BEFORE THE RETIREMENT BOARD FIREMEN'S ANNUITY AND BENEFIT FUND OF CHICAGO IN THE MATTER OF) MEETING NO. 1089) STENOGRAPHIC REPORT OF PROCEEDINGS had at the videoconference meeting of the above-entitled matter, held at 20 South Clark Street, Suite 300, in the City of Chicago, County of Cook, State of Illinois, on August 18, 2021, commencing at the hour of 8:30 a.m.

1	APPEARANCES
2	BOARD MEMBERS:
3	DANIEL FORTUNA, President and
4	Annuitant Trustee
5	WILLIAM MURPHY, Secretary and Active Trustee
6	TIMOTHY McPHILLIPS, Active Trustee
7	MELISSA CONYEARS-ERVIN, City Treasurer
8	RESHMA SONI, City Comptroller
9	MARY SHERIDAN, Active Trustee
10	ATTORNEYS FOR THE BOARD:
11	BURKE, BURNS AND PINELLI, LTD. BY: MS. MARY PATRICIA BURNS
12	MR. VINCENT PINELLI
13	ALSO PRESENT: KELLY WELLER, Executive Director
14	LORI LUND, Deputy Executive Director LORNA SCOTT, Chief Investment Officer
15	JACLYN VLAHOS, Comptroller JOHN CONNESS, Fund Accountant
16	MARK MYSLINSKI, City Treasurer's Office DANIEL G. SAMO, M.D., Board Physician
17	MICHAEL I. PETERS, M.D., Board Physician
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1 CHAIRMAN FORTUNA: Call the roll, please 2 MEMBER MURPHY: Trustee Sheridan. 3 MEMBER SHERIDAN: Here. MEMBER MURPHY: Trustee Conyears-Ervin. 4 5 Trustee Soni. MEMBER SONI: Here. 6 7 MEMBER MURPHY: Trustee McPhillips. MEMBER MCPHILLIPS: Here. 8 9 MEMBER MURPHY: Trustee Tebbens. President Fortuna. 10 11 CHAIRMAN FORTUNA: Here. 12 MEMBER MURPHY: And I am here. 13 Mr. President, we have a quorum. 14 CHAIRMAN FORTUNA: Thank you. 15 Public Act 101-0640 allows this meeting 16 to be conducted by audio and videoconference. The 17 Act requires a roll call vote on each matter. 18 Further, consistent with Public Act 101-0640, for the record, I am physically present 19 at the Fund's office as is the Fund's Secretary and 20 21 Executive Director. 22 We have posted notice of this meeting in 23 accordance with the Open Meetings Act and the 24 meeting is being recorded. A transcript of the

1 proceedings will be prepared and after approval 2 will be made available on the Fund's website. 3 Also, consistent with Public Act 91-0715 4 and reasonable constraints determined by the Board 5 of Trustees, at each regular meeting of the Board and its committees that is open to the public 6 7 members of the public may require a brief time to address the Board on matters within its 8 9 jurisdiction. 10 Are there any requests for public comment 11 this morning? Hearing none, we are going to move on. 12 13 Before we get into the nuts and bolts of 14 our meeting, I certainly would like to take a 15 moment of silence to recognize the line of duty 16 death of Chicago Police Officer Ella French. 17 (Brief pause.) 18 CHAIRMAN FORTUNA: Thank you all. Our deepest condolences to Officer French's family and 19 20 certainly to all of her colleagues. Thank you. 21 Secretary Murphy. 22 MEMBER MURPHY: Thank you, Mr. President. 23 First, we'd like to turn to the approval items. 24 First, I'd like to move for the approval

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1	of the Minutes for the regular audio meeting of
2	July 21, 2021 open and closed and regular audio
3	meeting transcript OF July 21, 2021.
4	I'd like to make a motion to approve the
5	open minutes, the audio transcript and the closed
6	session minutes for the July 21, 2021 and keep the
7	closed session minutes closed on recommendation of
8	counsel.
9	MEMBER SHERIDAN: Second.
10	CHAIRMAN FORTUNA: There is a motion by
11	Trustee Murphy. Seconded by Trustee Sheridan.
12	Trustee Murphy.
13	MEMBER MURPHY: Yes.
14	CHAIRMAN FORTUNA: Trustee Sheridan.
15	MEMBER SHERIDAN: Yes.
16	CHAIRMAN FORTUNA: Trustee Soni.
17	MEMBER SONI: Yes.
18	CHAIRMAN FORTUNA: Trustee McPhillips.
19	MEMBER MCPHILLIPS: Yes.
20	CHAIRMAN FORTUNA: And I am a yes.
21	Motion carries.
22	MEMBER MURPHY: Mr. President, moving to
23	the Minimum Formula Annuities. I'd like to make a
24	motion to approve the Minimum Formula Annuities

1 starting with Member 12311 and ending with Member 2 14520. MEMBER MCPHILLIPS: Second. 3 CHAIRMAN FORTUNA: There is a motion by 4 Trustee Murphy. Seconded by Trustee McPhillips. 5 6 Trustee Murphy. 7 MEMBER MURPHY: Yes. 8 CHAIRMAN FORTUNA: Trustee Sheridan. 9 MEMBER SHERIDAN: Yes. CHAIRMAN FORTUNA: Trustee Soni. 10 11 MEMBER SONI: Yes. 12 CHAIRMAN FORTUNA: Trustee McPhillips. 13 MEMBER MCPHILLIPS: Yes. CHAIRMAN FORTUNA: And I am a yes. 14 15 Motion carries. 16 MEMBER MURPHY: Moving on to C, I make a 17 motion to approve the Widow's and Children's 18 Annuities starting with Member 06363 through Member 19 10608. 20 MEMBER MCPHILLIPS: Second. 21 CHAIRMAN FORTUNA: There is a motion by 22 Trustee Murphy. Seconded by Trustee McPhillips. 23 Trustee Murphy. 24 MEMBER MURPHY: Yes.

1 CHAIRMAN FORTUNA: Trustee Sheridan. 2 MEMBER SHERIDAN: Yes. 3 CHAIRMAN FORTUNA: Trustee Soni. MEMBER SONI: Yes. 4 CHAIRMAN FORTUNA: Trustee McPhillips. 5 MEMBER MCPHILLIPS: Yes. 6 7 CHAIRMAN FORTUNA: And I am a yes. 8 Motion carries. 9 MEMBER MURPHY: Moving on to D, Refunds. There are none this month. 10 11 Moving on to E, Death Benefits. I move to approve the Death Benefits for Member 06363 12 13 through Member 10608. 14 MEMBER SONI: Second. 15 CHAIRMAN FORTUNA: Motion by Trustee 16 Murphy. Seconded by Trustee Soni. 17 Trustee Murphy. 18 MEMBER MURPHY: Yes. 19 CHAIRMAN FORTUNA: Trustee Sheridan. 20 MEMBER SHERIDAN: Yes. 21 CHAIRMAN FORTUNA: Trustee Soni. 22 MEMBER SONI: Yes. 23 CHAIRMAN FORTUNA: Trustee McPhillips. MEMBER MCPHILLIPS: Yes. 24

1	CHAIRMAN FORTUNA: And I am a yes.
2	Motion carries.
3	MEMBER MURPHY: Moving on to Item F,
4	Partial Payments. I make a motion to approve
5	Partial Payments beginning with Member 07172
6	continuing through to Member 10608.
7	MEMBER SHERIDAN: Second.
8	CHAIRMAN FORTUNA: Motion by Trustee
9	Murphy. Seconded by Trustee Sheridan.
10	Trustee Murphy.
11	MEMBER MURPHY: Yes.
12	CHAIRMAN FORTUNA: Trustee Sheridan.
13	MEMBER SHERIDAN: Yes.
14	CHAIRMAN FORTUNA: Trustee Soni.
15	MEMBER SONI: Yes.
16	CHAIRMAN FORTUNA: Trustee McPhillips.
17	MEMBER MCPHILLIPS: Yes.
18	CHAIRMAN FORTUNA: And I am a yes.
19	Motion carries.
20	MEMBER MURPHY: Mr. President, Item G,
21	Benefit Recalculations. There are no Benefit
22	Recalculations this month.
23	Moving on to Item H, Request for
24	Permission. Residing out of state. There are two

1 requests for residing out of state for Member 16364 2 and Member 14160. I'd like to make a motion to 3 approve. MEMBER MCPHILLIPS: Second. 4 5 CHAIRMAN FORTUNA: There is a motion to 6 approve by Trustee Murphy. Seconded by Trustee 7 McPhillips. 8 Trustee Murphy. 9 MEMBER MURPHY: Yes. CHAIRMAN FORTUNA: Trustee Sheridan. 10 MEMBER SHERIDAN: Yes. 11 12 CHAIRMAN FORTUNA: Trustee Soni. 13 MEMBER SONI: Yes. 14 CHAIRMAN FORTUNA: Trustee McPhillips. MEMBER MCPHILLIPS: Yes. 15 16 CHAIRMAN FORTUNA: And I am a yes. 17 Motion carries. 18 MEMBER MURPHY: Moving to Item I, 19 Removals. I move to approve the Removals starting with Lorraine Hennelly and ending with Samantha 20 21 Fritz. 22 MEMBER SHERIDAN: Second. 23 CHAIRMAN FORTUNA: There is a motion by 24 Trustee Murphy. Seconded by Trustee Sheridan.

1 Trustee Murphy. 2 MEMBER MURPHY: Yes. 3 CHAIRMAN FORTUNA: Trustee Sheridan. MEMBER SHERIDAN: Yes. 4 CHAIRMAN FORTUNA: Trustee Soni. 5 MEMBER SONI: Yes. 6 7 CHAIRMAN FORTUNA: Trustee McPhillips. 8 MEMBER MCPHILLIPS: Yes. 9 CHAIRMAN FORTUNA: And I am a yes. Motion carries. 10 11 MEMBER MURPHY: Moving on for Requests 12 for Approval of Payments Pursuant to Administrative 13 and Court Orders. I'd like to make a motion that the court orders listed in the docket for Member 14 15 0110358 and Member 016678 be approved based on the 16 the staff's representation that the required 17 paperwork is in order. 18 MEMBER SONI: Second. 19 CHAIRMAN FORTUNA: Motion to approve by Trustee Murphy. Seconded by Trustee Soni. 20 21 Trustee Murphy. 22 MEMBER MURPHY: Yes. 23 CHAIRMAN FORTUNA: Trustee Sheridan. MEMBER SHERIDAN: Yes. 24

1 CHAIRMAN FORTUNA: Trustee Soni. 2 MEMBER SONI: Yes. 3 CHAIRMAN FORTUNA: Trustee McPhillips. MEMBER MCPHILLIPS: Yes. 4 5 CHAIRMAN FORTUNA: And I am a yes. Motion carries. 6 7 MEMBER MURPHY: Mr. President, moving on to disability applications, we have counsel ready 8 9 to present. 10 MR. PINELLI: We are ready to proceed 11 with the first hearing. That would be EMT Engineer Michael Cameron. 12 13 Mr. Cameron, are you on the line? 14 MR. CAMERON: I am. 15 MR. PINELLI: Very good. So let the record reflect this is an application for a Duty 16 17 Disability benefit being made by EMT Engineer 18 Michael Cameron. Good morning, Mr. Cameron. I am one of 19 the attorneys for the Fund. I'd like to advise you 20 of some preliminary matters before we start 21 22 evidence. 23 First of all, there are five trustees 24 currently present to hear the evidence on your

1	application. If you don't know you should know the
2	Pension Code requires you get the yes vote of all
3	five of those Trustees in order to receive this
4	benefit. Do you understand that?
5	MR. CAMERON: Yes, I do.
6	MR. PINELLI: I see that you do not have
7	an attorney representing you today. Is it your
8	desire to proceed without an attorney?
9	MR. CAMERON: Yes, it is.
10	MR. PINELLI: Finally, it is the
11	applicant's burden of proof to present sufficient
12	evidence to the Board in order for the Board to
13	grant the benefit that the applicant is seeking.
14	Do you understand it is your burden of proof?
15	MR. CAMERON: Yes.
16	MR. PINELLI: Thank you. By way of
17	procedures, I am going to start by asking you some
18	questions under oath. The board members may or may
19	not have questions of you. Then I will call the
20	Fund's physician consultant to testify. If there
21	is anything I don't ask him that you think is
22	important for the Board to know, please let me know
23	and you will be given that opportunity. Do you
24	understand the procedures?

1 MR. CAMERON: Yes, I do. 2 MR. PINELLI: Then we are ready to 3 proceed. Is Dr. Samo on the line? DOCTOR SAMO: Yes, I am. 4 5 MR. PINELLI: Thank you. Dr. Samo and 6 Mr. Cameron, both please raise your right hands. 7 (Witnesses sworn.) 8 MICHAEL T. CAMERON 9 a witness herein, having been first duly sworn, was examined and testified as follows: 10 11 EXAMINATION 12 BY MR. PINELLI: 13 We are ready to proceed. Engineer Q 14 Cameron, could you please state your name for the 15 record? 16 My name is Michael T. Cameron. Α 17 Q What is your current rank with the Fire 18 Department? 19 Engineer EMT. Α 20 Q What was your last assignment before you 21 went on layup? 22 3rd District Relief. Α 23 Did you receive a group of exhibits from Q the Fund staff marked as Board Exhibits 1 through 24

1 12 before today's hearing? 2 Yes, I have. Α 3 Did you have a chance to review them? Q I have. 4 Α 5 Q Do you have any objection to their admission into the record in support of your 6 7 application? 8 Α I do not. 9 MR. PINELLI: Thank you. Mr. President, I move for admission of 10 11 Board's Exhibits 1 through 12 without objection 12 from the applicant. 13 CHAIRMAN FORTUNA: Exhibits are admitted 14 without objection. 15 MR. PINELLI: Thank you. 16 (Board Exhibits 1 through 12 17 were admitted into evidence.) 18 BY MR. PINELLI: 19 Now, sir, directing your attention to the Q date of July 12th of 2020, did you sustain an 20 21 injury or injuries that is the basis of your 22 application on this date? 23 Α Yes, I did. 24 Could you just briefly describe for the Q

1	members of the Board exactly where you were and
2	what happened to you to cause you an injury that
3	day?
4	A Yeah. We were on a medical assist call
5	and when I went to assist with the stretcher the
6	muscle in my back knotted up real bad. Initially I
7	thought it was a muscle cramp but it wouldn't go
8	away and then they took me to the emergency room at
9	Northwestern.
10	Q Had you ever had any injuries to your
11	lower back prior to this date?
12	A No.
13	Q When you say you were assisting with a
14	patient, can you just specifically describe what
15	you were doing when you experienced the pain in
16	your back?
17	A I was actually reaching to help with
18	removal of the stretcher from the ambulance and
19	that is when it happened. And it was almost like
20	it took my breath away so I had to like excuse
21	myself. There were other people around to assist
22	so I had to just try to stretch my muscles back out
23	of that knot but it just wouldn't go away.
24	Q Following that incident, did you then

1 undergo some medical treatment for your lower back? 2 I received two sessions or 27 I Α Yeah. 3 should say sessions, two separate occasions of physical therapy, and then I had three injections 4 5 into the spine. Did that therapy alleviate your back 6 Q 7 problem? 8 Α Very temporary. I would say less than 9 two weeks. It was temporary but it was never 10 completely gone. It just felt better and then when 11 it wore off then it came right back. 12 What doctor is treating you for your back Q 13 problem? 14 Doctor Lim. Α 15 Q Did Doctor Lim give you a diagnosis of 16 what was going on in your lower back? 17 Α He did. 18 What did he tell you was going on with Q your lower back? 19 20 Well, he said that I had a disc Α herniation and three bulging discs and that is when 21 22 he gave me physical therapy to help alleviate some 23 of the pain. 24 Okay. Can you describe for the board Q

1	members currently as you sit here today what if any
2	pain or limitations you are experiencing?
3	A On day-to-day pain, it is like three to
4	four. But very randomly, I will make a certain
5	movement or certain if I go to lift anything
6	usually greater than 30 pounds or something, it
7	just it is like almost like somebody stabbed
8	me in the back. It is like a seven or eight pain.
9	I never had back pain before so it was
10	kind of new to me.
11	A lot of times I can't sleep through the
12	night without taking sleep aids. It is very
13	debilitating as far as getting my normal life back
14	on track.
15	Q Are you experiencing any radiculopathy,
16	that is pain down your lower leg?
17	A If I do any kind of walking more than
18	like a half mile or if I stand too long, it will go
19	down my buttocks to the knee and then I either have
20	to sit or stretch or do something to alleviate the
21	pain to continue to my walk.
22	Occasionally, if I am going downstairs,
23	it might buckle but that has only happened a
24	handful of times.

1 Has Doctor Lim recommended any Q 2 treatments, other than the conservative treatments 3 he's recommended to-date? Yes. Well, he did say that surgery 4 Α 5 wasn't a matter of if, it was a matter of when. He 6 said that being my age that he would -- if he were 7 me, he would prolong the surgery as long as possible but it's going to happen that I am going 8 9 to need a rod put in or rods. 10 Since you went on layup have you engaged Q 11 in activity by which you earn income? 12 Α No. Have you engaged in my sporting 13 Q 14 activities? 15 Α No. 16 Are you currently taking any prescribed Q 17 medication for pain in your lower back? 18 Nothing prescribed. Α 19 Do you have any appointments scheduled Q 20 with Doctor Lim currently? 21 Currently, no, because I didn't know with Α 22 this being a duty injury how that would proceed. 23 That was something I wanted to talk to the people at the pension about like how do I proceed with my 24

1 next form of treatments. 2 MR. PINELLI: Thank you. That is all the 3 questions I have of the applicant. CHAIRMAN FORTUNA: 4 Trustees, any 5 questions? 6 MEMBER MCPHILLIPS: No. 7 CHAIRMAN FORTUNA: Thank you. 8 MR. PINELLI: Hearing none, I would then 9 call Dr. Samo to testify. 10 (Witness previously sworn.) 11 DANIEL SAMO, M.D. 12 a witness herein, having been first duly sworn, was 13 examined and testified as follows: 14 EXAMINATION 15 BY MR. PINELLI: 16 Sir, please state your name. Q 17 Α Daniel Samo. 18 You are a physician, correct? Q 19 Yes. Α 20 Is a copy of your qualifications as a Q physician attached to the Board Exhibits? 21 22 Α Yes. 23 Q Do you perform a function as a consultant to this Fund? 24

1 Α Yes. 2 In that capacity do you review medical Q 3 records, examine or interview applicants and report to the Board? 4 5 Α Yes. 6 Did you prepare a written report with Q 7 respect to your interview of the applicant? 8 Α Yes. 9 And why did you interview him versus Q examine him? 10 11 Α Due to the Covid restrictions, we have 12 been doing these by telephone. 13 Upon your interview of him, was the Q 14 information he provided to you consistent with what 15 you saw in the medical records you reviewed? 16 Α Yes. 17 Q And did you prepare a written report that 18 is marked as Board Exhibit Number 2? 19 Α Yes. 20 Doctor, could you briefly summarize for Q us what your findings were with respect to Mr. 21 22 Cameron? 23 Α Basically, the history was consistent with what he just told us. I was not able to do a 24

1 physical exam. But based on the history, I would 2 agree with Dr. Lim's opinion that he has neurogenic 3 claudication due to spinal stenosis. That means that the present degenerative 4 5 changes, the spinal canal and the spaces where the nerve roots come out is narrowed and so starts 6 7 pushing pressure on the nerves. That is why he gets pain into his leg with prolonged walking or 8 9 standing. That is very typical with claudication. 10 Doctor, you heard him mention about discs Q 11 and the issues with the discs. There were various MRIs done on him; is that correct? 12 13 Yeah. His first MRI did show protrusion Α 14 or a herniation of a disc. Second one it was still 15 there but it was less prominent. 16 Doctor, is the description that he gave Q 17 of what occurred to him on the date of duty is that 18 consistent with a mechanism that could have caused his back condition to cause him the pain and 19 discomfort? 20 21 Α Well, I mean, yes. Obviously, his 22 symptoms began at that time. He has an underlying 23 degenerative problem, that is the basic cause of 24 That was just, you know, the straw that broke it.

1 the camel's back or caused him to become 2 symptomatic. 3 MR. PINELLI: Thank you. That is all the questions I have of the doctor. 4 5 CHAIRMAN FORTUNA: Trustees, any 6 questions for Dr. Samo? 7 MEMBER MCPHILLIPS: No questions. CHAIRMAN FORTUNA: Hearing none. 8 9 MEMBER MURPHY: I'd like to make a motion 10 to grant the benefits requested by Fire Engineer 11 Cameron. 12 MEMBER MCPHILLIPS: Second. 13 CHAIRMAN FORTUNA: There is a motion to 14 grant by Trustee Murphy. There is a second by 15 Trustee McPhillips. 16 Trustee Murphy. 17 MEMBER MURPHY: Yes. 18 CHAIRMAN FORTUNA: Trustee Sheridan. 19 MEMBER SHERIDAN: Yes. 20 CHAIRMAN FORTUNA: Trustee Soni. 21 MEMBER SONI: Yes. 22 CHAIRMAN FORTUNA: Trustee McPhillips. 23 MEMBER MCPHILLIPS: Yes. 24 CHAIRMAN FORTUNA: And I am a yes.

1 Motion carries. 2 MEMBER MURPHY: Mr. President, I would 3 like to make a motion for reexam consistent with 4 the Board's policy. MEMBER SONI: Second. 5 6 CHAIRMAN FORTUNA: Motion for reexam by 7 Trustee Murphy. Seconded by Trustee Soni. 8 Trustee Murphy. 9 MEMBER MURPHY: Yes. CHAIRMAN FORTUNA: Trustee Sheridan. 10 11 MEMBER SHERIDAN: Yes. 12 CHAIRMAN FORTUNA: Trustee Soni. 13 MEMBER SONI: Yes. 14 CHAIRMAN FORTUNA: Trustee McPhillips. MEMBER MCPHILLIPS: Yes. 15 CHAIRMAN FORTUNA: And I am a yes. 16 17 Motion carries. 18 MEMBER MURPHY: Counsel previously sent around proposed Findings of Fact and Conclusions of 19 Law in this matter. Having had a chance to review 20 21 those, I would like to make a motion to adopt the 22 Findings of Fact and Conclusions of Law in this 23 matter. 24 MEMBER MCPHILLIPS: Second.

1 CHAIRMAN FORTUNA: Motion by Trustee 2 Seconded by Trustee McPhillips. Murphy. 3 Trustee Murphy. MEMBER MURPHY: Yes. 4 CHAIRMAN FORTUNA: Trustee Sheridan. 5 MEMBER SHERIDAN: Yes. 6 7 CHAIRMAN FORTUNA: Trustee Soni. 8 MEMBER SONI: Yes. 9 CHAIRMAN FORTUNA: Trustee McPhillips. MEMBER MCPHILLIPS: Yes. 10 11 CHAIRMAN FORTUNA: And I am a yes. Motion carries. 12 13 Mr. Cameron. 14 MR. CAMERON: Yes. 15 CHAIRMAN FORTUNA: Based on the Findings 16 of Fact and Conclusions of Law made by the 17 Trustees, the Trustees have voted to grant you the 18 benefit you have requested. 19 You will be notified by mail of the 20 findings of fact and the Board's decision. 21 Findings. 22 Good luck to you. 23 MR. CAMERON: Thank you. MR. PINELLI: Let the record reflect this 24

1	is a hearing on an application for Duty Disability
2	benefits being made by Edward Gilbride.
3	Good morning, Mr. Gilbride. I am one of
4	the attorneys for the Fund. I will be conducting
5	this hearing for the record.
6	I would like to advise you of some
7	preliminary matters before we start the evidence.
8	First of all, there are five trustees
9	currently present to hear the evidence on your
10	application.
11	Under the Pension Code, you need the yes
12	vote of five trustees in order to receive this
13	benefit. Do you understand that?
14	MR. GILBRIDE: Yes.
15	MR. PINELLI: I see you did not have an
16	attorney file an appearance on your behalf. Is it
17	your desire to proceed without an attorney?
18	MR. GILBRIDE: Yes.
19	MR. PINELLI: Lastly, it is the
20	applicant's burden of proof to present sufficient
21	evidence to the Board in order for the Board to
22	grant the benefit that the applicant is seeking.
23	Do you understanding it is your burden of proof?
24	MR. GILBRIDE: Yes.

1 MR. PINELLI: By way of procedures, I am 2 going to start by asking you some questions under 3 oath. The board members may or may not have questions of you. Then I will call Dr. Samo to 4 testify. If there is anything I don't ask him that 5 6 you think is important for the Board to know, 7 please let me know and you will be given that 8 opportunity. Do you understand the procedures? 9 MR. GILBRIDE: Yes, I do. 10 MR. PINELLI: Then would you please raise 11 your right hand? Dr. Samo, would you also raise 12 your right hand? 13 (Witnesses sworn.) EDWARD M. GILBRIDE 14 15 a witness herein, having been first duly sworn, was 16 examined and testified as follows: 17 EXAMINATION 18 BY MR. PINELLI: Mr. Gilbride, please state your name for 19 Q the record. 20 21 Edward Michael Gilbride. Α 22 What is your rank with the Fire Q 23 Department? 24 Α I am a Paramedic FPM.

1 Q What was your last assignment before you 2 went on layup? 3 Α Ambulance 27. Sir, were you provided a copy of Board 4 Q Exhibits 1 through 12 before today's hearing? 5 Α Yes. 6 7 Did you have the opportunity to review Q 8 them? I did. 9 Α 10 Q Do you have any objection to their 11 admission into the record in support of your 12 application? 13 Α No. 14 MR. PINELLI: Thank you. 15 Mr. President, I move for admission of 16 Board Exhibits 1 through 12 without objection from 17 the applicant. 18 CHAIRMAN FORTUNA: Admitted without 19 objection. 20 MR. PINELLI: Thank you. 21 (Board Exhibits 1 through 12 22 were admitted into evidence.) 23 BY MR. PINELLI: 24 Mr. Gilbride, directing your attention to Q

1	July 3rd of 2020, did you sustain an injury or
2	injuries that is the basis of your application?
3	A I did.
4	Q Could you just briefly describe for the
5	members of the Board where you were and what
6	happened to you that caused you an injury that day?
7	A Okay. July 3rd, we were going to an
8	ambulance run. Somebody was a psych patient was
9	going in. We were taking her to Little Company of
10	Mary for an evaluation. She was very combative,
11	swinging, kicking, biting us.
12	I contacted Little Company. I told them
13	what we have coming in. Can you have security at
14	the door waiting for us, which they did.
15	We were pulling her out of the ambulance.
16	She was trying to fight us. Kick. Jump off the
17	cot. We had security on her. I was holding the
18	left foot, security on the right foot and my
19	partner and I think another security was holding
20	her body down, her upper body down.
21	We were rolling her into the hospital. A
22	nurse points, bring her over here, bring her over
23	here.
24	I turned around. She gets her foot loose

1	and kicks me right in the shoulder. The doctor
2	seen it. Nurse seen it. I just said let's get her
3	on the cot. It was like very like a knife pain.
4	We got here on the cot. Doctor said do
5	you want me to check your shoulder out? I agreed
6	because I had pain.
7	They registered me. I contacted my
8	chief. He interviewed everybody that was over
9	there and that was it. They took me to Medical,
10	MRI, surgeries, and so on.
11	Q Which shoulder was that?
12	A Right. It was the right shoulder.
13	Q Prior to the date of this incident, had
14	you ever had any injuries or problems with your
15	right shoulder?
16	A I didn't have no problems with it but
17	about 20 something years back I did shatter or
18	damage the distal under the clavicle and they
19	scoped it and cleaned out the bone fragments.
20	Never had an issue after that.
21	Q Until this incident, right?
22	A Right, right.
23	Q Then you mentioned you underwent some
24	conservative treatment at first to see if it could

1	repair the injury and it couldn't so then you
2	ultimately had your first surgery on September 16th
3	of 2020?
4	A Yes.
5	Q Is that correct?
6	A Yes. When they seen the MRI, they knew
7	therapy was over. Wasn't going to help it. They
8	needed surgical intervention to repair it.
9	Q Okay. After that occurred, did you
10	undergo some physical therapy to try to get you
11	back?
12	A I did, which the result wasn't good. It
13	just did nothing.
14	Q As a result then, did you have a second
15	surgery on May 18th of this year 2021?
16	A I did. And let me say after the first
17	surgery, I was going to therapy and I was doing
18	good and then the doctor stated that I was like
19	five months into it and he stated there was nothing
20	more they could do. This is what I am probably
21	going to have. I told Medical that. I said I can
22	get my arm better than this. They is why they sent
23	me to Dr. Leonard, the second surgeon. He did an
24	exploratory because I couldn't lift my arm. I was

1	having issues with lifting everything above head.
2	So Dr. Leonard did the exploratory and this is
3	where I am at now.
4	Q Could you briefly describe for the Board
5	what is the condition of that right shoulder today
6	as far as any limitations or pain and so forth?
7	A Well, I went to the doctor last week and
8	he gave me a cortisone shot. He evaluated the arm
9	again. And he stated just like the first doctor,
10	this is it. He said we will give you one more
11	month of therapy. Whatever this is, it's just this
12	way it's going to be. I am going to have the
13	issues above head, pain, reaching, things of that
14	nature. So he stated pretty much the same thing
15	what the first doctor stated. I am like two
16	doctors telling me this is the way it is going to
17	be. I have no more options on this.
18	Q Since you went on layup, have you engaged
19	in any activity by which you earn income?
20	A Oh, no.
21	Q Have you engaged in any sporting
22	activities of any kind?
23	A No.
24	MR. PINELLI: Thank you. That is all the

1 questions I have. 2 CHAIRMAN FORTUNA: Trustees, any 3 questions? 4 Hearing none. MR. PINELLI: I will call Dr. Samo. 5 6 (Witness previously sworn.) 7 DANIEL SAMO, M.D. 8 a witness herein, having been first duly sworn, was examined and testified as follows: 9 10 EXAMINATION 11 BY MR. PINELLI: 12 Please, state your name. Q 13 Daniel Samo. Α 14 You're a physician; is that correct? Q 15 Α Yes. 16 Is a copy of your qualifications attached Q to the Board Exhibits? 17 18 Α Yes. 19 And is a written report that you prepared Q 20 for the Board attached as Board Exhibit 2? 21 Yes. Α 22 Doctor, did you examine or interview the Q 23 applicant? 24 We did a telephone interview due to the Α

1 Covid restrictions. 2 Was the information he provided to you in Q 3 that interview consistent with the medical records you reviewed regarding his treatment? 4 5 Α Yes. Can you just briefly summarize for us 6 Q 7 what your findings were, doctor? So the history, as he said, he had acute 8 Α 9 onset of symptoms when he was kicked. First MRI 10 showed rotator cuff tears and so he proceeded to 11 arthroscopy where they repaired the rotator cuff 12 tears and did some decompression. In other words, 13 it was narrowing in certain areas and they just 14 cleaned that up. He was improving in PT but then 15 had several episodes of what he said was tearing 16 pain when he was doing things. And then he really 17 started to get worse, which is why he had the 18 second MRI. Which did not show any re-tears but he 19 proceeded to have, as he said, in last May, May of 21st, another arthroscopy where he just had more 20 21 extensive debridement. So cleaning up and removal 22 of excess bone. And he continues to be symptomatic 23 at this point. Okay. Is he even at MMI at this point? 24 Q

1 Α No. 2 Basically as a result of that, would he Q 3 be able to perform his functions with the Fire Department? 4 5 Α At this point in time, no. MR. PINELLI: Thank you, doctor, that is 6 7 all the questions I have. 8 CHAIRMAN FORTUNA: Trustees, any 9 questions for Dr. Samo? 10 Hearing none. 11 MEMBER MURPHY: I'd like to make a motion 12 to grant the benefit requested by Paramedic Gilbride. 13 14 MEMBER SHERIDAN: Second. 15 CHAIRMAN FORTUNA: There is a motion to 16 grant by Trustee Murphy. Seconded by Trustee Sheridan. 17 18 Trustee Murphy. 19 MEMBER MURPHY: Yes. 20 CHAIRMAN FORTUNA: Trustee Sheridan. 21 MEMBER SHERIDAN: Yes. 22 CHAIRMAN FORTUNA: Trustee Soni. 23 MEMBER SONI: Yes. CHAIRMAN FORTUNA: Trustee McPhillips. 24

1 MEMBER MCPHILLIPS: Yes. 2 CHAIRMAN FORTUNA: And I am a yes. Motion carries. 3 MEMBER MURPHY: Motion for reexam 4 5 consistent with the Board's policies. MEMBER SONI: Second. 6 7 CHAIRMAN FORTUNA: There is a motion for 8 reexam by Trustee Murphy. Seconded by Trustee 9 Soni. 10 Trustee Murphy. 11 MEMBER MURPHY: Yes. 12 CHAIRMAN FORTUNA: Trustee Sheridan. 13 MEMBER SHERIDAN: Yes. 14 CHAIRMAN FORTUNA: Trustee Soni. 15 MEMBER SONI: Yes. 16 CHAIRMAN FORTUNA: Trustee McPhillips. 17 MEMBER MCPHILLIPS: Yes. 18 CHAIRMAN FORTUNA: And I am a yes. Motion carries. 19 20 MEMBER MURPHY: Counsel has previously sent out proposed findings of fact and conclusions 21 22 of law in this matter. Having had a chance to 23 review those, I make a motion to adopt those 24 findings of fact and conclusions of law in this

1	matter.
2	MEMBER MCPHILLIPS: Second.
3	CHAIRMAN FORTUNA: There is a motion by
4	Trustee Murphy. Seconded by Trustee McPhillips.
5	Trustee Murphy.
6	MEMBER MURPHY: Yes.
7	CHAIRMAN FORTUNA: Trustee Sheridan.
8	MEMBER SHERIDAN: Yes.
9	CHAIRMAN FORTUNA: Trustee Soni.
10	MEMBER SONI: Yes.
11	CHAIRMAN FORTUNA: Trustee McPhillips.
12	MEMBER MCPHILLIPS: Yes.
13	CHAIRMAN FORTUNA: And I am a yes.
14	Motion carries.
15	MEMBER MURPHY: Based on the findings of
16	fact and conclusions of law made by the Trustees,
17	the Trustees have voted to grant you the benefit
18	you have requested.
19	You will be notified by mail of the
20	findings of fact and the Board's decision.
21	Thank you and good luck to you.
22	MR. GILBRIDE: Thank you very much for
23	your time and all of you have a very good day.
24	MR. PINELLI: Let the record reflect this

1	is a hearing on an application for Duty Disability
2	Benefits being made by Samuel Lucas.
3	Good morning, Mr. Lucas. I am one of the
4	attorneys for the Pension Fund. I will be
5	conducting this hearing for the record.
6	I'd like to advise you of some
7	preliminary matters before we start evidence.
8	First of all, there are five trustees
9	currently present to hear the evidence on your
10	application. If you don't know you should know the
11	Pension Code requires that you get the yes vote of
12	all five of those trustees in order to receive this
13	benefit. Do you understand that?
14	MR. LUCAS: Yes, sir.
15	MR. PINELLI: I also see you do not have
16	an attorney representing you. Is it your desire to
17	proceed out without an attorney?
18	MR. LUCAS: Yes, sir.
19	MR. PINELLI: Lastly, it is the
20	applicant's burden of proof to present sufficient
21	evidence to the Board in order for the Board to
22	grant the benefit that the applicant is seeking.
23	Do you understand it is your burden of proof?
24	MR. LUCAS: Yes, sir.

1 MR. PINELLI: By way of procedures, I am 2 going to start by asking you some questions under 3 oath. The board members may or may not have questions of you. Then I will call the Fund's 4 5 physician consultant to testify. If there is 6 anything I don't ask him that you think is 7 important for the Board to know, let me know that 8 and you will be given that opportunity. Do you 9 understand the procedures? 10 MR. LUCAS: Yes, sir. 11 MR. PINELLI: Thank you. We are ready to 12 proceed. 13 Is Dr. Peters on the line? DR. PETERS: Yes, I am. 14 15 MR. PINELLI: Mr. Lucas and Dr. Peters, 16 please raise your right hands. 17 (Witnesses sworn.) 18 SAMUEL A. LUCAS a witness herein, having been first duly sworn, was 19 examined and testified as follows: 20 21 EXAMINATION 22 BY MR. PINELLI: 23 Mr. Lucas, would you please state your Q 24 you name for the record?

1 Full name is Samuel A. Lucas. Α I am a 2 Firefighter EMT. 3 Q What was your last assignment before you went on layup? 4 5 Α Engine 106. Did you receive a copy of what has been 6 Q 7 marked as Board Exhibits 1 through 11 in advance of 8 this hearing? 9 Α Yes, sir. 10 Q Did you have a chance to review those documents? 11 12 I did, sir, yes. Α 13 Any objection to their admission into the Q 14 record in support of your application? 15 Α I do not. 16 MR. PINELLI: Thank you. 17 Mr. President, I move for admission of 18 Board's Exhibits 1 through 11 without objection 19 from the applicant. 20 CHAIRMAN FORTUNA: Exhibits are admitted 21 without objection. 22 MR. PINELLI: Thank you. 23 (Board Exhibits 1 through 11 were admitted into evidence.) 24

1 BY MR. PINELLI: 2 Mr. Lucas, directing your attention to Q 3 the date of July 11th of 2020, did you sustain an injury or illness that is the basis of your 4 5 application? 6 Α Yes, sir. Two injuries, sir. 7 Can you just briefly describe for the Q board members, they do have your written statement, 8 9 but just please briefly describe where you were and what happened to you that day. 10 11 I was on Engine 106. We were on a Α variance. We had a reported fire about 8:30 a.m. 12 13 My assignment was hydrant duty. Upon rolling up 14 on-scene, we saw we had a working fire. 15 I went to the first hydrant. I used 16 extreme force on a hydrant. I could not get it 17 opened. Felt pain immediately in my right 18 shoulder. I continued down to a second hydrant about 140, 150 feet away and needed extreme force 19 on that hydrant. Got the hydrant open. 20 I went back. Pulled the four-inch hose. Connected. 21 Got 22 the guys water. 23 I let the officer know, of course, I was 24 having trouble with the hydrant. Upon getting

1	water, I went back to the rig. Downed my gear. I
2	was feeling pretty lightheaded getting the hose
3	and out of breath getting the hose to the second
4	hydrant previous to getting water.
5	I went in and found my team and we needed
6	an ansel. I went back to the rig. Very
7	lightheaded, dizzy, and went back in. We hit the
8	panel with an ansel and at that point it looked
9	like everything was set. We were good to go. I
10	asked my officer if I could go outside and sit,
11	catch my breath, get my wits about me.
12	At that that point I went upfront. There
13	was a female officer that did not like the way I
14	looked and recommended I go to the ER and we did.
15	I am trying to be brief. It takes me a
16	half hour to say hello sometimes. I don't want to
17	take up more of your time.
18	If you need more information, I was
19	admitted to the ER. At that time they told me my
20	troponin levels were high. I was having a heart
21	attack. I almost had a heart attack when they told
22	me. I was shocked and they kept me overnight for
23	observation.
24	Q Let me take it from there.

1 Α Sure. Thank you, sir. 2 In this incident, did you also injure Q 3 your right shoulder? Yes, sir. 4 Α 5 Q You previously had had a right shoulder 6 injury; is that right? 7 Α That is correct. 8 In 2019, you had a rotator cuff tear? Q 9 Α That is correct. Was that the result of an on-duty injury? 10 Q 11 It was wear and tear, sir, definitely. Α 12 Following that, you had a surgery to Q 13 repair that injury? That was in November, '19. Rehab. Fit 14 Α 15 for duty. Returned back to duty in June of '20. 16 Until this incident, you didn't have any Q 17 other problems with your shoulder prior to this 18 incident? 19 Like I say, sir, there was cause for Α 20 surgery previous but at that time we were good to 21 go after the surgery in '19. 22 Following this incident in addition to Q 23 what you described about the heart condition or let 24 me -- strike that.

1 Did you have any surgical intervention 2 for your heart as a result of your heart condition? 3 Α They did the angiogram, that is minorly invasive, while still under Illinois Masonic care. 4 5 Q Okay. But they didn't have to place any stents in; is that correct? 6 7 They did not, sir. Α Are you currently taking any medications 8 Q 9 for your heart condition? 10 Α Yes, sir I am. 11 What do you take? Q 12 80 milligrams of Atorvastatin and -- I am Α 13 not going to pronounce this -- Clopidogrel 75 14 milligrams. I am on a daily dose of an isosorbide. 15 It helps alleviate the need for nitro on a more 16 frequent basis. I have nitroglycerin also. 17 Q What is the current condition of your 18 right shoulder? Pouring, pouring water, putting water 19 Α into the coffee machine, you know, coffee maker. 20 21 Slight movements I get discomfort and pain. I have 22 to stop doing some simple tasks. Overhead I can't 23 do. I've got roll up windows in my Jeep that I 24 love. Reaching across to roll the windows down is

1 painful. Can't sleep on the right side or it wakes 2 me up in the middle of the night. 3 Q It is not in a condition where you can function in your duties --4 5 Α No. 6 -- as a firefighter? Q 7 Nothing. Absolutely not, sir. Α 8 Since you went on layup, have you engaged Q 9 in any activities by which you earn income? 10 Α No, sir. 11 Have you engaged in any sporting Q activities? 12 13 No, sir. Α 14 MR. PINELLI: Thank you. That is all the 15 questions I have of this witness. 16 CHAIRMAN FORTUNA: Trustees, any 17 questions? 18 MEMBER MCPHILLIPS: No questions. 19 CHAIRMAN FORTUNA: Hearing none. 20 MR. PINELLI: I will call Dr. Peters. 21 (Witness previously sworn.) 22 Q Sir, please state your name? 23 Α Michael I. Peters. 24 You are a physician /is that correct? Q

1 Α Yes. 2 Do you perform a function as a consultant Q 3 to this fund? 4 Α Yes. 5 Q In that capacity, do you review medical 6 records, examine or interview applicants and report to the Board? 7 8 Yes, I do. Α 9 Did you file a written report with the Q Board that is marked as Board Exhibit 2? 10 11 Yes, I did. Α 12 Is a copy of your qualifications as a Q 13 physician also marked as Board Exhibit 2? 14 Α Yes. 15 Q Doctor, could you briefly summarize for 16 us what your review of the medical records and 17 interview of the applicant revealed? 18 Α Sure. Firefighter Lucas, as he described, was attempting to open the hydrant and 19 then subsequently was pulling a four-inch line. 20 He 21 developed a recurrence of right shoulder pain. He 22 had previously had rotator cuff repair and bicep 23 tenotomy in the preceding November but returned to work with full duties in June prior to this July 24

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1	incident.
2	He went through the usual prolonged
3	course of postoperative PT and then also went
4	through PT after the second injury but he still has
5	limitation with overhead reaching and lifting. He
6	has decreased strength and decreased range of
7	motion which are significant.
8	As a second medical problem, on the same
9	day that he reinjured his shoulder, July 11, 2020,
10	he developed lightheadedness and was diagnosed with
11	a non-ST elevation myocardial infarction. He does
12	have coronary artery disease that was documented on
13	his coronary angiogram but it wasn't significant
14	enough to require an angioplasty or a stent. But
15	he still is getting chest pain or angina associated
16	with exertion. Which has required him initially
17	just to be on sublingual nitroglycerin as needed.
18	But now he is on an oral nitrate with a sorbitrate
19	and he doesn't need to use the nitroglycerin as
20	often. Though, he does still once in awhile have
21	to use it.
22	He is also on two antiplatelet
23	medications, which he described as Clopidogrel and
24	aspirin. He should be on both of those for at

1 least a year and he then will always be on aspirin 2 after that. 3 Q Based upon his medical condition as well the treatment for those conditions, do you believe 4 5 he could perform his duties with the Fire Department? 6 7 Α No, I don't. 8 MR. PINELLI: Thank you. That is all the 9 questions I have. 10 CHAIRMAN FORTUNA: Trustees, any question 11 for Dr. Peters? 12 MEMBER MCPHILLIPS: No questions. 13 CHAIRMAN FORTUNA: Hearing none. MEMBER MURPHY: I would like to make a 14 15 motion to grant a Duty Disability Benefit to Sam 16 Lucas. 17 MEMBER MCPHILLIPS: Second. 18 CHAIRMAN FORTUNA: There is a motion to 19 grant by Trustee Murphy. Seconded by Trustee 20 McPhillips. 21 Trustee Murphy. 22 MEMBER MURPHY: Yes. 23 CHAIRMAN FORTUNA: Trustee Sheridan. MEMBER SHERIDAN: Yes. 24

1 CHAIRMAN FORTUNA: Trustee Soni. 2 MEMBER SONI: Yes. 3 CHAIRMAN FORTUNA: Trustee McPhillips. MEMBER MCPHILLIPS: Yes. 4 5 CHAIRMAN FORTUNA: And I am a yes. Motion carries. 6 7 MEMBER MURPHY: I make a motion for reexam consistent with the Board policy. 8 9 MEMBER SONI: Second. 10 CHAIRMAN FORTUNA: There is a motion for 11 reexam by Trustee Murphy. Seconded by Trustee Soni. 12 13 Trustee Murphy. 14 MEMBER MURPHY: Yes. 15 CHAIRMAN FORTUNA: Trustee Sheridan. 16 MEMBER SHERIDAN: Yes. 17 CHAIRMAN FORTUNA: Trustee Soni. 18 MEMBER SONI: Yes. CHAIRMAN FORTUNA: Trustee McPhillips. 19 MEMBER MCPHILLIPS: Yes. 20 21 CHAIRMAN FORTUNA: And I am a yes. Motion carries. 22 23 MEMBER MURPHY: Counsel has previously 24 sent around proposed findings of fact and

1	conclusions of law in this matter. Having had a
2	chance to review those, I make a motion to adopt
3	the findings of fact and conclusions of law in this
4	matter.
5	MEMBER SHERIDAN: Second.
6	CHAIRMAN FORTUNA: Motion by Trustee
7	Murphy. Seconded by Trustee Sheridan.
8	Trustee Murphy.
9	MEMBER MURPHY: Yes.
10	CHAIRMAN FORTUNA: Trustee Sheridan.
11	MEMBER SHERIDAN: Yes.
12	CHAIRMAN FORTUNA: Trustee Soni.
13	MEMBER SONI: Yes.
14	CHAIRMAN FORTUNA: Trustee McPhillips.
15	MEMBER MCPHILLIPS: Yes.
16	CHAIRMAN FORTUNA: And I am a yes.
17	Motion carries.
18	Based on the findings of fact and
19	conclusions of law made by the Trustees, the
20	Trustees have voted to grant you the benefit you
21	have requested.
22	You will be notified by mail of the
23	findings of fact and the Board's decision.
24	Mr. Lucas, thank you and good luck to

1 you. 2 MR. LUCAS: Thank you, very much. Thank 3 you, everybody. MEMBER MURPHY: One more applicant, EMT 4 5 Firefighter Shan Igess. He is represented by 6 counsel, who appears on file, Mr. Horwitz. 7 MR. PINELLI: Mr. Horwitz, are you on the 8 line? 9 MR. HORWITZ: Yes, I am. 10 MR. PINELLI: How about Mr. Igess? 11 MR. IGESS: Yes, I am. 12 MR. PINELLI: Just so I understand, are 13 you together, Steve, or are you on a different lines? 14 15 MR. HORWITZ: We are separate. 16 MR. PINELLI: Okay. Then we are ready to proceed with this matter. 17 18 Let the record reflect this is a hearing on the application for a Duty Disability benefit 19 being made by Shan Igess. 20 21 Mr. Igess is represented by counsel. 22 Counsel, would you please state your name for the 23 record? 24 MR. HORWITZ: Stephen Horwitz.

1 MR. PINELLI: Okay. Are you ready to 2 proceed to today's hearing? 3 MR. HORWITZ: Yes. Vince, let me advise Mr. Igess that there 4 5 are only five trustees today and you need the approval of all of them. So we can either go ahead 6 7 today or we could defer it to a later hearing. 8 Is that correct, Vince? 9 MR. PINELLI: Well, you can make the 10 request. The Board would have to rule on that. 11 MR. HORWITZ: Right, that is what I 12 meant. 13 MR. PINELLI: Yes, that's right. 14 MR. IGESS: I don't have a problem with 15 proceeding. 16 MR. HORWITZ: Okay. We will proceed. 17 MR. PINELLI: Okay. With that, before we 18 start evidence, you should have received a copy of what has been marked as Board Exhibits 1 through 11 19 prior to today's date. Did you and your client get 20 21 those? 22 MR. HORWITZ: Yes. 23 MR. IGESS: Yes. 24 MR. PINELLI: Did you have a chance to

1 review them? 2 MR. HORWITZ: Yes, we did. 3 MR. PINELLI: Do you have an objection to their admission into the record in support of the 4 5 application? MR. HORWITZ: No. 6 7 MR. PINELLI: Thank you. 8 Mr. President, I move for admission of 9 Board Exhibits 1 through 11 without objection from 10 the applicant. 11 CHAIRMAN FORTUNA: Admitted without 12 objection. 13 MR. PINELLI: Then we are ready to 14 proceed. 15 Steve, do you have any witnesses you wish to call at this time? 16 17 MR. HORWITZ: Yes. I would like to call 18 the applicant Mr. Igess. 19 MR. PINELLI: Mr. Igess, could you please 20 raise your right hand? 21 (Witness sworn.) 22 MR. PINELLI: Thank you, sir. You may 23 proceed, sir. 24 SHAN IGESS

1	a witness herein, having been first duly sworn, was
2	examined and testified as follows:
3	EXAMINATION
4	BY MR. HORWITZ:
5	Q Mr. Igess, what is your age?
6	A 49.
7	Q You joined the Fire Department in spring
8	of 2012; is that correct?
9	A Yes, sir.
10	Q What was your rank?
11	A Firefighter EMT.
12	Q At some point after you graduated from
13	the Academy, were you assigned to Truck 40?
14	A Yes. Engine 121 Truck 40.
15	Q Let me direct your attention to August of
16	2019. Did you sustain an injury to your hand or a
17	finger on-duty?
18	A Yes.
19	Q You were laid up for several months?
20	A A couple of months. Like three months.
21	Something like that.
22	Q During the time you were laid up, your
23	blood pressure was taken and you were advised that
24	you had high blood pressure, correct?

1 Well, yeah. At the Medical, they had Α 2 mentioned that the blood pressure was high. 3 Q But you were returned to work sometime in 2020, the early part of 2020? 4 5 Α Right. Yeah. I had to get it under control to get back to work so I got it under 6 7 control and returned to work. 8 Now, do you wear a CPAP? Meaning a Q 9 Continuous Positive Airway Pressure machine? 10 Α Yes, I do. 11 And what is that for? Q 12 It is for sleep apnea. Α 13 How long have you been using that Q 14 machine? 15 Α I don't know. Maybe since getting back 16 -- I don't know, like three years. 17 Q Okay. When you were on-duty, would you 18 bring that machine with you? 19 In the firehouse, yes. Α When you were working since 2012 up 20 Q through 2020, did you have problems in performing 21 22 your duties as a firefighter because of breathing 23 problems or lung issues? 24 None before, not at all. Α

1	Q In the early part of March of 2020, did
2	you go on furlough?
3	A No.
4	Q Well, did you leave the country on a
5	vacation?
6	A Yes.
7	Q And where did you go?
8	A I went to Brazil.
9	Q When you left on the plane to Brazil,
10	what was the condition of your lungs or throat,
11	could you tell us?
12	A Well, upon leaving to Brazil I was
13	experiencing some you know, I was feeling under
14	the weather and I was having issues with my throat.
15	You know, I was feeling uneasy. You know, for the
16	most part it started off with throat issues like a
17	sore throat.
18	Q Did you bring anything with you because
19	you were suffering from a sore throat when you left
20	for Brazil?
21	A Yes, I did. I packed some peroxide. You
22	know, because I usually just take things like
23	natural things. I packed peroxide. A small tube
24	of peroxide that I put in a carryon bag and also I

1 sprayed peroxide in my toothpaste and washed it in 2 my toothpaste when I brushed always with peroxide. 3 And I also brought tea, herbal tea. When you flew to Brazil, did you have 4 Q 5 anything on? Any protective equipment such as a mask were you wearing? 6 7 Yes, I did. Α And was that true when you came back from 8 Q Brazil? 9 10 Α Yes, it was. 11 Now, once you came back from Brazil, a Q day or so after, were you on duty? 12 13 Yes, I was. Α 14 As a firefighter paramedic, did you Q 15 assist in the treatment of any patients? 16 Α Every one. If there was an issue I was 17 hands-on every time. 18 The three shifts that you worked did you Q work consecutively 48 hours? 19 20 It was --I think it might have been -- it Α could have been a 48-hour. I can't remember back 21 22 then but I remember just working back-to-back so I 23 can actually take off to do the vacation. 24 I am talking about when you got back. Q

1 Α Once I came back from --2 Q Yes. 3 Α It was only like 24 hours. The next day I had to work. 4 So before you left for Brazil, you had 5 Q worked back-to-back on two shifts, correct? 6 7 No, just on one shift. When I came back, Α 8 I came back on whatever date it was, I had the one 9 day. 10 Q I am saying before you left for Brazil, 11 you worked --Yeah, back-to-back before. Yes. 12 Α 13 Was that during the time you were Q 14 encountering patients that were hospitalized? 15 Α Yes, sir. Transported to the hospital. 16 Now, once you came back from Brazil, what Q 17 did you do insofar as your condition? 18 Α Well, when I came back my sore throat was still -- it still was there. Not only that, I was 19 experiencing like mild diarrhea at the time that 20 21 actually increased. 22 Q At some point were you transported to a 23 hospital? 24 Yes, I was. Α

1 Q Did they do any Covid tests on you? 2 Yes, they did. Α 3 What was the outcome? Q It was positive. 4 Α 5 Q Is it correct that you have been off duty since March 16th or so of 2020? 6 7 Yes, sir. Α Can you tell us what the conditions were 8 Q 9 that were affecting you after you were determined to have had Covid? 10 11 Well, first my issues was with my Α 12 breathing. They had stated that I had chest and I 13 had lung issues. Also was still experiencing a 14 sore throat. I had diarrhea for -- I don't know, 15 it was like -- I think I wound up losing like up to 16 20 pounds of weight during the whole stint of 17 diarrhea. You know, it was just my body went 18 through a whole lot of different crazy changes. During that time, were you given the 19 Q 20 pulmonary function test? 21 Yes, sir, I was. Α 22 And is it correct that you were told that Q 23 the outcome was normal? 24 Well, I wasn't told anything. I know I Α

1 wasn't told anything at the time. When I spoke to 2 the nurse, because we had went over on the 3 procedure for hours trying to get an adequate 4 number to where she wanted because my goal was to 5 get back to work. She was working with me to try to make that happen. At the end of the procedure, 6 I asked how did I do, and she said, well, she 7 couldn't tell. She would have to leave it to the 8 9 doctors. 10 According to the records, it says that Q 11 your pulmonary function test was normal. However, was your breathing and your lungs, did they feel 12 13 normal to you? 14 Well, the thing of it is, no. Α It was a 15 struggle. That is why it took as long as it did 16 because we actually went back and forth and she 17 knew my goal was to get back to work. And, you 18 know, I mean, she did, you know, just continuously work with me to try to get the levels that she 19 20 thought that I guess would be adequate for me to return to work but it was definitely a struggle. 21 At the end of it, I wasn't sure what the 22 23 numbers were going to be. She never gave me an 24 indication of it. It was a struggle to get

1	whatever the numbers was, whatever the levels were,
2	it was a struggle to get that done.
3	Q From 2012 up until 2020, although you had
4	lung problems as indicated by your sleep apnea, you
5	were still able to perform all of your duties as a
6	Firefighter EMT?
7	A Definitely. It was great.
8	Q When you returned to work or returned
9	from Brazil, did your condition of your lungs
10	would have been able for you to continue performing
11	your duties?
12	A Well, I didn't get the opportunity to
13	really find out because we never got a fire. I
14	don't think actually, we did get a fire but it
15	wasn't a real fire. So, you know, I didn't get a
16	chance to perform under that pressure, you know.
17	Only thing I did was EMS runs, you know. But I
18	mean I felt crappy doing those because I was
19	already it wasn't like at the time the reason
20	for me even showing up to work was because the
21	information about the, you know, CDC stuff and, you
22	know, not showing up at work if you have any
23	symptoms, that hadn't happened.
24	Q When you were performing your duties on

1 duty just before you left for Brazil and when you 2 came back from Brazil, were there any Covid 3 quidelines issued by the Fire Department? None. CDC, Fire Department or anyone. 4 Α 5 Q So anything that happened about that was actually after you had laid up? 6 Right. Any information given at that 7 Α point was after I had already contracted the virus. 8 9 Did you also have a surgery within the Q 10 year after you laid up? 11 Α Yes, sir. 12 What was the surgery for? Q 13 They had to cut my uvula in my throat Α 14 because it had became elongated and actually came 15 to my airway and I had to force it back, swallow it 16 back in. And I notified the hospital and they took 17 -- they did a scope from my nose and noticed it was 18 longer than it should have been. Did that affect your breathing? 19 Q 20 Α Definitely. 21 Prior to 2020, once you were diagnosed Q 22 with Covid, did anybody ever diagnose you with an 23 elongated uvula? 24 Never, no. Even when I did the sleep Α

1 apnea test they never said that. You know, that 2 was never the case. It was never the case. 3 Now, have you been released for duty Q because of your -- as far as you know because of 4 5 the diagnosis of Covid? Well, Covid, when I was laid up for it 6 Α 7 and I haven't returned. I have been released 8 since. 9 What are the conditions associated with Q 10 Covid that have also been diagnosed since you were 11 diagnosed with Covid? 12 Are you talking about currently? Α 13 Yes. After you were diagnosed, were Q 14 there other conditions affecting you? 15 Α Well, this is the thing. My breathing 16 has been terrible. Still is not at its best. I 17 made some improvement but it still is not at its 18 best. My endurance is terrible. My endurance is not near what it should be. I mean, for some 19 reason, you know, just doing a simple bike ride, 20 let alone trying to run, I get winded. I have to 21 turn back. You know, I can't go nearly as far as I 22 23 used to. 24 Q Before you were diagnosed with Covid, did

1 you engage in exercise or sports? 2 I played baseball. I got first place Α 3 trophies at home and everything. I played baseball. I played basketball. 4 5 Q Since you have been diagnosed --Α Bike riding. 6 7 Since you have been diagnosed, have you Q been able to perform those type of activities? 8 9 No, no, not nearly to the level that I Α 10 was. I mean, I am still good but my endurance is 11 terrible. I get winded too fast. Are you on any medication for any of your 12 Q 13 conditions? 14 Well, I have -- they have given me as far Α 15 as some blood pressure stuff. They have given me 16 Hydrochlorothiazide I think that is the name of it 17 and Protonix for indigestion. Like reflux or 18 something. Something wrong with the reflux. Swelling. After they removed the uvula, 19 20 they also said that there was swelling in my throat That they got -- I actually was scheduled to 21 area. 22 go back to get that done but because my insurance 23 had kicked me out and was playing games, it was --24 you know, I don't know. I just kept receiving

1 things. I had to pay 1,000 or 700 some dollars and 2 all of this. I didn't know if I was covered or not 3 covered. The condition that is affecting you most 4 Q 5 since you have been diagnosed with Covid and continuing would be your breathing, your lung 6 7 problems; is that correct? 8 Α That is in deed and the blood pressure 9 they mentioned. If I could get this breathing 10 thing together, maybe I could get the blood 11 pressure thing together. 12 Something else that worries me that I was 13 afraid to even address, which was something they 14 stated about a chronic -- I seen it in my medical 15 record even though I never questioned it because I 16 just was -- I was just tired of hearing bad news 17 and tired of the way I feel about this whole thing. 18 But in my medical record, it says about chronic kidney disease, chronic kidney disease, too. I 19 don't know what that is all about. I never in my 20 21 life had that. 22 I am going to question that later but I don't know what it is about. I didn't even ask 23 24 yet.

1 Q Again, it is your breathing problems that 2 3 Α Yes, sir. -- affect your ability to return as a 4 Q 5 Firefighter, correct? Yes, it is. 6 Α 7 MR. HORWITZ: I have nothing further. 8 CHAIRMAN FORTUNA: Trustees, any 9 questions? 10 Hearing none. 11 MR. HORWITZ: We rest. 12 MR. PINELLI: I have a few questions of 13 the applicant. 14 EXAMINATION 15 BY MR. PINELLI: 16 Mr. Igess, if I understood your Q 17 testimony, you said you worked a double shift 18 before you went on vacation, right? 19 Yeah, I did like a flip, some sort of Α 20 flip, just so I can -- yes. 21 Before you worked that flip, did you Q 22 report any symptoms to the Fire Department that you 23 were experiencing? 24 That is the thing, at that point with the Α

1	Department, that wasn't a requirement. That hadn't
2	came out like you know, at that early stage of
3	Covid in the United States of America or within the
4	Fire Department itself, there hadn't been any
5	guidelines to say, A, if you experience this
6	symptom report it. Or, you know, or this is the
7	symptoms of Covid. You know, there wasn't nothing
8	that was you know, within the Fire Department we
9	have within the Medical, within the EMS
10	training, they will give a guideline that states
11	this is what we're looking at and this is how we
12	are going to deal with this and this is what we
13	need to look out for. These are the new safety
14	features that we are going to be required to
15	perform, which all took place after that point.
16	Q Okay. I understand that.
17	A So reporting that to the Fire Department
18	was something that like you know, my throat is
19	sore. I am going to work.
20	Q I understand that. My question was
21	simply did you report a sore throat or any other
22	conditions before you worked those shifts?
23	
23	A No.

1 Α Nothing. I worked it. 2 Okay. So then you left for this -- you Q 3 called it a vacation, right? Yes, sir. 4 Α 5 Q Did you travel with anybody besides yourself? 6 Yes, sir. 7 Α 8 Who did you travel with? Q 9 It was another firefighter. His name is Α 10 Joseph Sharrieff. There were some other guys from 11 a karate Joe Joe place, they were all down there as well. 12 13 But I meant who did you actually fly with Q 14 on the airplane? 15 Α That was my roommate, Joseph, Joe, 16 Sharrieff, he is fire investigation. 17 Q When you went down to Brazil, how long 18 were you down there, how many actual days? 19 I think we stayed like from the 6th to Α like the 12th. We left on the 12th. 20 21 I'm sorry, I missed that. You were there Q 22 from the 6th through the 12th? 23 Α Yeah. We left on the 12th, yes. 24 When did you get down there? Q

1	A I think the 6th, something like that.
2	Q It was basically a week you were down
3	there?
4	A Yeah, yeah.
5	Q Did you travel around or did you just
6	stay in one location?
7	A We were in Ipanema. And I pretty much
8	kind of stayed around because I just didn't feel
9	I felt under the weather a little bit. He went to
10	his karate things. I was invited to all that. I
11	just didn't want to be bothered.
12	So, at the place we stayed, there was a
13	swimming pool up top and right across the street
14	from the building we stayed in was the beach and
15	the store was around the corner.
16	I would travel around the corner to get
17	food to bring back to the place to cook for myself
18	and go upstairs and hang out in the pool area. I
19	just felt kind of crappy. I mean, I was feeling
20	crappy.
21	I was looking forward to getting past
22	that so I could have a great time. I tried to get
23	out to have a good time regardless. It wasn't like
24	if I would have had if I had been at my best. I

1 would have had a great time. I would have been 2 trying to party. But I wasn't feeling my best so I 3 didn't try to, you know, ignore that. I couldn't ignore it. 4 5 Q As you pointed out this was the early stages of the pandemic so I take it that people in 6 7 Brazil were not using much PPP; is that correct? 8 Brazil and United States, neither Α Yes. 9 one of us were. 10 Okay. When you got back to the states, Q 11 did you work immediately the next day? 12 The next day, yes, sir. Α 13 And you just worked one day, if I Q understand --14 15 Α Yes. 16 Your testimony before you --Q 17 Α Yes. 18 -- laid up; is that correct? Q Yes, sir. 19 Α 20 Q When you laid up it was because of what symptom or condition? 21 22 Α I laid up because at that point they No. 23 started mentioning that if you have this symptom or this symptom or this symptom report it before you 24

1	come to work, that's when those things came out at
2	that time. And I said, wow, that is crazy. I made
3	the call. That is the reason had that report
4	came out before I left, I would had to have made
5	that phone call then. But it hadn't came out yet.
6	I would have made that phone call before I left.
7	Yeah, I got this that or another or just have to
8	report it. Or, you know, even if there was a
9	guideline for leaving the country, you know, I
10	probably wouldn't have made it out of the country
11	because they would have caught that.
12	Q In addition to the other medical
13	conditions you have discussed that you have, which
14	I understand is sleep apnea, right?
15	A Yeah, I have a machine for that.
16	Q You have been treated for that. The
17	records also indicate that you had that surgery for
18	the uvula, right, to take that out, right?
19	A Yes, sir.
20	Q And that was affecting your breathing you
21	said right before you had it?
22	A Very much so.
23	Q It also indicates you had GERD. Do you
24	know what that is?

1	
1	A That is what I take the Protonix for.
2	Q That is Gastroesophageal Reflux Disease,
3	right?
4	A Yes. Something. That also has been just
5	gotten worse. Been crazy since. I didn't used to
6	have to take those pills like that.
7	Q Okay.
8	A I didn't I wasn't really taking those
9	pills. I didn't really have to because I was doing
10	pretty good. Now it seems like I don't know, a
11	lot of crazy stuff going on with my body. I just
12	look forward to being back to normal.
13	Q I take it since you went on layup, you
14	haven't engaged in any training to increase your
15	endurance or anything like that, right?
16	A Well, I have ridden my bike and that is
17	what made me realized that, you know, I don't have
18	it like I used to. I mean, you know, I mean, just
19	doing things around the house. Just little extra
20	stuff. One thing I do around the house I like to,
21	you know, cut my hedges. But even in that I get
22	exerted. I used to breeze through that with a
23	breeze.
24	Now everything is it is crazy. I just

1	don't like it. It is just really upsetting, you
2	know. I don't know. I don't know know what it is
3	or what it will take. I look forward to something
4	making this situation better for me. I don't like
5	it.
6	Q Final question. Since you went on layup
7	have you engaged in any activity by which you earn
8	income?
9	A No, not at all.
10	MR. PINELLI: Thank you. That is all the
11	questions have.
12	CHAIRMAN FORTUNA: Trustees, any
13	questions?
14	MR. HORWITZ: I have one question.
15	CHAIRMAN FORTUNA: Hold on. Steve, hold
16	on.
17	MR. HORWITZ: Okay.
18	CHAIRMAN FORTUNA: Trustees, any
19	questions?
20	MEMBER MCPHILLIPS: No questions.
21	CHAIRMAN FORTUNA: Go ahead, Steve.
22	EXAMINATION
23	BY MR. HORWITZ:
24	Q Mr. Igess, when you returned to the

1	United States from Brazil, were you wearing a mask
2	at that point?
3	A Yes, sir.
4	Q Did you wear a mask you said you
5	worked one shift after you returned from Brazil.
6	Did you wear a mask then?
7	A Yeah, I wore it at some stops. But, you
8	know, even at that point there still wasn't a
9	guideline. Like if somebody's was assist a
10	civilian or something like that, I figured, okay,
11	it is safe to go in there because there was nothing
12	there to say no patient is safe. That guideline
13	hadn't been meet yet.
14	Q The decision to wear a mask was that
15	based upon
16	A It was based upon me. It was my
17	decision, not the Department's decision at that
18	point. It came from the Department afterwards.
19	MR. HORWITZ: I have nothing further.
20	MR. PINELLI: Thank you. I have no
21	further questions of Mr. Igess either.
22	Steve, you said you rested at that point?
23	MR. HORWITZ: Yes, we rest.
24	MR. PINELLI: I call Dr. Peters to

1	testify. Please, raise your right hand.
2	(Witness sworn.)
3	MICHAEL I. PETERS, M.D.
4	a witness herein, having been first duly sworn, was
5	examined and testified as follows:
6	EXAMINATION
7	BY MR. PINELLI:
8	Q State your name for the record.
9	A Michael I. Peters.
10	Q You are a physician, correct?
11	A Yes, I am.
12	Q Is a copy of your qualifications as a
13	physician attached to the Board Exhibits?
14	A Yes.
15	Q Do you perform a function as a consultant
16	to this fund?
17	A Yes, I do.
18	Q In that capacity, do you review medical
19	records, examine or interview applicants and report
20	to the Board?
21	A Yes, I do.
22	Q With respect to Mr. Igess, did you
23	examine him or interview him?
24	A I interviewed him by telephone because of

1 the pandemic. 2 And did you file a written report with Q 3 the Board that is marked as Board Exhibit Number 2? Yes, I did. 4 Α 5 Q Could you briefly summarize for us what your findings were with respect to his condition? 6 7 I can briefly summarize his medical Α history as I saw it with the records that I was 8 9 provided. 10 Firefighter Igess sustained a small 11 fracture of his finger and was seen at the CFD Medical on August 8, 2109. 12 13 From that time until -- he was seen six 14 times at CFD Medical during that injury from August 15 8th until November 7, 2019. 16 During all of those visits, he had what 17 we call a hypertensive urgency. His blood pressure 18 was high enough that he was at imminent risk of having something acute happen that would be bad. 19 So, on August 8th of '19, his blood 20 pressure of 200 over 110. When he came back on the 21 29th, it was 170 or 110. And that started a 22 23 pattern of very strong recommendation from the 24 providers at CFD Medical, including the nurse

1 practitioners and Doctor Wong. Anything from you 2 should be transported emergently to the emergency 3 department, which he refused, to you need to be on medications, which he repeatedly stated he would 4 prefer to try natural remedies or that he did not 5 medications. 6 7 At one point he reported that he had seen a primary care physician but did not provide 8 9 records of that visit. Nonetheless, he had 10 persistently very high blood pressure at least 11 until November 7, 2019. 12 Then regarding his COVID-19 acute illness 13 history, I did not see in the record that he 14 reported any sore throat upon leaving for his trip, 15 but I do have the record that he left on the 6th, 16 that he returned from Brazil on the 13th, and that 17 he developed symptoms, typical Covid symptoms. 18 Like fever, muscle aches, diarrhea. Three days later on the 16th he was 19 20 tested and the test came back positive on the 18th. 21 When he was seen at CFD Medical for this 22 illness on the 25th, he was advised to go to the ER 23 for possible pneumonia. But he went and then he 24 left without being seen. And then ultimately a day

1	or so later, he went and got admitted for a couple
2	of days with pneumonia.
3	During all of these visits, his blood
4	pressure was very high. This persisted. He
5	ultimately did see primary care physicians.
6	He was put on Hydrochlorothiazide 25
7	milligrams but continued to have high blood
8	pressure.
9	Regarding his sleep apnea history, his
10	ENT surgeon, Dr. Dixon, from the U of I at UIC,
11	documented that he was not using CPAP regularly.
12	She put in quotes that he quote "didn't want to be
13	on a machine for the rest of his life".
14	He did ultimately have a uvulectomy,
15	which he described, which is the removal of the
16	thing that hangs down in the back of your throat.
17	At least during my interview with him, he
18	reported that his breathing was better.
19	So the summary is that he has
20	longstanding hypertension predating COVID-19. That
21	he's been noncompliant with treatment. He
22	developed a COVID-19 infection after returning from
23	a ten-day trip to Brazil. And he has sleep apnea
24	for which he has been variably compliant with the

1 CPAP machine. And ultimately underwent a 2 uvulectomy which seemed to symptomatically help him 3 at least by the history I got. Let's start with a couple of points here. 4 Q 5 With respect to the COVID-19 test and diagnosis, which you said occurred three days after he 6 7 returned from the Brazil trip, doctor, have you reviewed, and for purposes of your own work as a 8 9 doctor, literature and information regarding COVID-19? 10 11 I am a frontline healthcare Α Yes. provider emergency medicine attending. So I have 12 13 been involved with the care of Covid patients since 14 February of that year. So, yes, it is something 15 that I deal with on a regular and almost daily 16 basis and I am dealing with it again so yes. 17 Q With respect to the timing from exposure 18 to developing symptoms, there is information generally about that, isn't there, how much after 19 20 an exposure somebody would likely develop symptoms, right? 21 22 Most people it is most likely after an Α 23 exposure that you would develop symptoms within 24 three to five days. Certainly would not be very

1 typical or even described to develop a sore throat 2 and then ten days later develop typical symptoms. Which would be the fever, muscle aches, diarrhea. 3 In other words, if you have onset of the 4 5 illness, you are going to progress to the onset of 6 the illness. Either get better or worse. It is 7 not going to take ten days for you to then develop other symptoms. The time course doesn't fit with 8 9 an occupational exposure. 10 I'm sorry, what did you say, doctor? Q 11 The time course he's describing does not Α fit with an occupational exposure to COVID-19 as 12 13 the cause of his acute illness. 14 Is there anything in the record that Q 15 would indicate more likely than not where he was 16 exposed? 17 Α Just based on the timing of his travel to 18 another country, without wearing PPE, being there ten days and then developing symptoms a few days 19 after he got back, that would fit with more than 20 likely he got it -- he got exposed while he was out 21 22 of the country. 23 Okay. Let's talk about his current Q 24 condition with respect to his high blood pressure.

1 Is there any indication from anything you have 2 learned that there is any connection between high 3 blood pressure and COVID-19 as a cause? And he had it before the COVID-19 4 Α No. infection. 5 Okay. With respect to his fitness for 6 Q 7 duty at this point, what in his condition is 8 affecting that fitness for duty of what he has described? 9 10 Α Well, the two things -- the things he's 11 describing, the persistent -- the intolerance to 12 exercise that he reports and his difficulty 13 breathing. You know, the obstructed sleep apnea is 14 not a lung disease. It is an upper airway problem, 15 which he's been treated for and for which he has a 16 mechanical device he can use. 17 So I don't see that as an occupational, 18 that is something that will prevent him from returning to full duties. 19 He had normal, completely normal, 20 pulmonary function testing so that really excludes 21 22 that he has any post-Covid lung changes. 23 His hypertension really is an issue of 24 compliance with medication. There is just a long

1 and multiple visit documentation by all of the 2 nurse practitioners and I think three different 3 physicians at CFD Medical and then the primary care doctors from the clinic that he was going to. 4 That 5 he wasn't complying and he was often reporting that he wasn't going to comply, that he was going to 6 7 take natural remedies. It is really just a matter of him taking 8 9 his medicine and getting his blood pressure under 10 control, which really for him is the right thing to 11 do for his long term health. But I don't see that 12 -- unless his blood pressure is really high, I 13 don't see that as a reason for him not to work. 14 MR. PINELLI: Thank you, doctor. That is 15 all the questions I have. 16 CHAIRMAN FORTUNA: Trustees, any 17 questions? 18 Hearing none. 19 EXAMINATION BY MR. HORWITZ: 20 21 Doctor, you mentioned that Mr. Igess had Q 22 an elongated uvula and had surgery on that? 23 Α Yes. 24 That occurred after his diagnosis of Q

1 Covid, right? The surgery occurred after the diagnosis 2 Α 3 of Covid. Do you know when the diagnosis of the 4 Q 5 elongated uvula occurred? Was that after his diagnosis with Covid? 6 7 Yes, it was when he saw the ENT surgeon. Α How does the elongated uvula -- does that 8 Q 9 affect one's breathing? It doesn't affect the lungs. It creates 10 Α 11 a sensation of choking or difficulty breathing. In and of itself --12 13 So it --Q I'm sorry, go ahead. 14 Α 15 Q So it does affect breathing; an elongated 16 uvula? 17 Α It creates a sense of difficulty 18 breathing. It rarely causes acute airway closure. That's not the situation he was in. 19 Can you say -- well, it's possible is it 20 Q not that the elongated uvula was caused by his 21 Covid? 22 23 Α Inflammation of the uvula can occur 24 following non-specific viral infections. I have

1 not read anything or seen any cases of a swollen 2 uvula, especially a permanently swollen uvula, that occurred because of Covid. It doesn't mean it 3 can't happen. I just haven't seen it. 4 5 Q Now, you said as far as you know Mr. Igess did not wear any protective equipment when he 6 7 went to Brazil and when he came back from Brazil. Do you recall his testimony that he had a mask on 8 on both occasions? 9 10 I didn't hear him say he wore a mask on Α 11 his trip to Brazil. I heard him say he didn't know that those were requirements until he came back. 12 13 If I am incorrect by that, please --14 He testified that both going and coming Q 15 from Brazil he wore a mask. How does a mask -what does it do in connection with contacting Covid 16 17 or not contacting Covid? 18 For a mask, it depends on what type of Α mask he was wearing, whether it was a surgical mask 19 20 or a N95 mask. For a surgical mask to prevent him from getting Covid, he would have to be wearing it 21 22 all the time, not just on the plane but the entire 23 time he was in Brazil whenever he was around other 24 people in a closed space. They would have to be

1 wearing a surgical mask as well. 2 Otherwise, he would have to be wearing a 3 N95 mask which provides greater protection. If he was wearing an N95 mask during all the times he met 4 5 the definition of an exposure, then he would be protected. 6 7 Now you testified that you don't believe Q that the timeline shows that it was -- that the 8 9 Covid he contracted was occupational -- due to 10 occupational exposure, correct? 11 I don't think it's likely that it is Α occupational. 12 13 And now did you recall he testified, Mr. Q Igess, that prior to his leaving for Brazil and 14 15 after he had worked two consecutive shifts, he had 16 problems with his throat and his breathing? Do you 17 recall that? 18 I heard him say that but I didn't see Α that in the medical record. I didn't see any 19 description of his symptoms until three days after 20 21 he came back. And I still don't think it is 22 likely, even if he had a sore throat, that he 23 wouldn't develop any other Covid symptoms for ten 24 more days.

1 MR. IGESS: It wasn't ten days. I don't 2 know why you keep saying ten days. 3 MR. PINELLI: Hold on, sir. You are not testifying right now, the doctor is, please. Your 4 lawyer will get a chance to ask you questions, if 5 he needs to. 6 7 MR. IGESS: Okay. No problem, sir. 8 MR. PINELLI: Thank you. BY MR. HORWITZ: 9 10 After an exposure typically how long does Q 11 it take before symptoms develop? 12 Most people will develop symptoms in Α 13 three to five days. 14 And those symptoms would include Q breathing problems? 15 16 Α Yes. 17 Q Is diarrhea a symptom? 18 Α Yes. 19 And lack of endurance? Q 20 Fatigue. Fatigue is definitely a Α 21 symptom. 22 Now, was Mr. Igess correct that the Fire Q 23 Department had no guidelines with respect to 24 reporting symptoms of Covid at the time that he

1 left for Brazil, correct? 2 I don't know the answer to what the CFD Α 3 was doing at that time. Mr. Igess was incorrect in stating that the CDC did not have guidelines in 4 mid-March. They definitely did. 5 Now back in 2020 or 2019, when he 6 0 7 returned to work in November and working until 8 March of 2020, he would have had to have satisfied 9 the Fire Department's blood pressure guidelines, 10 correct? 11 Α Yes. 12 Now you said during that period of time, Q 13 he had readings up to 200 over 100. So at the time he returned to work in November of 2019, what was 14 15 his reading that allowed him to return to work? 16 Α The most -- the reading closest to his 17 return I saw was 140 over 100. 18 What are the CFD guidelines with respect Q to blood pressure allowing someone to work? 19 20 Α The letter they send out to primary care physicians or cardiologists is 160 over 100. 21 22 So 160 over 100, okay. Q 23 Α I'm sorry. 160 over 110. 24 Okay. Now does someone who has high Q

1 blood pressure -- how would that affect someone who 2 has contacted Covid? Would it have any affect on a 3 person's ability to -- with respect to Covid? I am not sure I understand your question. 4 Α 5 Q He had high blood pressure for apparently a number of years. Does his high blood pressure 6 7 affect his ability with respect -- affect his Covid -- the fact that he was infected with Covid, did it 8 9 worsen it or mitigate it? 10 Hypertension would be considered a Α comorbidity that would put him at risk for a worse 11 12 outcome, a worse acute illness, from Covid. More likely to develop worse pneumonia. It didn't 13 happen to him, though. 14 15 Q What didn't happen? The blood pressure 16 did not affect his Covid? 17 Α He didn't develop a bad pneumonia. He 18 was admitted for several days but he never had a large oxygen requirement. His chest x-ray did not 19 20 show severe pneumonia. 21 It is not your testimony that Mr. Igess' Q infection with Covid could not have occurred as a 22 23 result of his duties with the Fire Department prior 24 to his leaving for Brazil, correct?

1	A I'm sorry to keep doing this. I don't
2	totally understand the question.
3	Q The fact that he you're not saying
4	that the fact that he was infected with Covid was
5	not strike that. The fact that he had a Covid
6	infection, you are not saying that his exposures
7	during his performance of duties at the Fire
8	Department could not have caused that infection?
9	A I don't think it is very likely given the
10	time course of information that I was provided that
11	his Covid infection that he got his Covid
12	infection from his duties prior to leaving for his
13	trip. I don't think that's likely.
14	Q Even though he had testified he had an
15	airway I mean breathing problems and is that
16	correct?
17	A He testified he had breathing problems
18	and a sore throat but I didn't see that in the
19	medical record and I don't think it's likely that
20	he would just have a sore throat and then leave on
21	the 6th and come back and develop symptoms on the
22	16th. I don't think that is likely that he would
23	just have a sore throat for that period of time.
24	Probably more importantly, I don't see any mention

1 of those symptoms anywhere else in his records. 2 But he told you -- did he tell you about Q 3 that when you interviewed him? He did not tell me about the sore throat 4 Α 5 that he had on the day he left, no. But Covid does, of course, have an affect 6 Q 7 on one's breathing; is that not correct? 8 Yes. Α 9 Is that usually the primary or the Q 10 principle adverse condition? 11 Α The primary adverse condition is its 12 effects on the lungs to cause low oxygenation. 13 And the fact that Mr. Igess had sleep Q 14 apnea, would that be more likely for him to 15 contract Covid? 16 No, that doesn't make him more likely to Α 17 contract Covid. 18 MR. PINELLI: Counsel, we have to move this along. We have other hearings. 19 20 MR. HORWITZ: I am done. 21 MR. IGESS: Can I ask any questions? Can 22 I answer any questions or make a statement for the 23 doctor? 24 MR. PINELLI: That is why you have a

1 lawyer, sir. 2 MR. HORWITZ: Yes. 3 MR. IGESS: I would hope he would ask me the question because the information that is coming 4 off inaccurate from the doctor from what actually 5 took place and the dates and the time and the 6 7 information. His description of the time and 8 information is not accurate at all. It is not 9 reflective of what actually took place. 10 MR. PINELLI: That is a point your lawyer 11 can make. MR. IGESS: Okay. 12 13 MR. HORWITZ: Can I call Mr. Igess as a rebuttal witness? 14 15 MR. PINELLI: First I'd like to finish 16 with Dr. Peters. I am not done. 17 MR. HORWITZ: Okay. 18 EXAMINATION 19 BY MR. PINELLI: 20 Q Just one question. Dr. Peters, can you 21 go to what is marked as -- you have the Board 22 Exhibits there, I assume? 23 Α I do. What is it you want to ask me 24 about?

1 Q It is Board Exhibit 10.42, which are 2 Progress Notes from the Medical Section of the Fire 3 Department. I don't have that open. It's hard for me 4 Α 5 to open all these things on my computer. I can probably access that from the records that were 6 7 provided to me initially. 8 You can look at any prognosis notes from Q 9 the Fire Department that you have access to 10 regarding his Covid diagnosis. 11 Α Okay. I have CFD Medical open. 10.42, can you get there? 12 Q 13 Do you have a date on this? Α 14 It is March 25th of '20, that is the date Q of the note. 15 16 Α I can't --17 Q Let me ask it this way then. From your 18 review, did you review the Fire Department medical 19 records? 20 I did. Α 21 And each of those detail any time that he Q 22 was seen at Medical for this issue, right? 23 Α That is correct. 24 Don't those notes indicate throughout Q

1	each and every visit that he had that his symptoms
2	began on March 16th of 2020, that is what they say,
3	right?
4	A That is where I got that date from.
5	Q That is consistent throughout all the
6	records, right?
7	A Yes.
8	MR. PINELLI: Thank you. That is all I
9	have. No further questions of Dr. Peters.
10	CHAIRMAN FORTUNA: Trustees, any
11	questions for Dr. Peters?
12	MEMBER MCPHILLIPS: No questions.
13	MEMBER CONYEARS-ERWIN: Mr. President,
14	good morning. Trustee Conyears-Erwin here.
15	CHAIRMAN FORTUNA: I saw you were on.
16	MEMBER CONYEARS-ERWIN: I had a question.
17	Doctor, help me through this because
18	Covid is this is a tricky situation. It is new
19	for all of us.
20	I know some people that tested for Covid
21	as positive and then they went back like two weeks
22	later tested again still positive. Went back a
23	week later tested again still positive. I know
24	some people that tested positive, went back two

1 weeks later and there was a negative result at that 2 point. Everyone has been different. Ι 3 also know that with the symptoms some people may have had -- I am going to take, for example, a 4 5 headache or a runny nose. Did not necessarily know that they had Covid at the time and then symptoms 6 7 further developed. 8 So I am trying to understand why is it 9 not possible that this fireman had the symptoms or 10 even had Covid before going out of the country? Ι am struggling with this. I wanted to just for the 11 record for me elaborate just a little bit more. 12 13 I am not saying that it's DR. PETERS: 14 impossible or not possible that he had Covid at the 15 time he left on his trip on March 6th. What I am 16 saying it is very unlikely for the following 17 reasons. 18 He's reporting now that he had a sore throat prior to that trip but it is not reported in 19 20 his fairly detailed and ongoing medical record that he had any symptoms prior to leaving for the trip. 21 22 The symptoms are first described three 23 days after he returns from the trip so that is the 24 first part.

1 The testing part of what he was described I don't think that's -- that's not part of my 2 3 rationale because some of that depends on which type of test you had and an ongoing positive test 4 5 long after your acute illness has resolved is not 6 significant clinically. 7 Does that help clarify or do you want me to answer something else or do you have other 8 9 questions? 10 MEMBER CONYEARS-ERWIN: No. Go ahead, 11 Mr. President. 12 CHAIRMAN FORTUNA: Any other questions? 13 MEMBER SONI: I have one question. 14 Before the trip was there a test that was taken? 15 Some destinations require a Covid test be taken 16 before. 17 MR. IGESS: Are you asking me? 18 DR. PETERS: Is that a question for me? CHAIRMAN FORTUNA: I would assume that 19 20 question is for Steve. 21 MEMBER SONI: Yes. 22 MR. HORWITZ: I thought it was for the 23 doctor. What is the question you were asking now? 24 MEMBER SONI: Was there a Covid test

1	taken prior to the trip because some destinations
2	require that you take a Covid test before.
3	MR. HORWITZ: No, there was no Covid test
4	prior before he left for Brazil.
5	MR. IGESS: They weren't required at that
6	time.
7	MR. HORWITZ: That was early March, March
8	3rd I believe, and there was very little Covid
9	testing anywhere but he did not have a test.
10	MEMBER CONYEARS-ERWIN: I have a followup
11	question then, Vince. I know March was so early on
12	with the Covid. He testified to not knowing
13	protocol before traveling of notifying the Fire
14	Department of his symptoms but then when he
15	returned that protocol was in place. Did we verify
16	that or do we know whether that is true or not?
17	MR. IGESS: I could probably answer that,
18	if you need some help.
19	MEMBER CONYEARS-ERWIN: No, that is okay,
20	sir. Thank you. I was asking our attorney.
21	MR. IGESS: I'm sorry.
22	MR. PINELLI: I am sorry, I didn't
23	realize the question was directed to me.
24	MEMBER CONYEARS-ERWIN: I don't know who

1	could answer it. I was not asking him. I was
2	asking did we verify? I don't know who that
3	question would be directed to besides I assume
4	maybe you, Vince, but whoever else can answer.
5	When he testified of the protocols
6	mind you, March was so early with the Covid. But
7	he had testified that there was no protocol in
8	place that he was aware of until after the trip to
9	notify the Fire Department of his symptoms.
10	MR. PINELLI: He just raised it in his
11	testimony so it was not something that was looked
12	into. But I am sure, you know, that could be
13	looked into. I suppose we could contact the Fire
14	Department to find out what protocols, if any, were
15	in place at that time but we don't have that
16	information right now.
17	MR. HORWITZ: That at that time would be
18	March 3rd, correct, Vince?
19	MR. PINELLI: Yes, at the time before he
20	left.
21	MR. HORWITZ: Before he left for Brazil.
22	MR. PINELLI: Before he left I think that
23	is the question that the Trustee is asking about.
24	MEMBER CONYEARS-ERWIN: I understand what

1	you are saying, Vince, that is not something that
2	you would have even known to verify before now,
3	that is a followup question. Okay, thank you.
4	MR. PINELLI: Mr. President, are there
5	any other questions from the Trustees?
6	CHAIRMAN FORTUNA: Trustees, any other
7	questions?
8	Hearing none, Vince.
9	MR. PINELLI: Then I think the last thing
10	was Steve you made a request?
11	MR. HORWITZ: To call Mr. Igess.
12	MR. PINELLI: Yes, but I would keep it
13	it is rebuttal. It needs to be very short.
14	MR. HORWITZ: Right, I understand.
15	MR. PINELLI: By short, I mean to the
16	point.
17	MR. HORWITZ: Right.
18	MR. PINELLI: Okay, thank you.
19	EXAMINATION
20	BY MR. HORWITZ:
21	Q Mr. Igess, you testified or you stated
22	that the comments that or the testimony of Dr.
23	Peters and his report there was some inaccuracies.
24	Can you briefly tell us what you believe are the

1	inaccuracies?
2	A Well, the idea of him suggesting that my
3	symptoms came upon ten days afterwards. It has
4	already been stated that I had symptoms prior. But
5	when I was questioned by the ambulance and the
6	hospital, I wasn't thinking about having Covid.
7	Covid was the last thing on my mind. So when they
8	asked me what did I call them for, that is the
9	information that was given. I called them because
10	I had a sore throat, I have a fever, I am having
11	diarrhea, that is it. You know, that was what was
12	happening to me. I wasn't thinking that I was
13	going to be patient zero for Covid. I was not
14	worried about this. You know, I am feeling crappy
15	and I am going to be going back to work soon.
16	The idea painting a picture of when I was
17	13 I had a backache. And, you know, and then 15
18	days later six days before this my butt was
19	itching. I didn't have all of that information.
20	I didn't think that was even necessary
21	because the last thing I was thinking about was
22	having Covid.
23	As I stated, my symptoms were already
24	there. On the trip I didn't even feel good. I

1	couldn't even enjoy the trip like I wanted to. So,
2	I mean, I don't know. I mean, that is the honest
3	truth, that is what happened with the situation.
4	What he believes and how he is stating
5	it, it makes it seem like my first interaction with
6	Covid was full blown diarrhea and headaches and
7	fevers all on the 16th. That doesn't make sense.
8	That doesn't make sense. I don't understand why
9	someone would even suggest that. It's upsetting
10	but either way I mean, it is upsetting to think
11	that a doctor would even strategize on something
12	like that to say someone would have four or five
13	different symptoms all on the 16th. Obviously,
14	these things were before the 16th.
15	The only reason it was noted to Medical
16	was because the announcement was made after I came
17	back. When I came back to town before I left,
18	there was nothing stating that. If you have any
19	symptoms with Covid, you know, there was no test
20	that was going from one country to the next. There
21	wasn't even a test to come back into the United
22	States yet.
23	Now you can't go anywhere without getting
24	tested coming to the U.S but before there was no

1 test to come back, no test to go in. 2 MR. PINELLI: Okay. We have to move on, 3 Steve. MR. HORWITZ: Yes. 4 5 MR. PINELLI: Anything further? MR. HORWITZ: Nothing further. 6 7 Let's proceed, Mr. Pinelli. 8 MR. PINELLI: Then you rest? 9 MR. HORWITZ: We rest. MR. PINELLI: That is all the evidence at 10 11 this time. 12 MEMBER MURPHY: Mr. President, I'd like 13 to make a motion to grant the Duty Disability 14 benefits to Shan Igess. 15 MEMBER MCPHILLIPS: Second. 16 CHAIRMAN FORTUNA: There is a motion to 17 grant by Trustee Murphy. Seconded by Trustee 18 McPhillips. 19 Trustee Murphy. 20 MEMBER MURPHY: No. 21 CHAIRMAN FORTUNA: Trustee Sheridan. 22 MEMBER SHERIDAN: No. 23 CHAIRMAN FORTUNA: Trustee 24 Conyears-Ervin.

1 MEMBER CONYEARS-ERVIN: Pass. 2 CHAIRMAN FORTUNA: Trustee Soni. 3 MEMBER SONI: No. CHAIRMAN FORTUNA: Trustee McPhillips. 4 MEMBER MCPHILLIPS: No. 5 CHAIRMAN FORTUNA: And I am a no. 6 MEMBER MURPHY: I would like to make a 7 8 motion to deny the benefits requested. 9 MEMBER MCPHILLIPS: Second. 10 CHAIRMAN FORTUNA: There is a motion by 11 Trustee Murphy to deny. Seconded by Trustee McPhillips. 12 13 Trustee Murphy. 14 MEMBER MURPHY: Yes. 15 CHAIRMAN FORTUNA: Trustee Sheridan. 16 MEMBER SHERIDAN: Yes. 17 CHAIRMAN FORTUNA: Trustee 18 Conyears-Ervin. 19 MEMBER CONYEARS-ERVIN: Pass. 20 CHAIRMAN FORTUNA: Trustee Soni. 21 MEMBER SONI: Yes. 22 CHAIRMAN FORTUNA: Trustee McPhillips. 23 MEMBER MCPHILLIPS: Yes. 24 CHAIRMAN FORTUNA: And I am a yes.

1 Sir, based on the findings of evidence 2 that we have heard and considered, the Trustees 3 have voted to deny the benefit you have requested. You will be notified by mail of the 4 5 findings of fact and the Board's decision. Thank 6 you. 7 MR. PINELLI: This matter is concluded. 8 Thank you. 9 MEMBER MURPHY: Mr. President, moving on 10 to Approval of Board Physician Reviews of 11 Disability Recipients. I would like to make a 12 motion to approve the Board Physician's Review of 13 Disability Recipients. 14 MEMBER SHERIDAN: Second. 15 CHAIRMAN FORTUNA: Motion by Trustee 16 Murphy. Seconded by Trustee Sheridan. 17 Trustee Murphy. 18 MEMBER MURPHY: Yes. CHAIRMAN FORTUNA: Trustee Sheridan. 19 MEMBER SHERIDAN: Yes. 20 21 CHAIRMAN FORTUNA: Trustee Soni. 22 MEMBER SONI: Yes. 23 CHAIRMAN FORTUNA: Trustee McPhillips. MEMBER MCPHILLIPS: Yes. 24

1 CHAIRMAN FORTUNA: And I am a yes. 2 Motion carries. 3 MEMBER MURPHY: Moving on to Investments, I'd like to turn this over to Lorna. 4 5 I don't believe there is any action items this month. 6 7 MS. SCOTT: Given the time, I think Brady, Jackie and I will keep our comments brief. 8 9 So I have three points to make. One, 10 performance. The Fund rose 1.1 percent in July 11 bringing the year to-date return up to 11.2 percent. The Fund is outperforming its benchmark 12 13 by 0.8 percent. 14 The attribution charts within the report 15 show that that outperformance is primarily coming 16 from our international equity managers. That is 17 both Brandes and LSV, value oriented managers, that 18 are outperforming their benchmark. My second point we have an Investment 19 20 Committee meeting coming up on August 31st so it is 21 Tuesday. Two weeks from yesterday. 22 It is an education meeting and all 23 trustees are encouraged to attend. The theme of 24 this meeting is fixed income investing.

1 There are two agenda items. One, Callan 2 will present on private credit and that is an asset 3 class that may be added in the next liability 4 study. 5 Then we will have three short 6 presentations from our existing fixed income 7 managers and that is just to provide a market update. And given the low interest rates and the 8 9 inflation that is making headlines, it is probably 10 a really good time to check-in with our experts. 11 So I would highly recommend that all 12 trustees attend. Again, August 31st at 9:30. The 13 meeting will last about a hour and a half. 14 My third point in BoardPac, you can see 15 our MWDBE Broker Utilization Reports and that shows 16 utilization through June 30th. In a nutshell, thus 17 far at the total plan level we are meeting our 18 goals. We are on track. I will turn it over to Brady to make his 19 20 brief points. 21 MR. O'CONNELL: Thank you, Lorna. 22 First quick comment relates to manager 23 update. So BoardPac has notification from CBRE, 24 one of our core real estate managers, regarding a

1 shift in responsibilities there. 2 The primary Portfolio Manager, who we met 3 when we did due diligence on that investment, has been promoted to their Global Chief Investment 4 5 Officer. The Deputy Portfolio Manager who had presented to us about a year ago has been promoted 6 7 to the primary Portfolio Manager. So, on the surface, we have no concerns. 8 9 This doesn't warrant a watch list but we wanted to 10 let the Board know the change and also let you know we will be monitoring this closely. Our initial 11 reaction is that there is no need for action. 12 13 The second item is really to reinforce 14 performance. So we have submitted our second 15 quarter performance report for the Board to review. 16 Happy to discuss that further on the 31st but just 17 to leave you with kind of two nuggets. 18 One, it was a great quarter for the Fund. Our portfolio was up for the second quarter over 6 19 percent. As risky assets, like equities, rallied, 20 so did our Fund. 21 22 I think the more important takeaway for 23 the Board is when we look at the trailing one-year 24 period.

1 So June 30th is a time period where a lot 2 of public pension peers measure their fiscal year 3 results. When we lookback on how you have done 4 5 over the past 12 months, your portfolio is up over The median public pension plan in the 6 32 percent. 7 U.S. is up 26 so about 6 percentage points higher than the public fund median. 8 9 That one-year return for the median 10 public pension plan is the highest that we have 11 seen since 1985. Really an extraordinary period of time, 12 extraordinary results for public plans in general 13 14 and yours in particular. That was driven by active 15 management rebounding. 16 Some of these great results are an 17 artifact of this 12 month time period, not covering 18 the Covid market downturn of the first quarter of 2020 where we did struggle with active management. 19 20 But sticking with those active managers and having patience in this strategy has paid off. Active 21 22 management broadly in the portfolio rallied in our 23 results for the past 12 months show that. 24 I wanted to make sure the Board was aware

1	of that good news and I am happy to entertain any
2	question you may have about that.
3	CHAIRMAN FORTUNA: Trustees, any
4	questions?
5	MEMBER MCPHILLIPS: No. Thank you,
6	Brady.
7	MS. SCOTT: Jackie, do you want to
8	comment on the cash balances?
9	MS. VLAHOS: Basically, just real quick
10	is as of August we have roughly about \$43 million
11	in our checking account. And after we pay our
12	benefits, we are going to still have a surplus of
13	\$9.8 million in our checking account by the end of
14	August.
15	If I you go on to the cash flows, you
16	will see that as long as our tax receipts come in
17	as we are projecting, we should have no draw downs
18	for the remainder of the end of the year.
19	Obviously, this is depending on the fact that
20	hopefully we will start getting some tax receipts
21	in for the second payment due in September or the
22	remainder of August.
23	Right now we have a surplus of \$9.8
24	million. I think, Lorna, you wanted to mention

1 about the rebalancing. 2 MS. SCOTT: So the rebalancing report is 3 in BoardPac and like Jackie said we are not raising any cash this month so I will leave the template 4 5 for you to look at. 6 Mainly, it is just a review of our 7 current positioning versus our targets. It is the same story we have heard in the past. We are 8 9 overweight public markets, underweight private 10 markets. Offsite by private markets. And then we 11 are overweight cash and fixed income. Underweight real assets and liquid diversifying. Nothing is 12 13 that far off target. 14 So I think then that concludes the 15 investment report. 16 CHAIRMAN FORTUNA: Any questions, 17 trustees? 18 MEMBER MCPHILLIPS: Quick question. This is for Jackie. Jackie, are you noticing any 19 20 substantial lag in the tax receipts for that second payment compared to other years? 21 22 MS. VLAHOS: It's difficult to say 23 because I know that they have given a little bit of 24 an extension for payments due. So I believe that

1	extension, Reshma can correct me, is it October
2	1st? I am not sure if she is on here. I believe
3	that the extension to be considered not late is
4	October 1st.
5	So normally, obviously, in the past the
6	due date was the due date. I mean, normally we
7	would see receipts in August where this year we
8	have not seen receipts in August yet.
9	MEMBER SONI: That's right, I'm sorry for
10	the delay. But we have gotten confirmation the
11	bills will go out the end of August. We are
12	looking at the October 1st date as Jackie
13	mentioned.
14	Whatever we receive before that, of
15	course, we will be sending out to the Fund. We are
16	hoping that a lot of the property taxes are in
17	escrow so as soon as those bills go out we'll start
18	seeing the cash flow coming in in September.
19	MEMBER MCPHILLIPS: Thank you, very much,
20	Trustee Soni.
21	CHAIRMAN FORTUNA: Thank you.
22	Any other questions?
23	Hearing none.
24	Can I get a motion to accept the

1 Investment Committee Report, please? 2 MEMBER MCPHILLIPS: Motion to spread the 3 Investment Committee Report on the record. Do I have a second? 4 MEMBER MURPHY: Second. 5 6 CHAIRMAN FORTUNA: There's a motion by 7 Trustee McPhillips. Seconded by Trustee Murphy. 8 Trustee Murphy. 9 MEMBER MURPHY: Yes. CHAIRMAN FORTUNA: Trustee Sheridan. 10 MEMBER SHERIDAN: Yes. 11 12 CHAIRMAN FORTUNA: Trustee Soni. 13 MEMBER SONI: Yes. 14 CHAIRMAN FORTUNA: Trustee McPhillips. MEMBER MCPHILLIPS: Yes. 15 16 CHAIRMAN FORTUNA: And I am a yes. 17 Motion carries. 18 MEMBER MURPHY: Moving on to Expenditures, Item 7. Motion to approve the 19 20 Administrative Expenses as presented is in 21 BoardPac. 22 MEMBER SHERIDAN: Second. 23 CHAIRMAN FORTUNA: Motion to accept by 24 Trustee Murphy. Seconded by Trustee Sheridan.

1 Trustee Murphy. 2 MEMBER MURPHY: Yes. 3 CHAIRMAN FORTUNA: Trustee Sheridan. MEMBER SHERIDAN: Yes. 4 CHAIRMAN FORTUNA: Trustee Soni. 5 MEMBER SONI: Yes. 6 7 CHAIRMAN FORTUNA: Trustee McPhillips. MEMBER MCPHILLIPS: Yes. 8 9 CHAIRMAN FORTUNA: And I am a yes. 10 Motion carries. 11 MEMBER MURPHY: Moving to Item 8, Executive Director's Report. Kelly, please take it 12 13 away. 14 MR. WELLER: Thank you, very much. 15 The first thing I'd like to do is hear 16 the fiduciary management liability presentation. 17 What we should have on the screen for 18 everyone to see is Craig and Jake's presentation on the fiduciary management liability insurance. 19 Craig, why don't I turn it over to you? 20 We will walk through it and then we will address 21 22 any questions that may arise. 23 MR. GOESEL: Thank you, Mr. Weller. My 24 name is Craig Goesel. I am joined by my colleague

1 Jake Jemmi as well. We represent Alliant 2 Insurance. You might hear the name Mesirow 3 Insurance associated with that. We were purchased by the Alliant group about four years ago. I have 4 5 not changed seats or jobs. We are now affiliated with the Alliant company. 6 7 We are here to talk about what I will call the management liability. The most important 8 9 item to the trustees that I am speaking to right now is the fiduciary liability insurance. 10 11 I recognize you're going overtime so I 12 will probably talk fast and I will pause for a 13 couple of questions after I make my presentations. 14 But, by all means, please do interrupt me with any 15 questions as I go through this presentation. 16 First of all, thank you, ladies and 17 gentlemen of the board and staff, counsel, 18 et cetera for having me. I am going to ask Kelly to go through a 19 couple of slides here just so we can hit the 20 highlights, if you don't mind. 21 To that point, Kelly, if you would go to 22 23 my slide 6. But why don't we slide through this, 24 go ahead and go through slide by slide. I know

1	your slides I think are different numbers. No,
2	they are not. There you go.
3	First and foremost, we act as a
4	procurement officer or procurement office for your
5	funds.
6	We do send this submission material out
7	to every insurance carrier that offers fiduciary
8	liability insurance to public pension funds.
9	As you can imagine, that world is
10	limited. There is a very finite number of carriers
11	that offer this insurance in the first place to any
12	fund. And with the funding challenges I will call
13	it with Illinois, and particularly with Chicago
14	funds, there is even fewer carriers that are
15	interested in offering insurance to the Chicago
16	Firemen's Annuity Benefit Fund.
17	With that said, we still continue to send
18	all of that information out to the universe of
19	carriers that offer the coverage.
20	Move one more slide, Mr. Weller, if you
21	would.
22	We summarize the carriers responses
23	herein. As you can see, most of them take a hard
24	and fast and very quick pass on the opportunity.

-	
1	Mostly with regard to funding levels. Sometimes
2	with regard to what is called headline risk being a
3	Chicago Fund.
4	We do have two carriers that continue to
5	be interested in your program. You may recall,
6	those trustees anyway that were on this call last
7	year in August and unfortunately again in
8	September, you will recall we had quite a snafu in
9	that I had delivered a relatively favorable renewal
10	in August of 2020. And between August and when
11	this program expires, which is the end of
12	September, 9-30 to be exact, the insurance carriers
13	got more skittish and pulled their quotes and we
14	had to reconfigure and rebid and re-quote and
15	re-present the program in September.
16	We are not having that same drama this
17	year. Let's continue to knock on wood on that. We
18	did get the same carriers that finally quoted and
19	did bind the program last year to re-up their
20	offerings and do it with no changes of coverage,
21	unless we specifically want to change the limit
22	profile. Only a minimal change in pricing.
23	So that is a quick snapshot of the
24	marketing efforts as well as the market responses.

1 The next slides, slides 8 through 12, 2 talk about the coverage nuances. I am going to ask 3 for a moment to skip to slide 13 in this presentation, Kelly. Thank you. 4 5 A quick summary on the slides that I basically just went through very quickly or that we 6 7 just passed, I know counsel will appreciate this. Other than if we decide collectively as a group to 8 9 choose a different limit profile, there have been 10 no changes in coverage since last year's presentation. There have been no restrictions in 11 coverage, no additional endorsements added by these 12 carriers, no reduced coverage from what was bound 13 14 last year. 15 As you can see on slide 13, the first 16 column, if you will, is a quick summary of the 17 provision I am referring to. That expiring column 18 obviously references the coverage that we have currently. We have a \$10 million annual aggregate 19 20 limit of liability that is shared among all of the trustees as well as staff, including the Executive 21 Director, et cetera. 22 23 The retention is basically a fancy word 24 for deductible. That is the deductible that would

1	be borne by the system, not by any individual.
2	If there is a claim that is made against
3	I will drag Mr. Kelly's name through the mud,
4	unfortunately. If he has a claim against him and
5	somehow personal liability is assessed, there is no
6	deductible to be paid by Kelly. In that case there
7	would be a zero deductible. But any claim that
8	would be indemnified by the system itself would
9	bear a \$100,000 deductible, unless otherwise
10	referenced.
11	The price tag on that \$10 million of
12	coverage is about \$152,000 on an annualized basis.
13	Two callouts I will have within that
14	coverage. If there is a claim I will continue
15	to use Kelly's good name and slander him,
16	unfortunately. If there is a claim against Kelly,
17	again using him as an example, for failing to fund
18	the system, there would continue to be defense
19	costs for that claim. Defense only but only up to
20	\$4 million of coverage, not the \$10 million of
21	insurance. That \$4 million is what is called a
22	sublimit or a part of that \$10 million profile.
23	That funding, because of the funding ratio of Fire
24	Fund, is clearly one of the main issues that the

1 insurance carriers are so skittish about. 2 We were able to build in \$4 million of 3 defense coats, that remains. That was unexpiring and we do have an option to renew that. 4 5 And then also a sublimit or a part of that \$10 million is coverage for what is called 6 7 employment practices. We will refer to those as Title 7 type breaches. That is wrongful 8 9 termination, sexual harassment, discrimination 10 based on sex, gender orientation, race, et cetera, 11 et cetera. All right. 12 We have four options to renew this program. The only differences between them relate 13 14 to the limit profile. 15 Option 1 is a \$3 million limit. Option 2 16 is a \$5 million limit. Option 3, which is your as-17 expiring renewal limit of \$10 million of program 18 and then Option 4 which is an additional \$5 million of coverage making it a \$15 million program all in. 19 20 My recommendation is to stay the course 21 with your current limit profile, which is \$10 22 million. Therefore, my recommendation is Option 3. 23 This is reflecting just shy of a 4.4 percent 24 increase in total spend, which is just shy of a

1 \$159,000. Again coming off a \$152,000 program. 2 I am suggesting we make no changes to the 3 carriers, the coverage or the limit profile. I am going to take a pause and then I 4 5 will talk about benchmarking for a moment and then setting expectations for another coverage called 6 7 cyber liability which doesn't expire for another 8 couple months. 9 MS. BURNS: Just to be clear, Craig, no 10 changes to the substantive provisions of the policy 11 from the levels and the types of coverage that were 12 available last year? 13 MR. GOESEL: Correct, counsel. If we go 14 with Option 3, that is accurate. 15 MS. BURNS: Again, based on your 16 expertise, you're recommending to the Board Option 17 3? 18 MR. GOESEL: Correct. 19 MS. BURNS: Thank you. Trustees, are there any 20 MR. WELLER: questions on the fiduciary management liability 21 22 before I turn it back over to Craig on what it is 23 we're looking at? A 4 percent, roughly 4.4 percent 24 increase, year-over-year.

1 It is the insurance market. We did have 2 an extraordinary year for a lot of the things that 3 were going on out there. I am not particularly surprised by it but it is an increase of 4 percent 4 5 and staff would recommend also that Option 3 be the program that we move forward with. 6 7 MEMBER MCPHILLIPS: Quick question for Fund counsel. On the timing of this, is it your 8 9 recommendation we vote on this today, if we're 10 comfortable with the option? 11 MS. BURNS: Yes, sir. It's up to you, obviously, whatever the Trustees want. If you are 12 13 comfortable doing it today, we would be able to get 14 this coverage placed so there is no gap in coverage 15 and then Craig will be back to you on the cyber 16 insurance which you can vote on next month. 17 MEMBER MCPHILLIPS: I'd like to make a 18 motion to accept Option 3 as presented by Craig from Alliant. 19 20 Thank you, Craig. 21 MEMBER MURPHY: Second. 22 CHAIRMAN FORTUNA: Okay. There is a 23 motion by Trustee McPhillips. Second by Trustee 24 Murphy.

1 Trustee Murphy. 2 MEMBER MURPHY: Yes. 3 CHAIRMAN FORTUNA: Trustee Sheridan. MEMBER SHERIDAN: Yes. 4 5 CHAIRMAN FORTUNA: Trustee Soni. MEMBER SONI: Yes. 6 7 CHAIRMAN FORTUNA: Trustee McPhillips. MEMBER MCPHILLIPS: Yes. 8 CHAIRMAN FORTUNA: And I am a yes. 9 Motion carries. 10 11 MR. WELLER: I have asked Craig to spend 12 a little bit of time going through our cyber 13 liability. This is something that gives me concern 14 as I look out over the world that we live in, 15 especially with a lot of cyber issues that we see 16 coming up essentially every day. At T-Mobile would 17 be a relevant example. 18 What I have asked Craig to do is kind of prepare what he sees in the marketplace. Our cyber 19 liability policy doesn't expire until 11-30. 20 21 What the agent would like to do, Alliant 22 would like to do, is move these policies in line 23 with the 9-30 renewal so that every year we would 24 renew on 9-30. We wouldn't have to do this in two

1	separate pieces but for this year we do need to do
2	it in two separate pieces.
3	With that, Craig, why don't you talk
4	about the marketplace and some of the experience
5	you are seeing out of the other plans in Chicago.
6	MR. GOESEL: Excellent, sir. If you
7	could go to slide 15. So while Kelly is moving the
8	slides, thank you, very much, the cyber liability
9	insurance marketplace is in turmoil, that is using
10	a light term unfortunately.
11	You know why. You have probably seen
12	headlines maybe even as early as this morning with
13	regard to locally here CNA as an insurance company,
14	but the pipeline, the meat processing company.
15	There is a headline daily. In fact, they are no
16	longer headlines because they are so far back in
17	the newspaper anymore because they have become
18	standard protocol.
19	These claims and this claim activity,
20	mostly with regard to cyber extortion and ransom
21	demands, are insurable events and are indeed being
22	absorbed by the insurance carriers.
23	The insurance carriers are completely
24	unprofitable in this line of business and because

1	of it as you can imagine drastic changes are
2	happening with regard to coverage.
3	We have been relatively successful in
4	getting renewals for large state funds, large
5	county funds and some of your colleagues as well.
6	Every day that goes by and every week
7	that goes by, the insurance marketplace gets worse.
8	The fact that your program comes up after
9	Thanksgiving, so we are still far ahead of it,
10	gives me great concern that the prices and
11	deductibles are going to go up.
12	So here's a quick slide of what my
13	expectations are. I fully recognize this is not
14	talking about personal liability here, the
15	fiduciary is.
16	I think Kelly really just wanted to kind
17	of set expectations that we are going to be looking
18	at significantly different deductibles and
19	significantly different pricing on a percentage
20	basis.
21	Your expiring program is \$1 million
22	annual aggregate limit of liability. You have a
23	\$25,000 deductible as it stands right now and you
24	are spending about \$10,000. Even at the current

1	limit profile, if we were to just renew the \$1
2	million program, I am expecting the deductible to
3	be four times at least what it is right now.
4	Moving up to \$100,000 deductible. I am still
5	expecting probably a 50 percent increase.
6	I know the dollars we are talking about
7	here are not going to make or break anyone's
8	budget. 50 percent increase on top of 10 is only 5
9	grand but those are the kind of percentage numbers
10	that we are seeing across, not only public pension
11	funds, but frankly for corporate America.
12	The other piece I wanted to bring up, as
13	I told Kelly, I did want to explore higher limit
14	options for this fund as well. Some of your
15	colleagues already have a \$2 million profile.
16	And with the amount of data that Fire
17	Fund has, I would be much more comfortable if you
18	had a double limit profile. That, of course, is
19	going to cost money. I quickly put a hash tag here
20	indication give or take \$25,000 for a \$2 million
21	number.
22	Again, this has not been negotiated.
23	These are not firm numbers. I am hoping we will be
24	able to come in with those numbers. With that

1	said, I suspect I will be able to get those quotes
2	by your September meeting and definitely before the
3	November effective date.
4	Again, just wanted to set the
5	expectations with staff and trustees that this
6	marketplace is very, very poor and we do expect
7	some pretty hefty increases, at least on a
8	percentage basis for this product line.
9	MR. KELLER: Craig, I think that is
10	exactly what I wanted the Trustees to be prepared
11	for.
12	I also want to let the Trustees know that
13	we did complete the cyber liability renewal piece
14	of it, that has been submitted. We were very
15	conscious of the questions these carriers, Beazley
16	in particular, was asking us about our systems.
17	We're constantly and I've got our IT
18	manager in the room with me now, many of you can
19	see, some can't. But we are analyzing what we are
20	doing. We have already shifted some of the what
21	I would call the traffic, email traffic, that we're
22	sending that has personal information. We switched
23	to a new encryption system. Chris is working on
24	security systems in the Cloud.

1 We're looking at continually keeping up 2 the pace on the issues that are driving these what 3 I would call cyber risks up and I want to make sure 4 that the Trustees know that we're looking at what 5 the insurance companies are asking us. We're building answers and procedures and new ideas to 6 7 help address that as we move forward. 8 Technology is one of those things that 9 just keeps constantly changing on us. We need to 10 be on our toes. We're not just sitting looking 11 back at the cyber liability going up. We are also 12 stepping forward and seeing what can we do to 13 protect our data and what can we do to protect our 14 membership. That is one of the things that I want 15 you to feel confident that we're looking at and 16 we're proceeding with appropriately. 17 With that, Craig, you're welcome to stay 18 on, if you would like, and hear the rest of my 19 report. 20 Let me first ask is there any questions 21 that any of you might have for Craig on the cyber piece of this before I let him go? 22 23 MEMBER MCPHILLIPS: No. Craig, I thought 24 that was a great job. Craig, very quick. Thank

1 you. 2 MR. KELLER: With that, Craig, you and 3 Jake are welcome to drop off. MR. GOESEL: I will take your invite. 4 5 Thank you, very much. 6 MR. KELLER: I am going to go down my 7 list here and just talk about some of the things that have happened in the last month. Open it up 8 9 for questions on any of the items that we are going 10 through. 11 There was a legacy item about banking 12 services about taking control over our banking 13 services and removing that control from the City of 14 Chicago. 15 We are moving forward with that request 16 that the Board put forward I think in 2019 17 pre-Covid. So the novation letter was signed 18 yesterday, day before, to start the process of moving those accounts. 19 20 Jackie and her team are coordinating with the City. We should get that hopefully done in the 21 next 15 to 30 days. I would see that that transfer 22 23 would occur. 24 The City has been very gracious in their

1	first discussion with us into keeping the fees that
2	were associated with those accounts to the end of
3	the year so we can appropriately budget for them
4	next year since they are technically kind of built
5	in to the balances that we hold with the City. So
6	the City is going to help us come up with a budget
7	plan and have a realistic number of what we should
8	expect for banking fees as we move forward. That
9	piece is virtually done and I think we should have
10	the loop closed certainly by the end of the year.
11	Great news on our last piece of our
12	audit. Mitchell Titus came in and on August 5th,
13	meeting the deadline that was required, gave us a
14	full report on our compliance with the Illinois
15	Department of Insurance Rules and Regulations.
16	I am happy to say Jackie and her team and
17	the benefits team did a great job. We had
18	absolutely no exceptions and no findings so kudos
19	to those two teams for giving us a clean audit and
20	for it being done and reported on time.
21	The next thing is we had a lingering
22	issue with the duty availability pay. We believe
23	we have got all but one individual taken care of in
24	that and that is a good step. Which we sent out a

1 letter on the 26th of July notifying the affected 2 members what their payment expectations would be 3 and a timeline associated with that. Good news is staff has really done a 4 5 phenomenal job. And that is Lori, Chris, and 6 Michelle, in keeping that expedited. We think 7 you're going to see those numbers in front of the Board for September approval and September payment. 8 9 Again, that is a month ahead of our 10 timeline but that is what I am being indicated at 11 this point in time. Another kudos to the staff for keeping that moving forward. 12 13 Election deliverables to-date. Everything has been met. We have nothing pending. 14 15 August 31st will be our next date where we get the 16 eligible voter roles and then the statement of 17 candidacy will be due on September 7th through 18 September 10th as per our rules. Good movement there and nothing really to 19 20 report, other than we are meeting our deadline. 21 We have had several meetings internally about Public Act 102-0091 and what I have done is 22 23 put together a quick overview for the Trustees to 24 look at so that you got an understanding of what

1	the bill does, what it potentially does to this
2	Fund, and some of the decisions that this Board
3	might have to make as a result of that.
4	If the President will allow me, I would
5	like to put up a presentation and perhaps walk
6	through that and give you some more information.
7	This act passed in July. It is a
8	relatively new act. As I have mentioned, we have
9	met several times internally. And the President,
10	our legal representatives and myself, met with the
11	Commissioner and their legal team, to kind of vet
12	what we were seeing in the statute to discuss some
13	of the high level ways this bill can be
14	interpreted.
15	And off of that, I think right now we
16	have at least an understanding of the way this act
17	can be interpreted. Let's just talk about it.
18	What this does in general is allows for a
19	qualifying retiree, and I will give you the notes
20	for that, to convert a normal retirement annuity
21	into an Occupational Disability.
22	So somebody retires, up to five years
23	later, they can potentially convert, if they have
24	an Occupational disease that would meet the

1	qualifying tests. The qualifiers on this are that
2	the member cannot have reached the compulsory
3	retirement age of 63. As you all know, paramedics
4	do not have a compulsory retirement age so this is
5	something we are going to have to contemplate in
6	our rule making. Has not received a retirement
7	annuity for more than five years. It is a rather
8	narrow retrospective pool and when we put the
9	prospective on it five years after retirement is as
10	far as the member can go. And the condition would
11	qualify for an Occupational disability.
12	And I am not going to go over those in
13	particular. You just dealt with those in this
14	meeting.
15	I do want to point out the delicateness
16	with which the doctors and the questions that we
17	are going to have to kind of be able to understand
18	is when did these conditions develop and when did
19	they manifest themselves.
20	A retiree, obviously, a condition could
21	certainly manifest itself after retirement. The
22	debate is going to be when did it develop? The
23	question mark is going to be in service?
24	I don't know how the doctors and how the

1	folks are going to interpret this but I want to
2	point out certainly a question that this Board is
3	going to have to weigh in as you start going
4	through the hearings that potentially can be the
5	result of this.
6	CFD Medical has been very upfront that
7	they will provide us what information they can. I
8	thought that was a really good first step on our
9	part in that they would get us timely information
10	even for members that might have been gone for up
11	to five years.
12	The two scenarios that are going to play
13	out in how this essentially gets handled by this
14	Board and the key scenario was whether the member
15	who is applying for this is returned to active
16	duty.
17	So if the member who is applying for this
18	Occupational Disability by nature of it being an
19	Occupational Disability needs to be in service.
20	Will the City or the CFD put this employee back
21	into active service?
22	Preliminary indications, and I am not
23	going to speak for either team, but preliminary
24	indications are that is probably not the most

1	viable option in the City putting these employees
2	back into active service.
3	What is more likely to happen is the
4	Pension Board is going to be asked to make a
5	determination about the eligibility of this
6	Occupational disability.
7	How I can see that playing out as we
8	would be the hearing. This Board would provide the
9	necessary hearing for that Member.
10	After that many discussions and many
11	questions are going to have to be addressed as to
12	how we actually treat the member in terms of the
13	benefits and the widow or survivor's benefit and
14	what would happen in compulsory retirement.
15	All of those right now we are thinking
16	about but they are driven by these two overarching
17	determinations as to whether the employees will be
18	returned to active service by CFD or whether we
19	just make a finding at a hearing that they are
20	occupationally disabled.
21	Based on our legal advice that we have
22	been given, we needed to put together some thought
23	around timeline and how we are going to apply this
24	and this is kind of a rough, and I want to make

1	sure it is understood that is rough and subject to
2	revision, but here's what we are thinking.
3	All through July we have met. All
4	through August we have met. We anticipate if there
5	is decisions that have to be made by this Board and
6	how we're going to interpret certain rules or how
7	we are going to apply certain rules and how they
8	should be interpreted, I would like to see them in
9	front of this board in September, that could happen
10	in October. But our timeline is earlier rather
11	than later in this particular situation. Because
12	if we do get some kind of application or notice of
13	intent process setup, I'd like to have that known
14	in October so that we can get a sense for how many
15	hearings we potentially will need.
16	We are going to need about 90 days to
17	orchestrate that hearing schedule with our case
18	managers and our doctors and we're going to need
19	some additional time to do the necessary program
20	and changes in the benefit calculations systems
21	that we use.
22	All of that, if we keep this moving, we
23	would see that fall period be the time that we
24	would begin to implement that with our first

1 hearings potentially in January. 2 So that would be where we see the first 3 hearings come out and application for that prospectively. 4 5 Any questions on timeline? Any concerns there? 6 7 MEMBER SHERIDAN: I just have a question. Would we have to vote, as we did on the firefighter 8 9 who is receiving ordinary disability, do we have to meet and vote for them to be returned to full 10 11 active status and then vote on whether or not they get Occupational? 12 13 MS. BURNS: If I may answer that from a legal perspective. Only the employer, the Chicago 14 15 Fire Department, makes the decision as to whether 16 or not the Paramedic, Firefighter, is active or 17 not. You will never vote on that. You will only 18 be asked to vote on what is in the Illinois Pension Code, which is does the individual have an 19 20 Occupational Disability that keeps them from performing their assigned duties. 21 22 So, somebody could be saying they are on 23 Occupational, you may determine they could perform 24 their duties so you would deny them the right to

1	receive that new legislative benefit, without
2	regard to whether they are active or not. In other
3	words, if you thought they could do the job they
4	would have to stay retired. Does that answer your
5	question, Trustee Sheridan?
6	MEMBER SHERIDAN: Yes.
7	MR. KELLER: We were also asked by our
8	legal team to kind of put together some high level
9	concerns that we thought the Trustees should be
10	aware of as well as the impact that we could
11	potentially see from this.
12	We engaged our actuary Segal to help us.
13	They did not do a full scale study but they did
14	give us some substantiation to the same set of
15	numbers that we came up with. I think these are a
16	fair representation but an estimate on exact is
17	just too early to tell. But what we could be
18	looking at is a retrospective application. There
19	are 700 members that potentially could avail
20	themselves to this benefit.
21	We did a broad look at how many
22	Occupational Disabilities we currently have within
23	the system. The percentage runs about 6 percent,
24	right. And then what we asked Segal to do is does

1	
1	that number sound right or wrong? Does it sound
2	high or low?
3	Segal looked at the Occupational
4	Disability from an actuarial perspective. And said
5	the age group between say roughly 50 and 63, we
6	could be looking at somewhere between a 2 and a 2
7	and a half percent experience factor.
8	The experience factor actually went down,
9	that surprised me a little bit. But nonetheless
10	that is what Segal anticipates us seeing. And with
11	that you can see the high and the low of the
12	estimate of who we would think potentially could
13	avail themselves to the process and actually go
14	through a hearing.
15	We would think somewhere between 20 to
16	40, based on a 6 percent factor to a 2 percent
17	factor. Somewhere in that experience range.
18	We have already had 12 inquiries about
19	this particular act. So I think the floor as we
20	would see it now is at least 12 that have expressed
21	intent at least to have more information. I think
22	somewhere in that range is where we are going to
23	see the numbers play out, depending on some other
24	things that potentially have to be resolved.

1 Not only did this affect us 2 retrospectively, because then we have to look at 3 the five years post and apply all of those hearings at one time. We also think there is a prospective 4 5 affect to this and we think that prospective affect is probably going to be somewhere in the 6 7 neighborhood of four to eight a year. Again, based on those same experience factors. 8 9 Again, these are best guesses, based on 10 what we see in the system. But I would think that 11 is also a reasonable number as we move forward that we would see at least four to eight perspective 12 13 cases a year after we get through the first five 14 year retro applications. 15 We have some concerns with programming. 16 I think we are going to talk about that in another 17 item. It is going to require some new forms and 18 some new procedures to be laid out internally. We are handling that. We are moving forward with 19 20 that. Right now we are at a point where the decisions that need to be made haven't been made 21 22 yet on how we are going to apply this. 23 We are painting the picture for you I 24 hope so that you know where this next kind of set

1	of decisions is going to have to be made.
2	And then there is, of course, the five
3	year limitation issue. We have not put a hard rule
4	on that. We want to recognize that it is out there
5	and that we are discussing that and we will have
6	guidance on when the five year actually starts the
7	period.
8	Many of you are probably having your
9	heads swim like our heads swam with staff when we
10	went through this act at first.
11	The key disclosures, and we're going to
12	work very, very tightly with our legal team,
13	because I can't emphasize this enough we don't know
14	the outcome of both how the bargaining agent and
15	the employer are going to interpret some of these
16	pieces.
17	So, as those pieces become known to us,
18	we will be able to provide more information to this
19	board. So we don't know what kind of advice we can
20	provide anybody. Right now all we can tell you is
21	that we're looking at rules, we are going to
22	implement rules. We have a timeline to apply them
23	based on what we have think could be some realistic
24	decisions to get made now in the next six weeks but

1	
1	we just don't know.
2	QILDROS will be affected just so you know
3	that. There is obviously some questions there we
4	are going to have sort out. Health insurance. And
5	the effects under the collective bargaining agent
6	to be announced. IRS exemption. That is always
7	something that we anticipate the IRS is going to
8	accept this but there is no guarantee that the IRS
9	is going to say, yeah, we agree with your
10	interpretation.
11	We have to have disclosures on these
12	things and we have to have a really good clear
13	message that we are sending to our membership
14	because there is a lot of unknowns as we approach
15	this particular piece of legislation and right now
16	there is just not a lot of answers that we can
17	provide.
18	We are committed to studying this, coming
19	out with a way it's going to make the most sense
20	for our membership to avail themselves to it and to
21	provide them a fair hearing with which to move
22	forward. That is staff's goal and I think that is
23	our legal team's goal.
24	We will continue bringing this back to

1 the Board. I fully anticipate there is going to be 2 decisions that you are going to have to make as a 3 board to help us implement this. That is my overview. Any questions that 4 5 I could hit? Wonderful. Hearing none, I am going to 6 7 move to the next item. MS. BURNS: I might ask one question of 8 9 the trustees. Would it make sense, once Kelly gets 10 this new legislation implementation plan worked out, that we have either a hearing officer who 11 might be able to put together files on each of 12 13 these individual matters for you that we could 14 handout ahead of time so you can run through these 15 more quickly than normal? In other words, put 16 together the evidence and sort of a proposed 17 findings of fact and conclusions of law. 18 The other thing is maybe the Board hears all of the applicable matters on one day. 19 20 Because if we start trying to add these "hearings" to our board meetings, you are already sitting here 21 22 for four hours today. Think about that, how we can help you 23 24 with your schedules. Again, I do think once you

1	cleanup the backlog, then going forward, to Kelly's
2	point, there won't be very many.
3	I will work with maybe the Board's
4	Secretary, if that works, to see if there is a way
5	we can do it.
6	MR. WELLER: Just when we think we have
7	one piece of legislation resolved that we are
8	beginning to walk through, we have got another one.
9	Public Act 102-0293. Look for that in
10	BoardPac. I don't want to spend a lot time on
11	this. This essentially fixes the fix at 63 issue
12	that affected paramedics. There is some other
13	impact that we're still waiting to get a legal kind
14	of thorough review on and whether we have got some
15	guidance from our lobbyist that there was some kind
16	of statements that were prepared whenever they
17	passed the legislation.
18	I will put out a position piece on this
19	so that you know kind of what it does and how it
20	should impact us.
21	Education. I know that Callan has put in
22	BoardPac, the Callan Institute is having their
23	Callan College in October. October 6th and 7th I
24	believe is the virtual. There is a later one. I

1 think maybe the 26th to the 28th. I didn't quite 2 have it all written down here. Both of those through our relationship 3 with Callan would be available for our Trustees to 4 5 attend without charge. 6 I will put those on an agenda for 7 approval in September. 8 There is also another conference that was 9 brought to me a little bit late. We will get it on 10 the agenda, that way you can approve it all at once 11 in September. 12 With that, two quick personnel items and 13 I will get through these quick. I understand I 14 need to. 15 We have an item that we have all 16 discussed on a phone poll. I know I have talked to 17 everybody who is on this call. It essentially 18 involves a 4 percent merit rise for one of the employees on our staff, that was in the 19 20 affirmative. I had no one who did not agree with that so we, as staff, will push forward with that 21 merit increase as we discussed. 22 23 Also, we are moving our receptionist from 24 part-time to full-time so we will start that again

1 at September 1st. 2 We do have one item that I think because 3 it does have impact on the Budget for 2021 and will 4 have some impact on 2022. 5 As you know Marc Torres left. With his 6 departure, we had an open position in IT. Chris 7 and I and Lori sat down and talked about what our needs were as we look forward and the consensus was 8 9 that we wanted a job that bridged the IT Analyst 10 position that we currently had and expand that into 11 a Database Programmer role that was requiring some more sophistication in the actual programming side 12 13 and some data management and data maintenance. With that, we wrote a new job 14 15 description. We posted that in handshake, which 16 went to all of the Universities here in Chicago as 17 well as we posted it on LinkedIn. 18 We have gotten over ten responses so far 19 so we look good. 20 My ask here is because this is a position 21 that is taking on more roles than the IT Analyst, 22 the range that we expect an ideal employee to seek is probably somewhere between the 65 to 75 range 23 24 and that is about 10,000 higher than the range we

1 currently have for the position. 2 So I don't want to put a minimum on this 3 because I don't know what kind of candidate ultimately we will end up. What I would like to 4 5 see us as a board approve is that we raise the maximum up to 75,000 so that we can seek the most 6 7 qualified candidate to fill this role. 8 Again, that is the range, that's not 9 where we are going. But I would like to at least 10 have that flexibility should we find a candidate 11 that meets all of our requirements. 12 With that, I would just ask for a motion 13 to accept that upper range. 14 MEMBER MURPHY: Based on the 15 recommendation of our Executive Director, I move to 16 approve the personnel compensation outlined by the 17 Executive Director. 18 CHAIRMAN FORTUNA: There is a motion by 19 Trustee Murphy. MEMBER MCPHILLIPS: Second. 20 21 CHAIRMAN FORTUNA: Seconded by Trustee 22 McPhillips. 23 Trustee Murphy. 24 MEMBER MURPHY: Yes.

1 CHAIRMAN FORTUNA: Trustee Sheridan. 2 MEMBER SHERIDAN: Yes. CHAIRMAN FORTUNA: Trustee Soni. 3 MEMBER SONI: Yes. 4 5 CHAIRMAN FORTUNA: Trustee McPhillips. MEMBER MCPHILLIPS: Yes. 6 7 CHAIRMAN FORTUNA: And I am a yes. 8 Motion carries. 9 MR. KELLER: Thank you. 10 Two last things. Is there anybody at 11 this point in time that will not be able to make 12 the September 15th board meeting? Of the five that 13 I have is anybody a hard no? 14 CHAIRMAN FORTUNA: Everybody is a hard 15 yes. 16 MR. KELLER: And then the last item is 17 the President had asked me that we may need to 18 convene a Legislative Committee and we will have 19 more information on that if that happens before September 15th but there's been a lot of activity 20 21 in that area. 22 With that, that concludes my report. 23 CHAIRMAN FORTUNA: Motion to accept the 24 Director's Report?

1 MEMBER MURPHY: Motion. 2 MEMBER MCPHILLIPS: Second. 3 CHAIRMAN FORTUNA: Motion by Trustee Seconded by Trustee McPhillips. 4 Murphy. 5 Trustee Murphy. MEMBER MURPHY: Yes. 6 7 CHAIRMAN FORTUNA: Trustee Sheridan. 8 MEMBER SHERIDAN: Yes. 9 CHAIRMAN FORTUNA: Trustee Soni. MEMBER SONI: Yes. 10 11 CHAIRMAN FORTUNA: Trustee McPhillips. 12 MEMBER MCPHILLIPS: Yes. 13 CHAIRMAN FORTUNA: And I am a yes. 14 Motion carries. 15 MEMBER MURPHY: Moving to Legal. Mary Pat, anything you want to present? 16 17 MS. BURNS: No, sir, there is nothing on 18 Legal that needs to be reported. 19 We are deferring the matter regarding the request under 6-213. You will recall we were 20 21 looking for additional information and that 22 information hasn't been provided. 23 MEMBER MURPHY: I would like to make a 24 motion to adjourn today's meeting.

1	MEMBER SHERIDAN: Second.
2	CHAIRMAN FORTUNA: Motion to adjourn.
3	All in favor?
4	(Chorus of ayes.)
5	CHAIRMAN FORTUNA: Thank you, everyone,
6	very much.
7	
8	(WHICH WERE ALL THE PROCEEDINGS
9	IN THE ABOVE-ENTITLED MEETING
10	AT THIS DATE AND TIME.)
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STATE OF ILLINOIS)) SS. COUNTY OF DU PAGE) DEBORAH TYRRELL, being a Certified Shorthand Reporter, on oath says that she is a court reporter doing business in the County of DuPage and State of Illinois, that she reported in shorthand the proceedings given at the taking of said cause and that the foregoing is a true and correct transcript of her shorthand notes so taken as aforesaid; and contains all the proceedings given at said cause. Detin Tyrell DEBBIE TYRRELL, CSR License No. 084-001078

	10th (1) 100-10	EA.A EA.04 FF.4	-	Academic 50.40
\$	10th [1] - 128:18 11 [6] - 39:7, 39:18,	54:4, 54:21, 55:1, 58:6, 60:3, 61:21,	6	Academy [1] - 53:13 accept [6] - 109:24,
\$10 [7] - 115:19,	39:23, 46:9, 51:19,	86:6, 86:8, 92:2,	6 [5] - 105:19, 106:7,	110:23, 119:18,
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\$10,000 [1] - 122:24	110 [3] - 75:21, 75:22,	142:24	63 [3] - 130:3, 136:4,	accordance [1] - 3:23
\$100,000 [2] - 116:9,	86:23	2022 [1] - 143:1	141:8	according [1] - 59:10
123:4	11th [1] - 40:3	21 [3] - 5:2, 5:3, 5:6	65 [1] - 143:20	account [2] - 107:11,
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