

Our resources, when it comes to outbreaks, really focuses on the vulnerable population. Our most negative outcomes are with people over 65. So if there's outbreaks at senior centers, nursing homes,



long-term care centers, independent senior living, anything like that, we are -- we give more time and resources to those portions of the population, because they are so vulnerable to serious illness and negative outcomes.

*But, I guess on the flipside with kids, you might have lower vaccination rates, especially if...*

**Commissioner Shibinette:**

Yeah, we have lower vaccination rates. But there are less negative outcomes with kids. Our outbreak response to schools and residential schools very similar to when they have, like, an influenza outbreak or chicken pox outbreaks. We give them the same level of support.

They have School Nurses that know how to get in touch with Public Health, if they need to, to either report or get assistance on how to mitigate COVID in their schools. But they're not having the negative outcomes that senior centers and other adult congregate living settings are having.

*I noticed yesterday, out of the 20 deaths that were reported, there were about 4 or 5 of them under the age of 60. I didn't know whether that's a new trend, if that's going up, where people are dying at a younger age, or whether that's just an anomaly.*

**Commissioner Shibinette:**

No, I think if we pulled the data from our daily deaths -- and understand that the deaths reported yesterday weren't people that passed yesterday, right? We have to get confirmation on deaths through the Death Certificates. So they could be a week or two weeks old.

But I look at the Reports every day. And I've certainly noticed that there are more people under the age of 60 being listed now, whereas, back in 2020, when we would report deaths, we would say 15 deaths, 14 of them in a nursing home, all of them over the age of 65. And we are seeing the opposite trend now, where the majority of the deaths are occurring in the community. And there are a handful every week that are under the age of 60.

*Do they have comorbidities, or is it more likely that maybe they have diabetes or other things that would make them more susceptible?*

**Commissioner Shibinette:**

I haven't looked at it specifically. But we know that people under the age of 60 with comorbidities, such as diabetes, obesity, lung disease have a higher likeliness of a negative outcome: hospitalization or death. So without pulling down the exact data, I would say that several of those deaths are going to be people that do have underlying conditions.

*Commissioner, maybe this is for you or for Dr. Chan. When we're looking at the number of people who are hospitalized in New Hampshire, there's different categories, right? People who are unvaccinated, fully vaccinated, one vaccine, and then there's another category of unknown vaccine status. Just hoping someone could explain exactly what that means.*

**Commissioner Shibinette:**

So, it's possible that either the hospital has not recorded in their Electronic Health Record, maybe the person wasn't able to communicate when they came in on their vaccination status. So there's a variety of things that would fall into that bucket. But it basically means the hospital hasn't been able to determine whether they are fully vaccinated, one shot, fully vaccinated plus booster. So they're still investigating that.

But sometimes it takes -- because that Report goes out every day -- sometimes it takes a couple of days maybe to reach out to a family member or to get confirmation of vaccination status. Those people go in that bucket.

**Governor Sununu:**

Yeah.

*Actually, a question for Dr. Chan.*

**Governor Sununu:**

Oh.

*We heard from Dr. Walensky at the CDC yesterday that, when -- in other places, when their Omicron surge recedes, it can drop very precipitously. I'm just curious if you're seeing anything in the data that indicates we are nearing anything like a plateau or the potential for eventually seeing that possible precipitous drop in Omicron.*

**Dr. Chan:**

Yeah, so it's true that what Dr. Walensky said is that, in other countries -- and we've watched this data very closely -- in other countries, there's been a rapid rise in Omicron, but also a rapid drop-off in Omicron. We are not seeing, we believe, a rapid drop-off in Omicron infections at the moment.

The data's a little difficult to trend, because of the high number of cases that are still being reported to us. So I think that the best I can say is that we're still seeing a high level of COVID, high number of cases being reported to us. That's created a little bit of a backlog in terms of processing and logging the cases on our Data Dashboard.

So while our Data Dashboard might look like there's a little bit of a drop-off, there's an uncertainty period in the data there, because of the ongoing processing of a lot of the cases coming into us. But, we don't believe we're seeing a drop-off in the circulation of COVID at the moment.

*Governor, will insurance companies accept receipts from liquor stores for the at-home tests?*

**Governor Sununu:**

Yeah, insurance -- you can use your private insurance to be reimbursed for this, absolutely. I mean, it depends how the reimbursement works within the private insurance companies. But we've been told the cost of the test, itself, will be reimbursed through insurance.

*The pandemic has laid bare a lot of longstanding workforce shortages. One of those areas has been in schools not being able to find enough Substitute Teachers to cover for all the Staff absent due to COVID. Do you have any plans to address the long-term shortage of Substitute Teachers and other School Staff?*

**Governor Sununu:**

Well, so the question is: do we have specific plans to address long-term -- the long-term issue of shortage of Substitute Teachers and Staff? So a couple things there; there is virtually no aspect of our workforce anywhere in New Hampshire that isn't severely short-staffed, whether it's Nurses, whether it's School Teachers or Substitute Teachers, or School Bus Drivers, or folks in restaurants, or whatever. I mean, everybody is really short-staffed, and it is causing an issue, without a doubt.

So I think a couple things. When it comes to schools and Substitutes, I mean, the hope, if you're talking about people being out due to COVID, the hope is that, because it's Omicron, it's less severe. Folks might get out five days or 10 days, and then they're back in.

I think with the CDC shortening the isolation period of individuals that, again, show an improvement of symptoms and no fever and all of that, getting them back in after only five days, not 10, is going to drastically help that. And that's a change that we made just a couple weeks ago. But that works across all the different fields. And then, it's just about encouraging people to get back into the workforce.

We're still a couple percent down from the workforce we had pre-pandemic to today. And we look at the demographics of who those individuals are, and not so much in terms of what they did but their ages and those types of things to make some assumptions about why folks might be pulling themselves out. But that's more of the long-term pullout, right, in the hopes that they'd come back in.

I thought they were going to come back in much more aggressively in the fall. It really didn't pan out that way. I don't want to get into a whole demographics discussion other than to say younger people that don't have dependents, younger people that don't have debt or their student loans are being deferred, or whatever it is, they're less likely to reengage in the workforce, right? So, that's kind of a group demographically that we're looking at, not specifically to Substitute Teachers, but that demographic to try to reengage them.

So, I apologize for the long answer. But it's really a statewide effort to reengage folks into the workforce. We have one of the fastest growing populations. I think we're number 12 in the country, number 1 in the Northeast. So as tough as it is here, it's so much worse in every other surrounding State in the Northeast. But that gives you a sense of just where this country is right now in terms of workforce. Every State is feeling the crunch on it, and schools, especially, without a doubt. We have a couple questions online?

**Holly Ramer with The Associated Press:**

*Hi, I have two questions: one related to COVID and one not related to COVID. The first one is the Legislature is back in session. And this week, alone, there are probably a dozen different Bills related to COVID-19 making their way through Committees. Is there specific legislation that you hope ends up at your desk? Is there legislation that you know already that you do not want to pass? This week, there are Bills on everything from the Federal Vaccine Mandate. There's one today about making immunization status a protected class. And then, my second question is: separately, there is legislation that proposes a \$100 million fund to compensate victims of sexual abuse at the Youth Development Center. And what are your thoughts on offering that as an alternative to litigation?*

**Governor Sununu:**

Sure; so a couple things. I mean, there are, like, a dozen or even more Bills that deal with COVID that the Legislature's looking at right now. I don't mean to be overly nonspecific, but the question's a little nonspecific, other than to say there's a couple Bills in there that kind of I think they just reaffirm kind of where we are and what we're already doing. Some of the Bills that are out there are really aggressive and I would just call them egregious, almost, that they really want to take the State in a different direction, whether it's in terms of mandates or whatever it is.

I think the system that we have in place right now is really well-designed. It's moving forward and it's designed for the long-term. And so, any Bills that promote and sustain that, I think, is really good. But, no, there's nothing -- no specific Bill I can even think of where I'd say, gee, we really need that Bill passed.

There's a couple of them out there that I would probably sign-off on, just because I think they reaffirm what we're already doing. And like I said, some of them are just really egregious and a little bit let's just say out there. Sorry about the vague answer on those, but if there are specifics, let my Office know. I mean, if you want to send a Bill number or something, I'm happy to take a look. And if we can provide a more specific answer, I'm happy to do so.

Also, my general answer to a lot of this is also remember so many Bills change, right? So many Bills that we look at today might have completely different language in a month and a half. So I always need to keep the door open to see what ultimately might hit my desk.

The second issue you brought up is a really important issue. So going back decades -- let's back up. I really tasked the Attorney General, and I think he's done a very, very good job, the previous Attorney General and the current Attorney General, John Formella, into really leaving no stone unturned, when we look at the issues of abuse at the Youth Detention Facility in Manchester. It goes back decades. And we were very aggressive. We said we're going to do everything we possibly can to ensure that anybody that's faced that kind of abuse, that justice is served, both in terms of making sure that those that are held accountable are held accountable, and that if restitution needs to be made, that we can provide something that's fair and reasonable, and helps bring a little more closure to some of those individuals.

What the Attorney General really worked with and is proposing now is a \$100 million fund, which I think says a lot. I think it says we're going to provide a lot of money upfront to make sure that, as we go through these cases, there is an opportunity for folks to kind of settle and find a resolution here. And we're not looking to shortchange anybody. We're looking to do right. And again, they're working on kind of a fair-and-equitable formula and all that kind of thing. And that's the right approach. I really think that that is the absolute right approach. And so, I'm very supportive of that proposal to put basically

\$100 million into a fund.

Look, if they need to put more in down the road, they can always do that. It doesn't necessarily cap it at \$100 million, but it says, look, this initial tranche of funds that need to go in there. I think what it also says to the victims -- and there could be dozens and hundreds of victims. We really don't know for sure. We're looking at all the cases. What it says is that, again, we're not walking away from this. We're going to unfortunately own that terrible tragedy and that responsibility, and we're going to live up to the responsibility of providing I think as good of a closure for this, if you will, at least on the financial side, as we possibly can.

So, I don't know. It's a bold number, a nine-digit number, and it says that New Hampshire is charging into this with full transparency. Let's put it all on the table. And let's -- if there's restitution to be made, then we're going to live up to that. Yeah. Great.

*Just a quick COVID data-tracking question for probably you, Dr. Chan. During most of the -- or during early stages of the pandemic, DHS has indicated most cases were considered recovered 10 days after they're reported to the State. And I just wanted to confirm that that's still the...*

**Governor Sununu:**

Yeah, I don't believe that's changed. Anything else? Oh, Adam.

*Sorry, just, Dr. Chan, just your thoughts about again ballpark cases that aren't being reported to the State, and if people should say anything, if you guys want that information, if people get the in-home test and they have a positive.*

**Governor Sununu:**

Yeah.

**Dr. Chan:**

Yeah, so, I think we're still probably around 3,000-or-so cases per day, right? That's sort of where we've been the last couple of weeks. And the exact number is going to be elusive, because of the increasing at-home testing that's occurring. And how much higher are the actual number of infections in New Hampshire because of at-home testing? I think the way the Governor answered it was right. We don't know. And especially as more and more at-home tests roll out and more at-home tests are being used, this is a constantly changing number. And I think it gets back to the larger question of: how are we going to use data to track the pandemic? What's the data that is important and critical to have? And the goal is not necessarily 100% case ascertainment, meaning the goal is not necessarily to count each and every person that has COVID-19.

I think there necessarily is going to be a shift to focus on severe outcomes, like hospitalizations and deaths. More and more, we've always tried to focus on that as one of the key datapoints. But there will still be a role for tracking the number of infections and test-positivity, as a way to track the trajectory of the pandemic, not necessarily count each and every person with COVID-19, not necessarily have the exact test-positivity, but more as a way to track the trend over time. And there are ways to do that

without having each and every person diagnosed with COVID-19 reported to us. And so, I think those are some of the discussions that are happening nationally but also in New Hampshire about how to transition surveillance strategies to something that's more sustainable but gets us the information that we need to inform the public, inform our approach at a State for protecting people's health and controlling the pandemic. Thanks.

**Governor Sununu:**

Great.

*Governor, on the new vaccine sites, it certainly seems like, at this point, everyone who's wanted to get a booster has had the opportunity to do so. So, do you expect there to be a demand there? And why now?*

**Governor Sununu:**

I hope there's a demand there. But I know exactly what you're getting at. I mean, we've been working with this. We've had a Private Contractor working to set these sites up for quite some time and they're coming online.

We're going to keep pushing the message that vaccines and boosters greatly protect you, whether it's Omicron or the form of Delta variant, or whatever it is. It greatly protects you from the more severe illness of going to the hospital. And it is very, very important. So we're not letting up on that message at all.

We have a Contract in place to ensure that those sites can be put up and stood up and making sure they're available for folks. So, no, we're just going to keep pushing, yeah, because we're not out of this. I mean, the hospitalization number's still in the 400s. If our hospitalization number was down at 20 or something, and we saw that precipitous drop-off of Omicron, might be a different story. But we still have real -- a lot of need out there. And we want folks to take this seriously.

I know there's a sense of complacency. But we really need folks to take this seriously. And the folks that are and that -- you hear the stories of individuals say, gee, I didn't get vaccinated, but then I saw my neighbor in the hospital. And I realized, geez, maybe being 57 years old and 40 pounds overweight is a little bit high-risk. And so, I'm going to make that decision.

The last thing we want is, even if it's one or two people that decide to make that decision a little later on, that we're not there for them, right? So, we just want to make sure we're there and the system's as robust as it can be. And our hope is that more and more individuals will continue to come in, because the vaccines do work. They're very powerful. They're incredibly helpful and they, without a doubt, they prevent the severity of illness.



*You just mentioned, Governor, at the beginning, the whole anecdotal thing of kind of look out your front door. Is it your sense? I mean, just hearing a lot more people in kids' schools, things like that, are just getting it. Does it seem...*

**Governor Sununu:**

Well, yeah, look. I'd ask folks when you hear someone has COVID, is it as shocking as it once was, right? It's very commonplace unfortunately. And we -- doesn't mean we shouldn't take it as serious, but it is more commonplace. So, there's human nature there to think that it's maybe less serious and we're all just going to get it. That isn't the attitude any of us should have at all.

We need to fight to the end. Bill Belichick said, you got to play 60 minutes, all right? You play hard. You set up a system and an infrastructure that is there for your citizens all the way until the end, until you're really sure that you've done everything you possibly can.

I know our numbers are still very high. We're still very much in the winter surge. None of that has changed. And so, we're going to keep playing as hard we can. And we want other folks to take it as seriously as our Teams do. Okay. Great, well, thank you, guys, very much. Thanks for joining us and we will be back with more updates. Thanks.