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.

## APPEARANCES

BOARD MEMBERS:

DANIEL FORTUNA, President and Annuitant Trustee

WILLIAM MURPHY, Secretary and Active Trustee
TIMOTHY McPHILLIPS, Active Trustee
MELISSA CONYEARS-ERVIN, City Treasurer
RESHMA SONI, City Comptroller
MARY SHERIDAN, Active Trustee
ATTORNEYS FOR THE BOARD:
BURKE, BURNS AND PINELLI, LTD.
BY: MS. MARY PATRICIA BURNS
MR. VINCENT PINELLI
ALSO PRESENT:
KELLY WELLER, Executive Director
LORI LUND, Deputy Executive Director LORNA SCOTT, Chief Investment Officer JACLYN VLAHOS, Comptroller JOHN CONNESS, Fund Accountant
MARK MYSLINSKI, City Treasurer's Office
DANIEL G. SAMO, M.D., Board Physician MICHAEL I. PETERS, M.D., Board Physician

CHAIRMAN FORTUNA: Call the roll, please MEMBER MURPHY: Trustee Sheridan. MEMBER SHERIDAN: Here.

MEMBER MURPHY: Trustee Conyears-Ervin.
Trustee Soni.
MEMBER SONI: Here.
MEMBER MURPHY: Trustee McPhillips.
MEMBER MCPHILLIPS: Here.
MEMBER MURPHY: Trustee Tebbens.
President Fortuna.
CHAIRMAN FORTUNA: Here.

MEMBER MURPHY: And I am here.
Mr. President, we have a quorum.
CHAIRMAN FORTUNA: Thank you.
Public Act 101-0640 allows this meeting to be conducted by audio and videoconference. The Act requires a roll call vote on each matter.

Further, consistent with Public Act 101-0640, for the record, I am physically present at the Fund's office as is the Fund's Secretary and Executive Director.

We have posted notice of this meeting in accordance with the Open Meetings Act and the meeting is being recorded. A transcript of the
proceedings will be prepared and after approval will be made available on the Fund's website.

Also, consistent with Public Act 91-0715 and reasonable constraints determined by the Board of Trustees, at each regular meeting of the Board and its committees that is open to the public members of the public may require a brief time to address the Board on matters within its jurisdiction.

Are there any requests for public comment this morning?

Hearing none, we are going to move on.
Before we get into the nuts and bolts of our meeting, $I$ certainly would like to take a moment of silence to recognize the line of duty death of Chicago Police Officer Ella French.
(Brief pause.)
CHAIRMAN FORTUNA: Thank you all. Our deepest condolences to Officer French's family and certainly to all of her colleagues. Thank you.

Secretary Murphy.
MEMBER MURPHY: Thank you, Mr. President.
First, we'd like to turn to the approval items.
First, I'd like to move for the approval
of the Minutes for the regular audio meeting of July 21, 2021 open and closed and regular audio meeting transcript OF July 21, 2021.

I'd like to make a motion to approve the open minutes, the audio transcript and the closed session minutes for the July 21,2021 and keep the closed session minutes closed on recommendation of counsel.

MEMBER SHERIDAN: Second.
CHAIRMAN FORTUNA: There is a motion by Trustee Murphy. Seconded by Trustee Sheridan. Trustee Murphy. MEMBER MURPHY: Yes. CHAIRMAN FORTUNA: Trustee Sheridan. MEMBER SHERIDAN: Yes.

CHAIRMAN FORTUNA: Trustee Soni.
MEMBER SONI: Yes.
CHAIRMAN FORTUNA: Trustee McPhillips.
MEMBER MCPHILLIPS: Yes.
CHAIRMAN FORTUNA: And $I$ am a yes.
Motion carries.
MEMBER MURPHY: Mr. President, moving to the Minimum Formula Annuities. I'd like to make a motion to approve the Minimum Formula Annuities
starting with Member 12311 and ending with Member 14520 .

MEMBER MCPHILLIPS: Second.
CHAIRMAN FORTUNA: There is a motion by
Trustee Murphy. Seconded by Trustee McPhillips.
Trustee Murphy.
MEMBER MURPHY: Yes.
CHAIRMAN FORTUNA: Trustee Sheridan.
MEMBER SHERIDAN: Yes.
CHAIRMAN FORTUNA: Trustee Soni.
MEMBER SONI: Yes.

CHAIRMAN FORTUNA: Trustee McPhillips.
MEMBER MCPHILLIPS: Yes.
CHAIRMAN FORTUNA: And $I$ am a yes.
Motion carries.
MEMBER MURPHY: Moving on to $C$, I make a
motion to approve the Widow's and Children's
Annuities starting with Member 06363 through Member 10608 .

MEMBER MCPHILLIPS: Second.
CHAIRMAN FORTUNA: There is a motion by Trustee Murphy. Seconded by Trustee McPhillips.

Trustee Murphy.
MEMBER MURPHY: Yes.

CHAIRMAN FORTUNA: Trustee Sheridan. MEMBER SHERIDAN: Yes.

CHAIRMAN FORTUNA: Trustee Soni.
MEMBER SONI: Yes.

CHAIRMAN FORTUNA: Trustee McPhillips.
MEMBER MCPHILLIPS: Yes.
CHAIRMAN FORTUNA: And $I$ am a yes.
Motion carries.
MEMBER MURPHY: Moving on to D, Refunds.
There are none this month.
Moving on to E, Death Benefits. I move to approve the Death Benefits for Member 06363 through Member 10608.

MEMBER SONI: Second.
CHAIRMAN FORTUNA: Motion by Trustee
Murphy. Seconded by Trustee Soni.
Trustee Murphy.
MEMBER MURPHY: Yes.

CHAIRMAN FORTUNA: Trustee Sheridan.
MEMBER SHERIDAN: Yes.

CHAIRMAN FORTUNA: Trustee Soni.
MEMBER SONI: Yes.
CHAIRMAN FORTUNA: Trustee McPhillips.
MEMBER MCPHILLIPS: Yes.

CHAIRMAN FORTUNA: And I am a yes.
Motion carries.

MEMBER MURPHY: Moving on to Item F,
Partial Payments. I make a motion to approve
Partial Payments beginning with Member 07172
continuing through to Member 10608.
MEMBER SHERIDAN: Second.

CHAIRMAN FORTUNA: Motion by Trustee
Murphy. Seconded by Trustee Sheridan.
Trustee Murphy.
MEMBER MURPHY: Yes.

CHAIRMAN FORTUNA: Trustee Sheridan.
MEMBER SHERIDAN: Yes.
CHAIRMAN FORTUNA: Trustee Soni.
MEMBER SONI: Yes.
CHAIRMAN FORTUNA: Trustee McPhillips.
MEMBER MCPHILLIPS: Yes.
CHAIRMAN FORTUNA: And $I$ am a yes.
Motion carries.
MEMBER MURPHY: Mr. President, Item G, Benefit Recalculations. There are no Benefit Recalculations this month.

Moving on to Item H, Request for Permission. Residing out of state. There are two
requests for residing out of state for Member 16364 and Member 14160. I'd like to make a motion to approve.

MEMBER MCPHILLIPS: Second.

CHAIRMAN FORTUNA: There is a motion to approve by Trustee Murphy. Seconded by Trustee McPhillips.

Trustee Murphy.
MEMBER MURPHY: Yes.

CHAIRMAN FORTUNA: Trustee Sheridan.
MEMBER SHERIDAN: Yes.

CHAIRMAN FORTUNA: Trustee Soni.
MEMBER SONI: Yes.

CHAIRMAN FORTUNA: Trustee McPhillips.
MEMBER MCPHILLIPS: Yes.
CHAIRMAN FORTUNA: And $I$ am a yes.
Motion carries.
MEMBER MURPHY: Moving to Item I,
Removals. I move to approve the Removals starting with Lorraine Hennelly and ending with Samantha Fritz.

MEMBER SHERIDAN: Second.

CHAIRMAN FORTUNA: There is a motion by Trustee Murphy. Seconded by Trustee Sheridan.

Trustee Murphy.
MEMBER MURPHY: Yes.
CHAIRMAN FORTUNA: Trustee Sheridan.
MEMBER SHERIDAN: Yes.
CHAIRMAN FORTUNA: Trustee Soni.
MEMBER SONI: Yes.
CHAIRMAN FORTUNA: Trustee McPhillips.
MEMBER MCPHILLIPS: Yes.
CHAIRMAN FORTUNA: And $I$ am a yes.
Motion carries.
MEMBER MURPHY: Moving on for Requests
for Approval of Payments Pursuant to Administrative and Court Orders. I'd like to make a motion that the court orders listed in the docket for Member 0110358 and Member 016678 be approved based on the the staff's representation that the required paperwork is in order.

MEMBER SONI: Second.
CHAIRMAN FORTUNA: Motion to approve by Trustee Murphy. Seconded by Trustee Soni.

Trustee Murphy.
MEMBER MURPHY: Yes.
CHAIRMAN FORTUNA: Trustee Sheridan.
MEMBER SHERIDAN: Yes.

CHAIRMAN FORTUNA: Trustee Soni.

MEMBER SONI: Yes.

CHAIRMAN FORTUNA: Trustee McPhillips.

MEMBER MCPHILLIPS: Yes.

CHAIRMAN FORTUNA: And $I$ am a yes.

Motion carries.

MEMBER MURPHY: Mr. President, moving on to disability applications, we have counsel ready to present.

MR. PINELLI: We are ready to proceed with the first hearing. That would be EMT Engineer Michael Cameron.

Mr. Cameron, are you on the line?

MR. CAMERON: I am.

MR. PINELLI: Very good. So let the record reflect this is an application for a Duty Disability benefit being made by EMT Engineer Michael Cameron.

Good morning, Mr. Cameron. I am one of the attorneys for the Fund. I'd like to advise you of some preliminary matters before we start evidence.

First of all, there are five trustees currently present to hear the evidence on your
application. If you don't know you should know the Pension Code requires you get the yes vote of all five of those Trustees in order to receive this benefit. Do you understand that?

MR. CAMERON: Yes, I do.
MR. PINELLI: I see that you do not have an attorney representing you today. Is it your desire to proceed without an attorney?

MR. CAMERON: Yes, it is.
MR. PINELLI: Finally, it is the applicant's burden of proof to present sufficient evidence to the Board in order for the Board to grant the benefit that the applicant is seeking. Do you understand it is your burden of proof?

MR. CAMERON: Yes.
MR. PINELLI: Thank you. By way of procedures, $I$ am going to start by asking you some questions under oath. The board members may or may not have questions of you. Then I will call the Fund's physician consultant to testify. If there is anything $I$ don't ask him that you think is important for the Board to know, please let me know and you will be given that opportunity. Do you understand the procedures?

```
MR. CAMERON: Yes, I do.
MR. PINELLI: Then we are ready to
proceed. Is Dr. Samo on the line?
```

DOCTOR SAMO: Yes, I am.
MR. PINELLI: Thank you. Dr. Samo and
Mr. Cameron, both please raise your right hands.
(Witnesses sworn.)
MICHAEL T. CAMERON
a witness herein, having been first duly sworn, was examined and testified as follows:

EXAMINATION

BY MR. PINELLI:
Q We are ready to proceed. Engineer
Cameron, could you please state your name for the record?

A My name is Michael T. Cameron.
Q What is your current rank with the Fire Department?

A Engineer EMT.
Q What was your last assignment before you went on layup?

A 3rd District Relief.
Q Did you receive a group of exhibits from the Fund staff marked as Board Exhibits 1 through

12 before today's hearing?
A Yes, I have.

Q Did you have a chance to review them?
A I have.

Q Do you have any objection to their admission into the record in support of your application?

A I do not.
MR. PINELLI: Thank you.
Mr. President, $I$ move for admission of Board's Exhibits 1 through 12 without objection from the applicant.

CHAIRMAN FORTUNA: Exhibits are admitted without objection.

MR. PINELLI: Thank you.
(Board Exhibits 1 through 12
were admitted into evidence.)
BY MR. PINELLI:

Q Now, sir, directing your attention to the date of July 12 th of 2020 , did you sustain an injury or injuries that is the basis of your application on this date?

A Yes, I did.
Q Could you just briefly describe for the
members of the Board exactly where you were and what happened to you to cause you an injury that day?

A Yeah. We were on a medical assist call and when $I$ went to assist with the stretcher the muscle in my back knotted up real bad. Initially I thought it was a muscle cramp but it wouldn't go away and then they took me to the emergency room at Northwestern.

Q Had you ever had any injuries to your lower back prior to this date?

A No.
Q When you say you were assisting with a patient, can you just specifically describe what you were doing when you experienced the pain in your back?

A I was actually reaching to help with removal of the stretcher from the ambulance and that is when it happened. And it was almost like it took my breath away so $I$ had to like excuse myself. There were other people around to assist so I had to just try to stretch my muscles back out of that knot but it just wouldn't go away.

Q Following that incident, did you then
undergo some medical treatment for your lower back?
A Yeah. I received two sessions or 27 I should say sessions, two separate occasions of physical therapy, and then $I$ had three injections into the spine.

Q Did that therapy alleviate your back problem?

A Very temporary. I would say less than two weeks. It was temporary but it was never completely gone. It just felt better and then when it wore off then it came right back.

Q What doctor is treating you for your back problem?

A Doctor Lim.
Q Did Doctor Lim give you a diagnosis of what was going on in your lower back?

A He did.
Q What did he tell you was going on with your lower back?

A Well, he said that $I$ had a disc herniation and three bulging discs and that is when he gave me physical therapy to help alleviate some of the pain.

Q Okay. Can you describe for the board
members currently as you sit here today what if any pain or limitations you are experiencing?

A On day-to-day pain, it is like three to four. But very randomly, $I$ will make a certain movement or certain -- if $I$ go to lift anything usually greater than 30 pounds or something, it just -- it is like -- almost like somebody stabbed me in the back. It is like a seven or eight pain.

I never had back pain before so it was kind of new to me.

A lot of times $I$ can't sleep through the night without taking sleep aids. It is very debilitating as far as getting my normal life back on track.

Q Are you experiencing any radiculopathy, that is pain down your lower leg?

A If I do any kind of walking more than like a half mile or if $I$ stand too long, it will go down my buttocks to the knee and then $I$ either have to sit or stretch or do something to alleviate the pain to continue to my walk.

Occasionally, if $I$ am going downstairs, it might buckle but that has only happened a handful of times.
$\square$
Q Has Doctor Lim recommended any
treatments, other than the conservative treatments he's recommended to-date?

A Yes. Well, he did say that surgery wasn't a matter of if, it was a matter of when. He said that being my age that he would -- if he were me, he would prolong the surgery as long as possible but it's going to happen that $I$ am going to need a rod put in or rods.

Q Since you went on layup have you engaged in activity by which you earn income?

A No.
Q Have you engaged in my sporting activities?

A No.
Q Are you currently taking any prescribed medication for pain in your lower back?

A Nothing prescribed.
Q Do you have any appointments scheduled with Doctor Lim currently?

A Currently, no, because $I$ didn't know with this being a duty injury how that would proceed. That was something $I$ wanted to talk to the people at the pension about like how do I proceed with my
next form of treatments.
MR. PINELLI: Thank you. That is all the questions $I$ have of the applicant.

CHAIRMAN FORTUNA: Trustees, any questions?

MEMBER MCPHILLIPS: No.
CHAIRMAN FORTUNA: Thank you.
MR. PINELLI: Hearing none, $I$ would then call Dr. Samo to testify.
(Witness previously sworn.) DANIEL SAMO, M.D.
a witness herein, having been first duly sworn, was examined and testified as follows:

EXAMINATION

BY MR. PINELLI:
Q Sir, please state your name.
A Daniel Samo.
Q You are a physician, correct?
A Yes.
Q Is a copy of your qualifications as a
physician attached to the Board Exhibits?
A Yes.
Q Do you perform a function as a consultant to this Fund?

A Yes.
Q In that capacity do you review medical records, examine or interview applicants and report to the Board?

A Yes.
Q Did you prepare a written report with respect to your interview of the applicant?

A Yes.
Q And why did you interview him versus examine him?

A Due to the Covid restrictions, we have been doing these by telephone.

Q Upon your interview of him, was the information he provided to you consistent with what you saw in the medical records you reviewed?

A Yes.
Q And did you prepare a written report that is marked as Board Exhibit Number 2?

A Yes.
Q Doctor, could you briefly summarize for us what your findings were with respect to Mr . Cameron?

A Basically, the history was consistent with what he just told us. I was not able to do a
physical exam. But based on the history, I would agree with Dr. Lim's opinion that he has neurogenic claudication due to spinal stenosis.

That means that the present degenerative changes, the spinal canal and the spaces where the nerve roots come out is narrowed and so starts pushing pressure on the nerves. That is why he gets pain into his leg with prolonged walking or standing. That is very typical with claudication.

Q Doctor, you heard him mention about discs and the issues with the discs. There were various MRIs done on him; is that correct?

A Yeah. His first MRI did show protrusion or a herniation of a disc. Second one it was still there but it was less prominent.

Q Doctor, is the description that he gave of what occurred to him on the date of duty is that consistent with a mechanism that could have caused his back condition to cause him the pain and discomfort?

A Well, I mean, yes. Obviously, his symptoms began at that time. He has an underlying degenerative problem, that is the basic cause of it. That was just, you know, the straw that broke
the camel's back or caused him to become symptomatic.

MR. PINELLI: Thank you. That is all the questions $I$ have of the doctor.

CHAIRMAN FORTUNA: Trustees, any
questions for Dr. Samo?
MEMBER MCPHILLIPS: No questions.
CHAIRMAN FORTUNA: Hearing none.
MEMBER MURPHY: I'd like to make a motion to grant the benefits requested by Fire Engineer Cameron.

MEMBER MCPHILLIPS: Second.
CHAIRMAN FORTUNA: There is a motion to grant by Trustee Murphy. There is a second by Trustee McPhillips.

Trustee Murphy.
MEMBER MURPHY: Yes.
CHAIRMAN FORTUNA: Trustee Sheridan.
MEMBER SHERIDAN: Yes.
CHAIRMAN FORTUNA: Trustee Soni.
MEMBER SONI: Yes.
CHAIRMAN FORTUNA: Trustee McPhillips.
MEMBER MCPHILLIPS: Yes.
CHAIRMAN FORTUNA: And I am a yes.
$\square$
Motion carries.
MEMBER MURPHY: Mr. President, I would like to make a motion for reexam consistent with the Board's policy.

MEMBER SONI: Second.
CHAIRMAN FORTUNA: Motion for reexam by Trustee Murphy. Seconded by Trustee Soni.

Trustee Murphy.
MEMBER MURPHY: Yes.
CHAIRMAN FORTUNA: Trustee Sheridan.
MEMBER SHERIDAN: Yes.

CHAIRMAN FORTUNA: Trustee Soni.
MEMBER SONI: Yes.
CHAIRMAN FORTUNA: Trustee McPhillips.
MEMBER MCPHILLIPS: Yes.
CHAIRMAN FORTUNA: And I am a yes.
Motion carries.
MEMBER MURPHY: Counsel previously sent around proposed Findings of Fact and Conclusions of Law in this matter. Having had a chance to review those, $I$ would like to make a motion to adopt the Findings of Fact and Conclusions of Law in this matter.

MEMBER MCPHILLIPS: Second.

CHAIRMAN FORTUNA: Motion by Trustee
Murphy. Seconded by Trustee McPhillips.
Trustee Murphy.
MEMBER MURPHY: Yes.
CHAIRMAN FORTUNA: Trustee Sheridan.
MEMBER SHERIDAN: Yes.
CHAIRMAN FORTUNA: Trustee Soni.
MEMBER SONI: Yes.
CHAIRMAN FORTUNA: Trustee McPhillips.
MEMBER MCPHILLIPS: Yes.
CHAIRMAN FORTUNA: And $I$ am a yes.
Motion carries.
Mr. Cameron.
MR. CAMERON: Yes.
CHAIRMAN FORTUNA: Based on the Findings
of Fact and Conclusions of Law made by the Trustees, the Trustees have voted to grant you the benefit you have requested.

You will be notified by mail of the findings of fact and the Board's decision. Findings.

Good luck to you.
MR. CAMERON: Thank you.
MR. PINELLI: Let the record reflect this
is a hearing on an application for Duty Disability benefits being made by Edward Gilbride.

Good morning, Mr. Gilbride. I am one of the attorneys for the Fund. I will be conducting this hearing for the record.

I would like to advise you of some preliminary matters before we start the evidence.

First of all, there are five trustees currently present to hear the evidence on your application.

Under the Pension Code, you need the yes vote of five trustees in order to receive this benefit. Do you understand that?

MR. GILBRIDE: Yes.
MR. PINELLI: I see you did not have an attorney file an appearance on your behalf. Is it your desire to proceed without an attorney?

MR. GILBRIDE: Yes.
MR. PINELLI: Lastly, it is the applicant's burden of proof to present sufficient evidence to the Board in order for the Board to grant the benefit that the applicant is seeking. Do you understanding it is your burden of proof? MR. GILBRIDE: Yes.

MR. PINELLI: By way of procedures, I am going to start by asking you some questions under oath. The board members may or may not have questions of you. Then $I$ will call Dr. Samo to testify. If there is anything $I$ don't ask him that you think is important for the Board to know, please let me know and you will be given that opportunity. Do you understand the procedures?

MR. GILBRIDE: Yes, I do.
MR. PINELLI: Then would you please raise your right hand? Dr. Samo, would you also raise your right hand?
(Witnesses sworn.)
EDWARD M. GILBRIDE
a witness herein, having been first duly sworn, was examined and testified as follows:

EXAMINATION
BY MR. PINELLI:

Q Mr. Gilbride, please state your name for the record.

A Edward Michael Gilbride.
Q What is your rank with the Fire Department?

A I am a Paramedic FPM.

Q What was your last assignment before you
went on layup?
A Ambulance 27.
Q Sir, were you provided a copy of Board Exhibits 1 through 12 before today's hearing?

A Yes.
Q Did you have the opportunity to review them?

A I did.
Q Do you have any objection to their admission into the record in support of your application?

A No.
MR. PINELLI: Thank you.
Mr. President, I move for admission of
Board Exhibits 1 through 12 without objection from the applicant.

CHAIRMAN FORTUNA: Admitted without objection.

MR. PINELLI: Thank you.
(Board Exhibits 1 through 12
were admitted into evidence.)
BY MR. PINELLI:
Q Mr. Gilbride, directing your attention to

July 3rd of 2020, did you sustain an injury or injuries that is the basis of your application?

A I did.
Q Could you just briefly describe for the members of the Board where you were and what happened to you that caused you an injury that day?

A Okay. July 3rd, we were going to an ambulance run. Somebody was a psych patient was going in. We were taking her to Little Company of Mary for an evaluation. She was very combative, swinging, kicking, biting us.

I contacted Little Company. I told them what we have coming in. Can you have security at the door waiting for us, which they did.

We were pulling her out of the ambulance. She was trying to fight us. Kick. Jump off the cot. We had security on her. I was holding the left foot, security on the right foot and my partner and $I$ think another security was holding her body down, her upper body down.

We were rolling her into the hospital. A nurse points, bring her over here, bring her over here.

I turned around. She gets her foot loose
and kicks me right in the shoulder. The doctor seen it. Nurse seen it. I just said let's get her on the cot. It was like very -- like a knife pain.

We got here on the cot. Doctor said do you want me to check your shoulder out? I agreed because I had pain.

They registered me. I contacted my
chief. He interviewed everybody that was over there and that was it. They took me to Medical, MRI, surgeries, and so on.

Q Which shoulder was that?
A Right. It was the right shoulder.
Q Prior to the date of this incident, had you ever had any injuries or problems with your right shoulder?

A I didn't have no problems with it but about 20 something years back I did shatter or damage the distal under the clavicle and they scoped it and cleaned out the bone fragments. Never had an issue after that.

Q Until this incident, right?
A Right, right.
Q Then you mentioned you underwent some conservative treatment at first to see if it could
repair the injury and it couldn't so then you ultimately had your first surgery on September 16 th of 2020?

A Yes.
Q Is that correct?
A Yes. When they seen the MRI, they knew therapy was over. Wasn't going to help it. They needed surgical intervention to repair it.

Q Okay. After that occurred, did you undergo some physical therapy to try to get you back?

A I did, which the result wasn't good. It just did nothing.

Q As a result then, did you have a second surgery on May 18 th of this year 2021?

A I did. And let me say after the first surgery, $I$ was going to therapy and $I$ was doing good and then the doctor stated that -- I was like five months into it and he stated there was nothing more they could do. This is what I am probably going to have. I told Medical that. I said I can get my arm better than this. They is why they sent me to Dr. Leonard, the second surgeon. He did an exploratory because $I$ couldn't lift my arm. I was
having issues with lifting everything above head. So Dr. Leonard did the exploratory and this is where I am at now.

Q Could you briefly describe for the Board what is the condition of that right shoulder today as far as any limitations or pain and so forth?

A Well, $I$ went to the doctor last week and he gave me a cortisone shot. He evaluated the arm again. And he stated just like the first doctor, this is it. He said we will give you one more month of therapy. Whatever this is, it's just this way it's going to be. I am going to have the issues above head, pain, reaching, things of that nature. So he stated pretty much the same thing what the first doctor stated. I am like two doctors telling me this is the way it is going to be. I have no more options on this.

Q Since you went on layup, have you engaged in any activity by which you earn income?

A Oh, no.

Q Have you engaged in any sporting activities of any kind?

A No.
MR. PINELLI: Thank you. That is all the
questions I have.
CHAIRMAN FORTUNA: Trustees, any
questions?
Hearing none.
MR. PINELLI: I will call Dr. Samo.
(Witness previously sworn.)
DANIEL SAMO, M.D.
a witness herein, having been first duly sworn, was examined and testified as follows:

EXAMINATION
BY MR. PINELLI:
Q Please, state your name.
A Daniel Samo.
Q You're a physician; is that correct?
A Yes.
Q Is a copy of your qualifications attached to the Board Exhibits?

A Yes.
Q And is a written report that you prepared for the Board attached as Board Exhibit 2?

A Yes.
Q Doctor, did you examine or interview the applicant?

A We did a telephone interview due to the

Covid restrictions.
Q Was the information he provided to you in that interview consistent with the medical records you reviewed regarding his treatment?

A Yes.
Q Can you just briefly summarize for us what your findings were, doctor?

A So the history, as he said, he had acute onset of symptoms when he was kicked. First MRI showed rotator cuff tears and so he proceeded to arthroscopy where they repaired the rotator cuff tears and did some decompression. In other words, it was narrowing in certain areas and they just cleaned that up. He was improving in PT but then had several episodes of what he said was tearing pain when he was doing things. And then he really started to get worse, which is why he had the second MRI. Which did not show any re-tears but he proceeded to have, as he said, in last May, May of 21st, another arthroscopy where he just had more extensive debridement. So cleaning up and removal of excess bone. And he continues to be symptomatic at this point.

Q Okay. Is he even at MMI at this point?

A No.
Q Basically as a result of that, would he be able to perform his functions with the Fire Department?

A At this point in time, no.
MR. PINELLI: Thank you, doctor, that is all the questions $I$ have.

CHAIRMAN FORTUNA: Trustees, any questions for Dr. Samo?

Hearing none.
MEMBER MURPHY: I'd like to make a motion to grant the benefit requested by Paramedic Gilbride.

MEMBER SHERIDAN: Second.
CHAIRMAN FORTUNA: There is a motion to grant by Trustee Murphy. Seconded by Trustee Sheridan.

Trustee Murphy.
MEMBER MURPHY: Yes.
CHAIRMAN FORTUNA: Trustee Sheridan.
MEMBER SHERIDAN: Yes.
CHAIRMAN FORTUNA: Trustee Soni.
MEMBER SONI: Yes.
CHAIRMAN FORTUNA: Trustee McPhillips.

MEMBER MCPHILLIPS: Yes.

CHAIRMAN FORTUNA: And $I$ am a yes.
Motion carries.

MEMBER MURPHY: Motion for reexam
consistent with the Board's policies.

MEMBER SONI: Second.

CHAIRMAN FORTUNA: There is a motion for reexam by Trustee Murphy. Seconded by Trustee Soni.

Trustee Murphy.
MEMBER MURPHY: Yes.

CHAIRMAN FORTUNA: Trustee Sheridan.

MEMBER SHERIDAN: Yes.

CHAIRMAN FORTUNA: Trustee Soni.

MEMBER SONI: Yes.

CHAIRMAN FORTUNA: Trustee McPhillips.

MEMBER MCPHILLIPS: Yes.

CHAIRMAN FORTUNA: And $I$ am a yes.

Motion carries.

MEMBER MURPHY: Counsel has previously sent out proposed findings of fact and conclusions of law in this matter. Having had a chance to
review those, $I$ make a motion to adopt those findings of fact and conclusions of law in this
matter.
MEMBER MCPHILLIPS: Second.

CHAIRMAN FORTUNA: There is a motion by Trustee Murphy. Seconded by Trustee McPhillips.

Trustee Murphy.
MEMBER MURPHY: Yes.
CHAIRMAN FORTUNA: Trustee Sheridan.

MEMBER SHERIDAN: Yes.
CHAIRMAN FORTUNA: Trustee Soni.

MEMBER SONI: Yes.
CHAIRMAN FORTUNA: Trustee McPhillips.

MEMBER MCPHILLIPS: Yes.
CHAIRMAN FORTUNA: And $I$ am a yes.
Motion carries.
MEMBER MURPHY: Based on the findings of fact and conclusions of law made by the Trustees, the Trustees have voted to grant you the benefit you have requested.

You will be notified by mail of the findings of fact and the Board's decision.

Thank you and good luck to you.
MR. GILBRIDE: Thank you very much for your time and all of you have a very good day.

MR. PINELLI: Let the record reflect this
is a hearing on an application for Duty Disability Benefits being made by Samuel Lucas.

Good morning, Mr. Lucas. I am one of the attorneys for the Pension Fund. I will be conducting this hearing for the record.

I'd like to advise you of some preliminary matters before we start evidence.

First of all, there are five trustees currently present to hear the evidence on your application. If you don't know you should know the Pension Code requires that you get the yes vote of all five of those trustees in order to receive this benefit. Do you understand that?

MR. LUCAS: Yes, sir.
MR. PINELLI: I also see you do not have an attorney representing you. Is it your desire to proceed out without an attorney?

MR. LUCAS: Yes, sir.
MR. PINELLI: Lastly, it is the applicant's burden of proof to present sufficient evidence to the Board in order for the Board to grant the benefit that the applicant is seeking. Do you understand it is your burden of proof?

MR. LUCAS: Yes, sir.

MR. PINELLI: By way of procedures, I am going to start by asking you some questions under oath. The board members may or may not have questions of you. Then $I$ will call the Fund's physician consultant to testify. If there is anything $I$ don't ask him that you think is important for the Board to know, let me know that and you will be given that opportunity. Do you understand the procedures?

MR. LUCAS: Yes, sir.
MR. PINELLI: Thank you. We are ready to proceed.

Is Dr. Peters on the line?
DR. PETERS: Yes, I am.
MR. PINELLI: Mr. Lucas and Dr. Peters, please raise your right hands.
(Witnesses sworn.)
SAMUEL A. LUCAS
a witness herein, having been first duly sworn, was examined and testified as follows:

EXAMINATION
BY MR. PINELLI:
Q Mr. Lucas, would you please state your you name for the record?

A Full name is Samuel A. Lucas. I am a Firefighter EMT.

Q What was your last assignment before you went on layup?

A Engine 106 .
Q Did you receive a copy of what has been marked as Board Exhibits 1 through 11 in advance of this hearing?

A Yes, sir.
Q Did you have a chance to review those documents?

A I did, sir, yes.
Q Any objection to their admission into the record in support of your application?

A I do not.
MR. PINELLI: Thank you.
Mr. President, I move for admission of Board's Exhibits 1 through 11 without objection from the applicant.

CHAIRMAN FORTUNA: Exhibits are admitted without objection.

MR. PINELLI: Thank you.
(Board Exhibits 1 through 11

```
were admitted into evidence.)
```

BY MR. PINELLI:
Q Mr. Lucas, directing your attention to the date of July 11 th of 2020 , did you sustain an injury or illness that is the basis of your application?

A Yes, sir. Two injuries, sir.
Q Can you just briefly describe for the board members, they do have your written statement, but just please briefly describe where you were and what happened to you that day.

A I was on Engine 106. We were on a variance. We had a reported fire about 8:30 a.m. My assignment was hydrant duty. Upon rolling up on-scene, we saw we had a working fire.

I went to the first hydrant. I used extreme force on a hydrant. I could not get it opened. Felt pain immediately in my right shoulder. I continued down to a second hydrant about 140, 150 feet away and needed extreme force on that hydrant. Got the hydrant open. I went back. Pulled the four-inch hose. Connected. Got the guys water.

I let the officer know, of course, $I$ was having trouble with the hydrant. Upon getting
water, $I$ went back to the rig. Downed my gear. I was feeling pretty lightheaded getting the hose -and out of breath getting the hose to the second hydrant previous to getting water.

I went in and found my team and we needed an ansel. I went back to the rig. Very lightheaded, dizzy, and went back in. We hit the panel with an ansel and at that point it looked like everything was set. We were good to go. I asked my officer if $I$ could go outside and sit, catch my breath, get my wits about me.

At that that point $I$ went upfront. There was a female officer that did not like the way $I$ looked and recommended $I$ go to the $E R$ and we did.

I am trying to be brief. It takes me a half hour to say hello sometimes. I don't want to take up more of your time.

If you need more information, $I$ was admitted to the ER. At that time they told me my troponin levels were high. I was having a heart attack. I almost had a heart attack when they told me. I was shocked and they kept me overnight for observation.

Q Let me take it from there.

A Sure. Thank you, sir.
Q In this incident, did you also injure your right shoulder?

A Yes, sir.
Q You previously had had a right shoulder injury; is that right?

A That is correct.

Q In 2019, you had a rotator cuff tear?
A That is correct.

Q Was that the result of an on-duty injury?
A It was wear and tear, sir, definitely.

Q Following that, you had a surgery to repair that injury?

A That was in November, '19. Rehab. Fit for duty. Returned back to duty in June of '20.

Q Until this incident, you didn't have any other problems with your shoulder prior to this incident?

A Like I say, sir, there was cause for surgery previous but at that time we were good to go after the surgery in '19.

Q Following this incident in addition to what you described about the heart condition or let me -- strike that.

Did you have any surgical intervention
for your heart as a result of your heart condition?
A They did the angiogram, that is minorly invasive, while still under Illinois Masonic care.

Q Okay. But they didn't have to place any stents in; is that correct?

A They did not, sir.
Q Are you currently taking any medications for your heart condition?

A Yes, sir I am.
Q What do you take?
A 80 milligrams of Atorvastatin and -- I am not going to pronounce this -- Clopidogrel 75 milligrams. I am on a daily dose of an isosorbide. It helps alleviate the need for nitro on a more frequent basis. I have nitroglycerin also.

Q What is the current condition of your right shoulder?

A Pouring, pouring water, putting water into the coffee machine, you know, coffee maker. Slight movements I get discomfort and pain. I have to stop doing some simple tasks. Overhead I can't do. I've got roll up windows in my Jeep that I love. Reaching across to roll the windows down is
painful. Can't sleep on the right side or it wakes me up in the middle of the night.

Q It is not in a condition where you can function in your duties --

A No.
Q -- as a firefighter?
A Nothing. Absolutely not, sir.
Q Since you went on layup, have you engaged in any activities by which you earn income?

A No, sir.
Q Have you engaged in any sporting activities?

A No, sir.
MR. PINELLI: Thank you. That is all the questions $I$ have of this witness.

CHAIRMAN FORTUNA: Trustees, any questions?

MEMBER MCPHILLIPS: No questions.
CHAIRMAN FORTUNA: Hearing none.
MR. PINELLI: I will call Dr. Peters.
(Witness previously sworn.)
Q Sir, please state your name?
A Michael I. Peters.
Q You are a physician /is that correct?

A Yes.
Q Do you perform a function as a consultant to this fund?

A Yes.
Q In that capacity, do you review medical records, examine or interview applicants and report to the Board?

A Yes, I do.
Q Did you file a written report with the Board that is marked as Board Exhibit 2 ?

A Yes, I did.

Q Is a copy of your qualifications as a physician also marked as Board Exhibit 2 ?

A Yes.
Q Doctor, could you briefly summarize for us what your review of the medical records and interview of the applicant revealed?

A Sure. Firefighter Lucas, as he described, was attempting to open the hydrant and then subsequently was pulling a four-inch line. He developed a recurrence of right shoulder pain. He had previously had rotator cuff repair and bicep tenotomy in the preceding November but returned to work with full duties in June prior to this July
incident.
He went through the usual prolonged course of postoperative $P T$ and then also went through $P T$ after the second injury but he still has limitation with overhead reaching and lifting. He has decreased strength and decreased range of motion which are significant.

As a second medical problem, on the same day that he reinjured his shoulder, July 11, 2020, he developed lightheadedness and was diagnosed with a non-ST elevation myocardial infarction. He does have coronary artery disease that was documented on his coronary angiogram but it wasn't significant enough to require an angioplasty or a stent. But he still is getting chest pain or angina associated with exertion. Which has required him initially just to be on sublingual nitroglycerin as needed. But now he is on an oral nitrate with a sorbitrate and he doesn't need to use the nitroglycerin as often. Though, he does still once in awhile have to use it.

He is also on two antiplatelet medications, which he described as Clopidogrel and aspirin. He should be on both of those for at
least a year and he then will always be on aspirin after that.

Q Based upon his medical condition as well the treatment for those conditions, do you believe he could perform his duties with the Fire

Department?
A No, I don't.
MR. PINELLI: Thank you. That is all the questions $I$ have.

CHAIRMAN FORTUNA: Trustees, any question for Dr. Peters?

MEMBER MCPHILLIPS: No questions.
CHAIRMAN FORTUNA: Hearing none.
MEMBER MURPHY: I would like to make a
motion to grant a Duty Disability Benefit to Sam Lucas.

MEMBER MCPHILLIPS: Second.
CHAIRMAN FORTUNA: There is a motion to grant by Trustee Murphy. Seconded by Trustee McPhillips.

Trustee Murphy.
MEMBER MURPHY: Yes.
CHAIRMAN FORTUNA: Trustee Sheridan.
MEMBER SHERIDAN: Yes.

CHAIRMAN FORTUNA: Trustee Soni.

MEMBER SONI: Yes.

CHAIRMAN FORTUNA: Trustee McPhillips.

MEMBER MCPHILLIPS: Yes.

CHAIRMAN FORTUNA: And I am a yes.

Motion carries.
MEMBER MURPHY: I make a motion for
reexam consistent with the Board policy.

MEMBER SONI: Second.

CHAIRMAN FORTUNA: There is a motion for
reexam by Trustee Murphy. Seconded by Trustee Soni.

Trustee Murphy.
MEMBER MURPHY: Yes.

CHAIRMAN FORTUNA: Trustee Sheridan.

MEMBER SHERIDAN: Yes.

CHAIRMAN FORTUNA: Trustee Soni.

MEMBER SONI: Yes.

CHAIRMAN FORTUNA: Trustee McPhillips.

MEMBER MCPHILLIPS: Yes.

CHAIRMAN FORTUNA: And $I$ am a yes.

Motion carries.

MEMBER MURPHY: Counsel has previously
sent around proposed findings of fact and
conclusions of law in this matter. Having had a chance to review those, I make a motion to adopt the findings of fact and conclusions of law in this matter.

MEMBER SHERIDAN: Second.
CHAIRMAN FORTUNA: Motion by Trustee
Murphy. Seconded by Trustee Sheridan.
Trustee Murphy.
MEMBER MURPHY: Yes.
CHAIRMAN FORTUNA: Trustee Sheridan.
MEMBER SHERIDAN: Yes.
CHAIRMAN FORTUNA: Trustee Soni.
MEMBER SONI: Yes.
CHAIRMAN FORTUNA: Trustee McPhillips.
MEMBER MCPHILLIPS: Yes.
CHAIRMAN FORTUNA: And $I$ am a yes.
Motion carries.
Based on the findings of fact and conclusions of law made by the Trustees, the Trustees have voted to grant you the benefit you have requested.

You will be notified by mail of the findings of fact and the Board's decision.

Mr. Lucas, thank you and good luck to
you.
MR. LUCAS: Thank you, very much. Thank you, everybody.

MEMBER MURPHY: One more applicant, EMT Firefighter Shan Igess. He is represented by counsel, who appears on file, Mr. Horwitz.

MR. PINELLI: Mr. Horwitz, are you on the line?

MR. HORWITZ: Yes, I am.
MR. PINELLI: How about Mr. Igess?
MR. IGESS: Yes, I am.
MR. PINELLI: Just so I understand, are you together, Steve, or are you on a different lines?

MR. HORWITZ: We are separate.
MR. PINELLI: Okay. Then we are ready to proceed with this matter.

Let the record reflect this is a hearing on the application for a Duty Disability benefit being made by Shan Igess.

Mr. Igess is represented by counsel.
Counsel, would you please state your name for the record?

MR. HORWITZ: Stephen Horwitz.

MR. PINELLI: Okay. Are you ready to proceed to today's hearing?

MR. HORWITZ: Yes.
Vince, let me advise Mr. Igess that there
are only five trustees today and you need the approval of all of them. So we can either go ahead today or we could defer it to a later hearing.

Is that correct, Vince?
MR. PINELLI: Well, you can make the request. The Board would have to rule on that.

MR. HORWITZ: Right, that is what $I$ meant.

MR. PINELLI: Yes, that's right.
MR. IGESS: I don't have a problem with proceeding.

MR. HORWITZ: Okay. We will proceed.
MR. PINELLI: Okay. With that, before we start evidence, you should have received a copy of what has been marked as Board Exhibits 1 through 11 prior to today's date. Did you and your client get those?

MR. HORWITZ: Yes.
MR. IGESS: Yes.
MR. PINELLI: Did you have a chance to
review them?

MR. HORWITZ: Yes, we did.

MR. PINELLI: Do you have an objection to their admission into the record in support of the application?

MR. HORWITZ: No.
MR. PINELLI: Thank you.
Mr. President, I move for admission of
Board Exhibits 1 through 11 without objection from the applicant.

CHAIRMAN FORTUNA: Admitted without objection.

MR. PINELLI: Then we are ready to proceed.

Steve, do you have any witnesses you wish to call at this time?

MR. HORWITZ: Yes. I would like to call the applicant Mr. Igess.

MR. PINELLI: Mr. Igess, could you please raise your right hand?
(Witness sworn.)
MR. PINELLI: Thank you, sir. You may proceed, sir.
a witness herein, having been first duly sworn, was examined and testified as follows:

EXAMINATION

BY MR. HORWITZ:

Q Mr. Igess, what is your age?
A 49 .

Q You joined the Fire Department in spring of 2012 ; is that correct?

A Yes, sir.

Q What was your rank?

A Firefighter EMT.

Q At some point after you graduated from the Academy, were you assigned to Truck 40?

A Yes. Engine 121 Truck 40 .
Q Let me direct your attention to August of 2019. Did you sustain an injury to your hand or a finger on-duty?

A Yes.

Q You were laid up for several months?

A A couple of months. Like three months. Something like that.

Q During the time you were laid up, your blood pressure was taken and you were advised that you had high blood pressure, correct?

A Well, yeah. At the Medical, they had mentioned that the blood pressure was high.

Q But you were returned to work sometime in 2020, the early part of 2020?

A Right. Yeah. I had to get it under control to get back to work so I got it under control and returned to work.

Q Now, do you wear a CPAP? Meaning a Continuous Positive Airway Pressure machine?

A Yes, I do.
Q And what is that for?

A It is for sleep apnea.
Q How long have you been using that machine?

A I don't know. Maybe since getting back -- I don't know, like three years.

Q Okay. When you were on-duty, would you bring that machine with you?

A In the firehouse, yes.
Q When you were working since 2012 up through 2020, did you have problems in performing your duties as a firefighter because of breathing problems or lung issues?

A None before, not at all.

Q In the early part of March of 2020, did you go on furlough?

A No.
Q Well, did you leave the country on a vacation?

A Yes.
Q And where did you go?
A I went to Brazil.
Q When you left on the plane to Brazil, what was the condition of your lungs or throat, could you tell us?

A Well, upon leaving to Brazil $I$ was experiencing some -- you know, $I$ was feeling under the weather and $I$ was having issues with my throat. You know, $I$ was feeling uneasy. You know, for the most part it started off with throat issues like a sore throat.

Q Did you bring anything with you because you were suffering from a sore throat when you left for Brazil?

A Yes, I did. I packed some peroxide. You know, because I usually just take things like natural things. I packed peroxide. A small tube of peroxide that $I$ put in a carryon bag and also I
sprayed peroxide in my toothpaste and washed it in my toothpaste when $I$ brushed always with peroxide. And I also brought tea, herbal tea.

Q When you flew to Brazil, did you have anything on? Any protective equipment such as a mask were you wearing?

A Yes, I did.
Q And was that true when you came back from Brazil?

A Yes, it was.
Q Now, once you came back from Brazil, a day or so after, were you on duty?

A Yes, I was.
Q As a firefighter paramedic, did you assist in the treatment of any patients?

A Every one. If there was an issue I was hands-on every time.

Q The three shifts that you worked did you work consecutively 48 hours?

A It was --I think it might have been -- it could have been a 48-hour. I can't remember back then but $I$ remember just working back-to-back so I can actually take off to do the vacation.

Q I am talking about when you got back.

A Once I came back from --
Q Yes.

A It was only like 24 hours. The next day I had to work.

Q So before you left for Brazil, you had worked back-to-back on two shifts, correct?

A No, just on one shift. When I came back, I came back on whatever date it was, I had the one day.

Q I am saying before you left for Brazil, you worked --

A Yeah, back-to-back before. Yes.
Q Was that during the time you were encountering patients that were hospitalized?

A Yes, sir. Transported to the hospital.
Q Now, once you came back from Brazil, what did you do insofar as your condition?

A Well, when I came back my sore throat was still -- it still was there. Not only that, $I$ was experiencing like mild diarrhea at the time that actually increased.

Q At some point were you transported to a hospital?

A Yes, I was.

Q Did they do any Covid tests on you?
A Yes, they did.
Q What was the outcome?
A It was positive.
Q Is it correct that you have been off duty since March 16th or so of 2020?

A Yes, sir.
Q Can you tell us what the conditions were that were affecting you after you were determined to have had Covid?

A Well, first my issues was with my breathing. They had stated that I had chest and I had lung issues. Also was still experiencing a sore throat. I had diarrhea for -- I don't know, it was like -- I think $I$ wound up losing like up to 20 pounds of weight during the whole stint of diarrhea. You know, it was just my body went through a whole lot of different crazy changes.

Q During that time, were you given the pulmonary function test?

A Yes, sir, I was.
Q And is it correct that you were told that the outcome was normal?

A Well, $I$ wasn't told anything. I know I
wasn't told anything at the time. When I spoke to the nurse, because we had went over on the procedure for hours trying to get an adequate number to where she wanted because my goal was to get back to work. She was working with me to try to make that happen. At the end of the procedure, I asked how did I do, and she said, well, she couldn't tell. She would have to leave it to the doctors.

Q According to the records, it says that your pulmonary function test was normal. However, was your breathing and your lungs, did they feel normal to you?

A Well, the thing of it is, no. It was a struggle. That is why it took as long as it did because we actually went back and forth and she knew my goal was to get back to work. And, you know, $I$ mean, she did, you know, just continuously work with me to try to get the levels that she thought that $I$ guess would be adequate for me to return to work but it was definitely a struggle.

At the end of it, $I$ wasn't sure what the numbers were going to be. She never gave me an indication of it. It was a struggle to get
whatever the numbers was, whatever the levels were, it was a struggle to get that done.

Q From 2012 up until 2020, although you had lung problems as indicated by your sleep apnea, you were still able to perform all of your duties as a Firefighter EMT?

A Definitely. It was great.
Q When you returned to work or returned from Brazil, did your condition of your lungs -would have been able for you to continue performing your duties?

A Well, I didn't get the opportunity to really find out because we never got a fire. I don't think -- actually, we did get a fire but it wasn't a real fire. So, you know, I didn't get a chance to perform under that pressure, you know. Only thing $I$ did was EMS runs, you know. But I mean $I$ felt crappy doing those because $I$ was already -- it wasn't -- like at the time the reason for me even showing up to work was because the information about the, you know, CDC stuff and, you know, not showing up at work if you have any symptoms, that hadn't happened.

Q When you were performing your duties on
duty just before you left for Brazil and when you came back from Brazil, were there any Covid guidelines issued by the Fire Department?

A None. CDC, Fire Department or anyone.
Q So anything that happened about that was actually after you had laid up?

A Right. Any information given at that point was after $I$ had already contracted the virus.

Q Did you also have a surgery within the year after you laid up?

A Yes, sir.
Q What was the surgery for?
A They had to cut my uvula in my throat because it had became elongated and actually came to my airway and $I$ had to force it back, swallow it back in. And I notified the hospital and they took -- they did a scope from my nose and noticed it was longer than it should have been.

Q Did that affect your breathing?
A Definitely.
Q Prior to 2020, once you were diagnosed with Covid, did anybody ever diagnose you with an elongated uvula?

A Never, no. Even when $I$ did the sleep
apnea test they never said that. You know, that was never the case. It was never the case.

Q Now, have you been released for duty because of your -- as far as you know because of the diagnosis of Covid?

A Well, Covid, when $I$ was laid up for it and I haven't returned. I have been released since.

Q What are the conditions associated with Covid that have also been diagnosed since you were diagnosed with Covid?

A Are you talking about currently?
Q Yes. After you were diagnosed, were there other conditions affecting you?

A Well, this is the thing. My breathing has been terrible. Still is not at its best. I made some improvement but it still is not at its best. My endurance is terrible. My endurance is not near what it should be. I mean, for some reason, you know, just doing a simple bike ride, let alone trying to run, $I$ get winded. I have to turn back. You know, $I$ can't go nearly as far as $I$ used to.

Q Before you were diagnosed with Covid, did
you engage in exercise or sports?
A I played baseball. I got first place trophies at home and everything. I played baseball. I played basketball.

Q Since you have been diagnosed --
A Bike riding.
Q Since you have been diagnosed, have you been able to perform those type of activities?

A No, no, not nearly to the level that $I$ was. I mean, I am still good but my endurance is terrible. I get winded too fast.

Q Are you on any medication for any of your conditions?

A Well, $I$ have -- they have given me as far as some blood pressure stuff. They have given me Hydrochlorothiazide $I$ think that is the name of it and Protonix for indigestion. Like reflux or something. Something wrong with the reflux.

Swelling. After they removed the uvula, they also said that there was swelling in my throat area. That they got -- I actually was scheduled to go back to get that done but because my insurance had kicked me out and was playing games, it was -you know, I don't know. I just kept receiving
things. I had to pay 1,000 or 700 some dollars and all of this. I didn't know if $I$ was covered or not covered.

Q The condition that is affecting you most since you have been diagnosed with Covid and continuing would be your breathing, your lung problems; is that correct?

A That is in deed and the blood pressure they mentioned. If I could get this breathing thing together, maybe $I$ could get the blood pressure thing together.

Something else that worries me that $I$ was afraid to even address, which was something they stated about a chronic -- I seen it in my medical record even though $I$ never questioned it because I just was -- I was just tired of hearing bad news and tired of the way $I$ feel about this whole thing. But in my medical record, it says about chronic kidney disease, chronic kidney disease, too. I don't know what that is all about. I never in my life had that.

I am going to question that later but $I$ don't know what it is about. I didn't even ask yet.
$\square$

A Yes, sir.
Q -- affect your ability to return as a Firefighter, correct?

A Yes, it is.
MR. HORWITZ: I have nothing further.
CHAIRMAN FORTUNA: Trustees, any questions?

Hearing none.
MR. HORWITZ: We rest.
MR. PINELLI: I have a few questions of the applicant.

## EXAMINATION

BY MR. PINELLI:
Q Mr. Igess, if I understood your testimony, you said you worked a double shift before you went on vacation, right?

A Yeah, I did like a flip, some sort of flip, just so $I$ can -- yes.

Q Before you worked that flip, did you report any symptoms to the Fire Department that you were experiencing?

A That is the thing, at that point with the

Department, that wasn't a requirement. That hadn't came out like -- you know, at that early stage of Covid in the United States of America or within the Fire Department itself, there hadn't been any guidelines to say, $A$, if you experience this symptom report it. Or, you know, or this is the symptoms of Covid. You know, there wasn't nothing that was -- you know, within the Fire Department we have -- within the Medical, within the EMS training, they will give a guideline that states this is what we're looking at and this is how we are going to deal with this and this is what we need to look out for. These are the new safety features that we are going to be required to perform, which all took place after that point.

Q Okay. I understand that.
A So reporting that to the Fire Department was something that like -- you know, my throat is sore. I am going to work.

Q I understand that. My question was simply did you report a sore throat or any other conditions before you worked those shifts?

A No.
Q Okay.

A Nothing. I worked it.
Q Okay. So then you left for this -- you called it a vacation, right?

A Yes, sir.

Q Did you travel with anybody besides yourself?

A Yes, sir.
Q Who did you travel with?
A It was another firefighter. His name is Joseph Sharrieff. There were some other guys from a karate Joe Joe place, they were all down there as well.

Q But $I$ meant who did you actually fly with on the airplane?

A That was my roommate, Joseph, Joe, Sharrieff, he is fire investigation.

Q When you went down to Brazil, how long were you down there, how many actual days?

A I think we stayed like from the 6th to like the 12 th. We left on the 12 th.

Q I'm sorry, I missed that. You were there from the 6 th through the 12 th?

A Yeah. We left on the $12 t h$, yes.
Q When did you get down there?

A I think the 6th, something like that.
Q It was basically a week you were down there?

A Yeah, yeah.
Q Did you travel around or did you just stay in one location?

A We were in Ipanema. And I pretty much kind of stayed around because $I$ just didn't feel -I felt under the weather a little bit. He went to his karate things. I was invited to all that. I just didn't want to be bothered.

So, at the place we stayed, there was a swimming pool up top and right across the street from the building we stayed in was the beach and the store was around the corner.

I would travel around the corner to get food to bring back to the place to cook for myself and go upstairs and hang out in the pool area. I just felt kind of crappy. I mean, I was feeling crappy.

I was looking forward to getting past that so I could have a great time. I tried to get out to have a good time regardless. It wasn't like if I would have had if $I$ had been at my best. I
would have had a great time. I would have been trying to party. But $I$ wasn't feeling my best so I didn't try to, you know, ignore that. I couldn't ignore it.

Q As you pointed out this was the early stages of the pandemic so $I$ take it that people in Brazil were not using much PPP; is that correct?

A Yes. Brazil and United States, neither one of us were.

Q Okay. When you got back to the states, did you work immediately the next day?

A The next day, yes, sir.
Q And you just worked one day, if I understand --

A Yes.
Q Your testimony before you --
A Yes.
Q -- laid up; is that correct?
A Yes, sir.
Q When you laid up it was because of what symptom or condition?

A No. I laid up because at that point they started mentioning that if you have this symptom or this symptom or this symptom report it before you
come to work, that's when those things came out at that time. And I said, wow, that is crazy. I made the call. That is the reason -- had that report came out before I left, I would had to have made that phone call then. But it hadn't came out yet. I would have made that phone call before I left. Yeah, I got this that or another or just have to report it. Or, you know, even if there was a guideline for leaving the country, you know, I probably wouldn't have made it out of the country because they would have caught that.

Q In addition to the other medical
conditions you have discussed that you have, which I understand is sleep apnea, right?

A Yeah, I have a machine for that.
Q You have been treated for that. The records also indicate that you had that surgery for the uvula, right, to take that out, right?

A Yes, sir.
Q And that was affecting your breathing you said right before you had it?

A Very much so.
Q It also indicates you had GERD. Do you know what that is?

A That is what $I$ take the Protonix for.

Q That is Gastroesophageal Reflux Disease, right?

A Yes. Something. That also has been just gotten worse. Been crazy since. I didn't used to have to take those pills like that.

Q Okay.
A I didn't -- $I$ wasn't really taking those pills. I didn't really have to because $I$ was doing pretty good. Now it seems like -- I don't know, a lot of crazy stuff going on with my body. I just look forward to being back to normal.

Q I take it since you went on layup, you haven't engaged in any training to increase your endurance or anything like that, right?

A Well, $I$ have ridden my bike and that is what made me realized that, you know, $I$ don't have it like $I$ used to. I mean, you know, I mean, just doing things around the house. Just little extra stuff. One thing $I$ do around the house $I$ like to, you know, cut my hedges. But even in that $I$ get exerted. I used to breeze through that with a breeze.

Now everything is -- it is crazy. I just
don't like it. It is just really upsetting, you know. I don't know. I don't know know what it is or what it will take. I look forward to something making this situation better for me. I don't like it.

Q Final question. Since you went on layup have you engaged in any activity by which you earn income?

A No, not at all.
MR. PINELLI: Thank you. That is all the questions have.

CHAIRMAN FORTUNA: Trustees, any questions?

MR. HORWITZ: I have one question.
CHAIRMAN FORTUNA: Hold on. Steve, hold on.

MR. HORWITZ: Okay.
CHAIRMAN FORTUNA: Trustees, any
questions?
MEMBER MCPHILLIPS: No questions.
CHAIRMAN FORTUNA: Go ahead, Steve.
EXAMINATION
BY MR. HORWITZ:
Q Mr. Igess, when you returned to the

United States from Brazil, were you wearing a mask at that point?

A Yes, sir.
Q Did you wear a mask -- you said you worked one shift after you returned from Brazil. Did you wear a mask then?

A Yeah, I wore it at some stops. But, you know, even at that point there still wasn't a guideline. Like if somebody's was assist a civilian or something like that, $I$ figured, okay, it is safe to go in there because there was nothing there to say no patient is safe. That guideline hadn't been meet yet.

Q The decision to wear a mask was that based upon --

A It was based upon me. It was my decision, not the Department's decision at that point. It came from the Department afterwards.

MR. HORWITZ: I have nothing further.
MR. PINELLI: Thank you. I have no further questions of Mr . Igess either.

Steve, you said you rested at that point?
MR. HORWITZ: Yes, we rest.
MR. PINELLI: I call Dr. Peters to
testify. Please, raise your right hand.
(Witness sworn.)
MICHAEL I. PETERS, M.D.
a witness herein, having been first duly sworn, was examined and testified as follows:

## EXAMINATION

BY MR. PINELLI:
Q State your name for the record.
A Michael I. Peters.
Q You are a physician, correct?
A Yes, I am.

Q Is a copy of your qualifications as a physician attached to the Board Exhibits?

A Yes.
Q Do you perform a function as a consultant to this fund?

A Yes, I do.
Q In that capacity, do you review medical records, examine or interview applicants and report to the Board?

A Yes, I do.
Q With respect to Mr. Igess, did you examine him or interview him?

A I interviewed him by telephone because of
the pandemic.
Q And did you file a written report with the Board that is marked as Board Exhibit Number 2?

A Yes, I did.
Q Could you briefly summarize for us what your findings were with respect to his condition?

A I can briefly summarize his medical history as I saw it with the records that $I$ was provided.

Firefighter Igess sustained a small fracture of his finger and was seen at the CFD Medical on August 8, 2109 .

From that time until -- he was seen six times at CFD Medical during that injury from August 8th until November 7, 2019.

During all of those visits, he had what we call a hypertensive urgency. His blood pressure was high enough that he was at imminent risk of having something acute happen that would be bad.

So, on August 8 th of '19, his blood pressure of 200 over 110 . When he came back on the $29 t h$, it was 170 or 110 . And that started a pattern of very strong recommendation from the providers at CFD Medical, including the nurse
practitioners and Doctor Wong. Anything from you should be transported emergently to the emergency department, which he refused, to you need to be on medications, which he repeatedly stated he would prefer to try natural remedies or that he did not medications.

At one point he reported that he had seen a primary care physician but did not provide records of that visit. Nonetheless, he had persistently very high blood pressure at least until November 7, 2019.

Then regarding his COVID-19 acute illness history, $I$ did not see in the record that he reported any sore throat upon leaving for his trip, but $I$ do have the record that he left on the 6th, that he returned from Brazil on the 13 th, and that he developed symptoms, typical Covid symptoms. Like fever, muscle aches, diarrhea.

Three days later on the 16 th he was tested and the test came back positive on the 18 th.

When he was seen at CFD Medical for this illness on the 25 th, he was advised to go to the ER for possible pneumonia. But he went and then he left without being seen. And then ultimately a day
or so later, he went and got admitted for a couple of days with pneumonia.

During all of these visits, his blood pressure was very high. This persisted. He ultimately did see primary care physicians.

He was put on Hydrochlorothiazide 25 milligrams but continued to have high blood pressure.

Regarding his sleep apnea history, his ENT surgeon, Dr. Dixon, from the $U$ of $I$ at UIC, documented that he was not using CPAP regularly. She put in quotes that he quote "didn't want to be on a machine for the rest of his life".

He did ultimately have a uvulectomy, which he described, which is the removal of the thing that hangs down in the back of your throat.

At least during my interview with him, he reported that his breathing was better.

So the summary is that he has longstanding hypertension predating COVID-19. That he's been noncompliant with treatment. He developed a COVID-19 infection after returning from a ten-day trip to Brazil. And he has sleep apnea for which he has been variably compliant with the

CPAP machine. And ultimately underwent a uvulectomy which seemed to symptomatically help him at least by the history $I$ got.

Q Let's start with a couple of points here. With respect to the COVID-19 test and diagnosis, which you said occurred three days after he returned from the Brazil trip, doctor, have you reviewed, and for purposes of your own work as a doctor, literature and information regarding COVID-19?

A Yes. I am a frontline healthcare provider emergency medicine attending. So I have been involved with the care of Covid patients since February of that year. So, yes, it is something that $I$ deal with on a regular and almost daily basis and $I$ am dealing with it again so yes.

Q With respect to the timing from exposure to developing symptoms, there is information generally about that, isn't there, how much after an exposure somebody would likely develop symptoms, right?

A Most people it is most likely after an exposure that you would develop symptoms within three to five days. Certainly would not be very
typical or even described to develop a sore throat and then ten days later develop typical symptoms. Which would be the fever, muscle aches, diarrhea.

In other words, if you have onset of the illness, you are going to progress to the onset of the illness. Either get better or worse. It is not going to take ten days for you to then develop other symptoms. The time course doesn't fit with an occupational exposure.

Q I'm sorry, what did you say, doctor?
A The time course he's describing does not fit with an occupational exposure to COVID-19 as the cause of his acute illness.

Q Is there anything in the record that would indicate more likely than not where he was exposed?

A Just based on the timing of his travel to another country, without wearing PPE, being there ten days and then developing symptoms a few days after he got back, that would fit with more than likely he got it -- he got exposed while he was out of the country.

Q Okay. Let's talk about his current condition with respect to his high blood pressure.

Is there any indication from anything you have learned that there is any connection between high blood pressure and COVID-19 as a cause?

A No. And he had it before the COVID-19 infection.

Q Okay. With respect to his fitness for duty at this point, what in his condition is affecting that fitness for duty of what he has described?

A Well, the two things -- the things he's describing, the persistent -- the intolerance to exercise that he reports and his difficulty breathing. You know, the obstructed sleep apnea is not a lung disease. It is an upper airway problem, which he's been treated for and for which he has a mechanical device he can use.

So I don't see that as an occupational, that is something that will prevent him from returning to full duties.

He had normal, completely normal, pulmonary function testing so that really excludes that he has any post-Covid lung changes.

His hypertension really is an issue of compliance with medication. There is just a long
and multiple visit documentation by all of the nurse practitioners and $I$ think three different physicians at CFD Medical and then the primary care doctors from the clinic that he was going to. That he wasn't complying and he was often reporting that he wasn't going to comply, that he was going to take natural remedies.

It is really just a matter of him taking his medicine and getting his blood pressure under control, which really for him is the right thing to do for his long term health. But $I$ don't see that -- unless his blood pressure is really high, I don't see that as a reason for him not to work.

MR. PINELLI: Thank you, doctor. That is all the questions I have.

CHAIRMAN FORTUNA: Trustees, any questions?

Hearing none.

## EXAMINATION

BY MR. HORWITZ:
Q Doctor, you mentioned that Mr . Igess had an elongated uvula and had surgery on that?

A Yes.
Q That occurred after his diagnosis of

Covid, right?
A The surgery occurred after the diagnosis of Covid.

Q Do you know when the diagnosis of the elongated uvula occurred? Was that after his diagnosis with Covid?

A Yes, it was when he saw the ENT surgeon.
Q How does the elongated uvula -- does that affect one's breathing?

A It doesn't affect the lungs. It creates a sensation of choking or difficulty breathing. In and of itself --

Q So it --
A I'm sorry, go ahead.
Q So it does affect breathing; an elongated uvula?

A It creates a sense of difficulty breathing. It rarely causes acute airway closure. That's not the situation he was in.

Q Can you say -- well, it's possible is it not that the elongated uvula was caused by his Covid?

A Inflammation of the uvula can occur following non-specific viral infections. I have
not read anything or seen any cases of a swollen uvula, especially a permanently swollen uvula, that occurred because of Covid. It doesn't mean it can't happen. I just haven't seen it.

Q Now, you said as far as you know Mr.
Igess did not wear any protective equipment when he went to Brazil and when he came back from Brazil. Do you recall his testimony that he had a mask on on both occasions?

A I didn't hear him say he wore a mask on his trip to Brazil. I heard him say he didn't know that those were requirements until he came back. If I am incorrect by that, please --

Q He testified that both going and coming from Brazil he wore a mask. How does a mask -what does it do in connection with contacting Covid or not contacting Covid?

A For a mask, it depends on what type of mask he was wearing, whether it was a surgical mask or a N 95 mask. For a surgical mask to prevent him from getting Covid, he would have to be wearing it all the time, not just on the plane but the entire time he was in Brazil whenever he was around other people in a closed space. They would have to be
wearing a surgical mask as well.

Otherwise, he would have to be wearing a N95 mask which provides greater protection. If he was wearing an $N 95$ mask during all the times he met the definition of an exposure, then he would be protected.

Q Now you testified that you don't believe that the timeline shows that it was -- that the Covid he contracted was occupational -- due to occupational exposure, correct?

A I don't think it's likely that it is occupational.

Q And now did you recall he testified, Mr. Igess, that prior to his leaving for Brazil and after he had worked two consecutive shifts, he had problems with his throat and his breathing? Do you recall that?

A I heard him say that but I didn't see that in the medical record. I didn't see any description of his symptoms until three days after he came back. And $I$ still don't think it is likely, even if he had a sore throat, that he wouldn't develop any other Covid symptoms for ten more days.
MR. IGESS: It wasn't ten days. I don't
know why you keep saying ten days.

MR. PINELLI: Hold on, sir. You are not testifying right now, the doctor is, please. Your lawyer will get a chance to ask you questions, if he needs to.

MR. IGESS: Okay. No problem, sir.
MR. PINELLI: Thank you.
BY MR. HORWITZ:
Q After an exposure typically how long does it take before symptoms develop?

A Most people will develop symptoms in three to five days.

Q And those symptoms would include breathing problems?

A Yes.
Q Is diarrhea a symptom?
A Yes.
Q And lack of endurance?
A Fatigue. Fatigue is definitely a symptom.

Q Now, was Mr. Igess correct that the Fire Department had no guidelines with respect to reporting symptoms of Covid at the time that he
left for Brazil, correct?
A I don't know the answer to what the CFD was doing at that time. Mr. Igess was incorrect in stating that the CDC did not have guidelines in mid-March. They definitely did.

Q Now back in 2020 or 2019 , when he returned to work in November and working until March of 2020, he would have had to have satisfied the Fire Department's blood pressure guidelines, correct?

A Yes.

Q Now you said during that period of time, he had readings up to 200 over 100 . So at the time he returned to work in November of 2019 , what was his reading that allowed him to return to work?

A The most -- the reading closest to his return $I$ saw was 140 over 100 .

Q What are the CFD guidelines with respect to blood pressure allowing someone to work?

A The letter they send out to primary care physicians or cardiologists is 160 over 100.

Q So 160 over 100 , okay.
A I'm sorry. 160 over 110.
Q Okay. Now does someone who has high
blood pressure -- how would that affect someone who has contacted Covid? Would it have any affect on a person's ability to -- with respect to Covid?

A I am not sure $I$ understand your question.
Q He had high blood pressure for apparently a number of years. Does his high blood pressure affect his ability with respect -- affect his Covid -- the fact that he was infected with Covid, did it worsen it or mitigate it?

A Hypertension would be considered a comorbidity that would put him at risk for a worse outcome, a worse acute illness, from Covid. More likely to develop worse pneumonia. It didn't happen to him, though.

Q What didn't happen? The blood pressure did not affect his Covid?

A He didn't develop a bad pneumonia. He was admitted for several days but he never had a large oxygen requirement. His chest x-ray did not show severe pneumonia.

Q It is not your testimony that Mr . Igess' infection with Covid could not have occurred as a result of his duties with the Fire Department prior to his leaving for Brazil, correct?

A I'm sorry to keep doing this. I don't totally understand the question.

Q The fact that he -- you're not saying that the fact that he was infected with Covid was not -- strike that. The fact that he had a Covid infection, you are not saying that his exposures during his performance of duties at the Fire Department could not have caused that infection?

A I don't think it is very likely given the time course of information that $I$ was provided that his Covid infection -- that he got his Covid infection from his duties prior to leaving for his trip. I don't think that's likely.

Q Even though he had testified he had an airway -- I mean breathing problems and -- is that correct?

A He testified he had breathing problems and a sore throat but $I$ didn't see that in the medical record and $I$ don't think it's likely that he would just have a sore throat and then leave on the 6 th and come back and develop symptoms on the 16th. I don't think that is likely that he would just have a sore throat for that period of time. Probably more importantly, I don't see any mention
of those symptoms anywhere else in his records.
Q But he told you -- did he tell you about that when you interviewed him?

A He did not tell me about the sore throat that he had on the day he left, no.

Q But Covid does, of course, have an affect on one's breathing; is that not correct?

A Yes.
Q Is that usually the primary or the principle adverse condition?

A The primary adverse condition is its effects on the lungs to cause low oxygenation.

Q And the fact that Mr . Igess had sleep apnea, would that be more likely for him to contract Covid?

A No, that doesn't make him more likely to contract Covid.

MR. PINELLI: Counsel, we have to move this along. We have other hearings.

MR. HORWITZ: I am done.
MR. IGESS: Can I ask any questions? Can I answer any questions or make a statement for the doctor?

MR. PINELLI: That is why you have a
lawyer, sir.
MR. HORWITZ: Yes.
MR. IGESS: I would hope he would ask me the question because the information that is coming off inaccurate from the doctor from what actually took place and the dates and the time and the information. His description of the time and information is not accurate at all. It is not reflective of what actually took place.

MR. PINELLI: That is a point your lawyer can make.

MR. IGESS: Okay.
MR. HORWITZ: Can $I$ call Mr. Igess as a rebuttal witness?

MR. PINELLI: First I'd like to finish with Dr. Peters. I am not done.

MR. HORWITZ: Okay.
EXAMINATION

BY MR. PINELLI:
Q Just one question. Dr. Peters, can you go to what is marked as -- you have the Board Exhibits there, I assume?

A I do. What is it you want to ask me about?
$Q$ It is Board Exhibit 10.42 , which are
Progress Notes from the Medical Section of the Fire
Department.

A I don't have that open. It's hard for me to open all these things on my computer. I can probably access that from the records that were provided to me initially.

Q You can look at any prognosis notes from the Fire Department that you have access to regarding his Covid diagnosis.

A Okay. I have CFD Medical open.
Q 10.42, can you get there?
A Do you have a date on this?
Q It is March 25 th of 20 , that is the date of the note.

A I can't - -
Q Let me ask it this way then. From your review, did you review the Fire Department medical records?

A I did.
Q And each of those detail any time that he was seen at Medical for this issue, right?

A That is correct.
Q Don't those notes indicate throughout
each and every visit that he had that his symptoms began on March 16 th of 2020 , that is what they say, right?

A That is where $I$ got that date from.
Q That is consistent throughout all the records, right?

A Yes.

MR. PINELLI: Thank you. That is all I
have. No further questions of Dr. Peters.
CHAIRMAN FORTUNA: Trustees, any questions for Dr. Peters?

MEMBER MCPHILLIPS: No questions.
MEMBER CONYEARS-ERWIN: Mr. President, good morning. Trustee Conyears-Erwin here.

CHAIRMAN FORTUNA: I saw you were on. MEMBER CONYEARS-ERWIN: I had a question.

Doctor, help me through this because Covid is -- this is a tricky situation. It is new for all of us.

I know some people that tested for Covid as positive and then they went back like two weeks later tested again still positive. Went back a week later tested again still positive. I know some people that tested positive, went back two
weeks later and there was a negative result at that point. Everyone has been different.
also know that with the symptoms some people may have had -- I am going to take, for example, a headache or a runny nose. Did not necessarily know that they had Covid at the time and then symptoms further developed.

So I am trying to understand why is it not possible that this fireman had the symptoms or even had Covid before going out of the country? I am struggling with this. I wanted to just for the record for me elaborate just a little bit more.

DR. PETERS: I am not saying that it's impossible or not possible that he had Covid at the time he left on his trip on March 6th. What I am saying it is very unlikely for the following reasons.

He's reporting now that he had a sore throat prior to that trip but it is not reported in his fairly detailed and ongoing medical record that he had any symptoms prior to leaving for the trip.

The symptoms are first described three days after he returns from the trip so that is the first part.
$\square$
The testing part of what he was described I don't think that's -- that's not part of my rationale because some of that depends on which type of test you had and an ongoing positive test long after your acute illness has resolved is not significant clinically.

Does that help clarify or do you want me to answer something else or do you have other questions?

MEMBER CONYEARS-ERWIN: No. Go ahead, Mr. President.

CHAIRMAN FORTUNA: Any other questions?
MEMBER SONI: I have one question.
Before the trip was there a test that was taken? Some destinations require a Covid test be taken before.

MR. IGESS: Are you asking me?
DR. PETERS: Is that a question for me?
CHAIRMAN FORTUNA: I would assume that question is for Steve.

MEMBER SONI: Yes.
MR. HORWITZ: I thought it was for the doctor. What is the question you were asking now?

MEMBER SONI: Was there a Covid test
taken prior to the trip because some destinations require that you take a Covid test before.

MR. HORWITZ: No, there was no Covid test prior -- before he left for Brazil.

MR. IGESS: They weren't required at that time.

MR. HORWITZ: That was early March, March 3rd I believe, and there was very little Covid testing anywhere but he did not have a test.

MEMBER CONYEARS-ERWIN: I have a followup question then, Vince. I know March was so early on with the Covid. He testified to not knowing protocol before traveling of notifying the Fire Department of his symptoms but then when he returned that protocol was in place. Did we verify that or do we know whether that is true or not?

MR. IGESS: I could probably answer that, if you need some help.

MEMBER CONYEARS-ERWIN: No, that is okay,
sir. Thank you. I was asking our attorney.
MR. IGESS: I'm sorry.
MR. PINELLI: I am sorry, I didn't realize the question was directed to me.

MEMBER CONYEARS-ERWIN: I don't know who
could answer it. I was not asking him. I was asking did we verify? $I$ don't know who that question would be directed to besides $I$ assume maybe you, Vince, but whoever else can answer.

When he testified of the protocols -mind you, March was so early with the Covid. But he had testified that there was no protocol in place that he was aware of until after the trip to notify the Fire Department of his symptoms.

MR. PINELLI: He just raised it in his testimony so it was not something that was looked into. But $I$ am sure, you know, that could be looked into. I suppose we could contact the Fire Department to find out what protocols, if any, were in place at that time but we don't have that information right now.

MR. HORWITZ: That at that time would be March 3rd, correct, Vince?

MR. PINELLI: Yes, at the time before he left.

MR. HORWITZ: Before he left for Brazil.

MR. PINELLI: Before he left $I$ think that is the question that the Trustee is asking about.

MEMBER CONYEARS-ERWIN: I understand what
you are saying, Vince, that is not something that you would have even known to verify before now, that is a followup question. Okay, thank you.

MR. PINELLI: Mr. President, are there any other questions from the Trustees?

CHAIRMAN FORTUNA: Trustees, any other questions?

Hearing none, Vince.
MR. PINELLI: Then $I$ think the last thing was Steve you made a request?

MR. HORWITZ: To call Mr. Igess.
MR. PINELLI: Yes, but $I$ would keep it -it is rebuttal. It needs to be very short.

MR. HORWITZ: Right, I understand.
MR. PINELLI: By short, I mean to the point.

MR. HORWITZ: Right.
MR. PINELLI: Okay, thank you.
EXAMINATION
BY MR. HORWITZ:

Q Mr. Igess, you testified or you stated that the comments that -- or the testimony of Dr. Peters and his report there was some inaccuracies. Can you briefly tell us what you believe are the
inaccuracies?
A Well, the idea of him suggesting that my symptoms came upon ten days afterwards. It has already been stated that $I$ had symptoms prior. But when $I$ was questioned by the ambulance and the hospital, $I$ wasn't thinking about having Covid. Covid was the last thing on my mind. So when they asked me what did $I$ call them for, that is the information that was given. I called them because I had a sore throat, I have a fever, I am having diarrhea, that is it. You know, that was what was happening to me. I wasn't thinking that $I$ was going to be patient zero for Covid. I was not worried about this. You know, I am feeling crappy and I am going to be going back to work soon.

The idea painting a picture of when $I$ was 13 I had a backache. And, you know, and then 15 days later -- six days before this my butt was itching. I didn't have all of that information.

I didn't think that was even necessary because the last thing $I$ was thinking about was having Covid.

As I stated, my symptoms were already there. On the trip I didn't even feel good. I
couldn't even enjoy the trip like $I$ wanted to. So, I mean, $I$ don't know. I mean, that is the honest truth, that is what happened with the situation.

What he believes and how he is stating it, it makes it seem like my first interaction with Covid was full blown diarrhea and headaches and fevers all on the 16 th. That doesn't make sense. That doesn't make sense. I don't understand why someone would even suggest that. It's upsetting but either way -- I mean, it is upsetting to think that a doctor would even strategize on something like that to say someone would have four or five different symptoms all on the 16 th. Obviously, these things were before the 16 th.

The only reason it was noted to Medical was because the announcement was made after I came back. When I came back to town -- before I left, there was nothing stating that. If you have any symptoms with Covid, you know, there was no test that was going from one country to the next. There wasn't even a test to come back into the United States yet.

Now you can't go anywhere without getting tested coming to the U.S but before there was no
test to come back, no test to go in.

MR. PINELLI: Okay. We have to move on, Steve.

MR. HORWITZ: Yes.

MR. PINELLI: Anything further?

MR. HORWITZ: Nothing further.

Let's proceed, Mr. Pinelli.

MR. PINELLI: Then you rest?

MR. HORWITZ: We rest.

MR. PINELLI: That is all the evidence at this time.

MEMBER MURPHY: Mr. President, I'd like to make a motion to grant the Duty Disability benefits to Shan Igess.

MEMBER MCPHILLIPS: Second.

CHAIRMAN FORTUNA: There is a motion to
grant by Trustee Murphy. Seconded by Trustee McPhillips.

Trustee Murphy.
MEMBER MURPHY: NO.

CHAIRMAN FORTUNA: Trustee Sheridan.

MEMBER SHERIDAN: NO.

CHAIRMAN FORTUNA: Trustee

Conyears-Ervin.

MEMBER CONYEARS-ERVIN: Pass.
CHAIRMAN FORTUNA: Trustee Soni.
MEMBER SONI: NO.
CHAIRMAN FORTUNA: Trustee McPhillips.
MEMBER MCPHILLIPS: No.
CHAIRMAN FORTUNA: And $I$ am a no.
MEMBER MURPHY: I would like to make a
motion to deny the benefits requested.
MEMBER MCPHILLIPS: Second.
CHAIRMAN FORTUNA: There is a motion by
Trustee Murphy to deny. Seconded by Trustee McPhillips.

Trustee Murphy.
MEMBER MURPHY: Yes.
CHAIRMAN FORTUNA: Trustee Sheridan.
MEMBER SHERIDAN: Yes.
CHAIRMAN FORTUNA: Trustee
Conyears-Ervin.
MEMBER CONYEARS-ERVIN: Pass.
CHAIRMAN FORTUNA: Trustee Soni.
MEMBER SONI: Yes.
CHAIRMAN FORTUNA: Trustee McPhillips.
MEMBER MCPHILLIPS: Yes.
CHAIRMAN FORTUNA: And $I$ am a yes.

Sir, based on the findings of evidence that we have heard and considered, the Trustees have voted to deny the benefit you have requested.

You will be notified by mail of the findings of fact and the Board's decision. Thank you.

MR. PINELLI: This matter is concluded.
Thank you.
MEMBER MURPHY: Mr. President, moving on to Approval of Board Physician Reviews of Disability Recipients. I would like to make a motion to approve the Board Physician's Review of Disability Recipients.

MEMBER SHERIDAN: Second.
CHAIRMAN FORTUNA: Motion by Trustee
Murphy. Seconded by Trustee Sheridan.
Trustee Murphy.
MEMBER MURPHY: Yes.

CHAIRMAN FORTUNA: Trustee Sheridan.
MEMBER SHERIDAN: Yes.
CHAIRMAN FORTUNA: Trustee Soni.
MEMBER SONI: Yes.
CHAIRMAN FORTUNA: Trustee McPhillips.
MEMBER MCPHILLIPS: Yes.

CHAIRMAN FORTUNA: And $I$ am a yes.
Motion carries.
MEMBER MURPHY: Moving on to Investments,
I'd like to turn this over to Lorna.
I don't believe there is any action items this month.

MS. SCOTT: Given the time, I think Brady, Jackie and $I$ will keep our comments brief.

So I have three points to make. One, performance. The Fund rose 1.1 percent in July bringing the year to-date return up to 11.2 percent. The Fund is outperforming its benchmark by 0.8 percent.

The attribution charts within the report show that that outperformance is primarily coming from our international equity managers. That is both Brandes and LSV, value oriented managers, that are outperforming their benchmark.

My second point we have an Investment Committee meeting coming up on August 31 st so it is Tuesday. Two weeks from yesterday.

It is an education meeting and all trustees are encouraged to attend. The theme of this meeting is fixed income investing.
$\square$
There are two agenda items. One, Callan will present on private credit and that is an asset class that may be added in the next liability study.

Then we will have three short
presentations from our existing fixed income managers and that is just to provide a market update. And given the low interest rates and the inflation that is making headlines, it is probably a really good time to check-in with our experts.

So I would highly recommend that all trustees attend. Again, August 31st at 9:30. The meeting will last about a hour and a half.

My third point in BoardPac, you can see our MWDBE Broker Utilization Reports and that shows utilization through June 30th. In a nutshell, thus far at the total plan level we are meeting our goals. We are on track.

I will turn it over to Brady to make his brief points.

MR. O'CONNELL: Thank you, Lorna.
First quick comment relates to manager update. So BoardPac has notification from CBRE, one of our core real estate managers, regarding a
shift in responsibilities there.
The primary Portfolio Manager, who we met when we did due diligence on that investment, has been promoted to their Global Chief Investment Officer. The Deputy Portfolio Manager who had presented to us about a year ago has been promoted to the primary Portfolio Manager.

So, on the surface, we have no concerns. This doesn't warrant a watch list but we wanted to let the Board know the change and also let you know we will be monitoring this closely. Our initial reaction is that there is no need for action.

The second item is really to reinforce performance. So we have submitted our second quarter performance report for the Board to review. Happy to discuss that further on the 31 st but just to leave you with kind of two nuggets.

One, it was a great quarter for the Fund. Our portfolio was up for the second quarter over 6 percent. As risky assets, like equities, rallied, so did our Fund.

I think the more important takeaway for the Board is when we look at the trailing one-year period.

So June 30 th is a time period where a lot of public pension peers measure their fiscal year results.

When we lookback on how you have done over the past 12 months, your portfolio is up over 32 percent. The median public pension plan in the U.S. is up 26 so about 6 percentage points higher than the public fund median.

That one-year return for the median public pension plan is the highest that we have seen since 1985.

Really an extraordinary period of time, extraordinary results for public plans in general and yours in particular. That was driven by active management rebounding.

Some of these great results are an artifact of this 12 month time period, not covering the Covid market downturn of the first quarter of 2020 where we did struggle with active management. But sticking with those active managers and having patience in this strategy has paid off. Active management broadly in the portfolio rallied in our results for the past 12 months show that.

I wanted to make sure the Board was aware
of that good news and $I$ am happy to entertain any question you may have about that.

CHAIRMAN FORTUNA: Trustees, any questions?

MEMBER MCPHILLIPS: No. Thank you, Brady.

MS. SCOTT: Jackie, do you want to comment on the cash balances?

MS. VLAHOS: Basically, just real quick is as of August we have roughly about $\$ 43$ million in our checking account. And after we pay our benefits, we are going to still have a surplus of \$9.8 million in our checking account by the end of August.

If I you go on to the cash flows, you will see that as long as our tax receipts come in as we are projecting, we should have no draw downs for the remainder of the end of the year.

Obviously, this is depending on the fact that hopefully we will start getting some tax receipts in for the second payment due in September or the remainder of August.

Right now we have a surplus of $\$ 9.8$
million. I think, Lorna, you wanted to mention
about the rebalancing.
MS. SCOTT: So the rebalancing report is in BoardPac and like Jackie said we are not raising any cash this month so $I$ will leave the template for you to look at.

Mainly, it is just a review of our current positioning versus our targets. It is the same story we have heard in the past. We are overweight public markets, underweight private markets. Offsite by private markets. And then we are overweight cash and fixed income. Underweight real assets and liquid diversifying. Nothing is that far off target.

So I think then that concludes the investment report.

CHAIRMAN FORTUNA: Any questions, trustees?

MEMBER MCPHILLIPS: Quick question. This is for Jackie. Jackie, are you noticing any substantial lag in the tax receipts for that second payment compared to other years?

MS. VLAHOS: It's difficult to say because $I$ know that they have given a little bit of an extension for payments due. So I believe that
extension, Reshma can correct me, is it October 1st? I am not sure if she is on here. I believe that the extension to be considered not late is October 1st.

So normally, obviously, in the past the due date was the due date. I mean, normally we would see receipts in August where this year we have not seen receipts in August yet.

MEMBER SONI: That's right, I'm sorry for the delay. But we have gotten confirmation the bills will go out the end of August. We are looking at the October 1st date as Jackie mentioned.

Whatever we receive before that, of course, we will be sending out to the Fund. We are hoping that a lot of the property taxes are in escrow so as soon as those bills go out we'll start seeing the cash flow coming in in September.

MEMBER MCPHILIIPS: Thank you, very much, Trustee Soni.

CHAIRMAN FORTUNA: Thank you.
Any other questions?
Hearing none.

Can $I$ get a motion to accept the

Investment Committee Report, please?
MEMBER MCPHILLIPS: Motion to spread the
Investment Committee Report on the record. Do I have a second?

MEMBER MURPHY: Second.
CHAIRMAN FORTUNA: There's a motion by
Trustee McPhillips. Seconded by Trustee Murphy.
Trustee Murphy.
MEMBER MURPHY: Yes.
CHAIRMAN FORTUNA: Trustee Sheridan.
MEMBER SHERIDAN: Yes.

CHAIRMAN FORTUNA: Trustee Soni.
MEMBER SONI: Yes.

CHAIRMAN FORTUNA: Trustee McPhillips.
MEMBER MCPHILLIPS: Yes.
CHAIRMAN FORTUNA: And $I$ am a yes.
Motion carries.
MEMBER MURPHY: Moving on to
Expenditures, Item 7. Motion to approve the Administrative Expenses as presented is in BoardPac.

MEMBER SHERIDAN: Second.
CHAIRMAN FORTUNA: Motion to accept by
Trustee Murphy. Seconded by Trustee Sheridan.

Trustee Murphy.
MEMBER MURPHY: Yes.
CHAIRMAN FORTUNA: Trustee Sheridan.
MEMBER SHERIDAN: Yes.
CHAIRMAN FORTUNA: Trustee Soni.
MEMBER SONI: Yes.
CHAIRMAN FORTUNA: Trustee McPhillips.
MEMBER MCPHILLIPS: Yes.
CHAIRMAN FORTUNA: And $I$ am a yes.
Motion carries.
MEMBER MURPHY: Moving to Item 8,
Executive Director's Report. Kelly, please take it away.

MR. WELLER: Thank you, very much.
The first thing I'd like to do is hear the fiduciary management liability presentation.

What we should have on the screen for everyone to see is Craig and Jake's presentation on the fiduciary management liability insurance.

Craig, why don't I turn it over to you? We will walk through it and then we will address any questions that may arise.

MR. GOESEL: Thank you, Mr. Weller. My
name is Craig Goesel. I am joined by my colleague

Jake Jemmi as well. We represent Alliant Insurance. You might hear the name Mesirow Insurance associated with that. We were purchased by the Alliant group about four years ago. I have not changed seats or jobs. We are now affiliated with the Alliant company.

We are here to talk about what $I$ will
call the management liability. The most important item to the trustees that $I$ am speaking to right now is the fiduciary liability insurance.

I recognize you're going overtime so I will probably talk fast and $I$ will pause for a couple of questions after I make my presentations. But, by all means, please do interrupt me with any questions as $I$ go through this presentation.

First of all, thank you, ladies and gentlemen of the board and staff, counsel, et cetera for having me.

I am going to ask Kelly to go through a couple of slides here just so we can hit the highlights, if you don't mind.

To that point, Kelly, if you would go to my slide 6. But why don't we slide through this, go ahead and go through slide by slide. I know
your slides I think are different numbers. No, they are not. There you go.

First and foremost, we act as a procurement officer or procurement office for your funds.

We do send this submission material out to every insurance carrier that offers fiduciary liability insurance to public pension funds.

As you can imagine, that world is
limited. There is a very finite number of carriers that offer this insurance in the first place to any fund. And with the funding challenges $I$ will call it with Illinois, and particularly with Chicago funds, there is even fewer carriers that are interested in offering insurance to the Chicago Firemen's Annuity Benefit Fund.

With that said, we still continue to send all of that information out to the universe of carriers that offer the coverage.

Move one more slide, Mr. Weller, if you would.

We summarize the carriers responses herein. As you can see, most of them take a hard and fast and very quick pass on the opportunity.

Mostly with regard to funding levels. Sometimes with regard to what is called headline risk being a Chicago Fund.

We do have two carriers that continue to be interested in your program. You may recall, those trustees anyway that were on this call last year in August and unfortunately again in September, you will recall we had quite a snafu in that $I$ had delivered a relatively favorable renewal in August of 2020. And between August and when this program expires, which is the end of September, 9-30 to be exact, the insurance carriers got more skittish and pulled their quotes and we had to reconfigure and rebid and re-quote and re-present the program in September.

We are not having that same drama this year. Let's continue to knock on wood on that. We did get the same carriers that finally quoted and did bind the program last year to re-up their offerings and do it with no changes of coverage, unless we specifically want to change the limit profile. Only a minimal change in pricing.

So that is a quick snapshot of the marketing efforts as well as the market responses.
$\square$
The next slides, slides 8 through 12,
talk about the coverage nuances. I am going to ask for a moment to skip to slide 13 in this presentation, Kelly. Thank you.

A quick summary on the slides that $I$ basically just went through very quickly or that we just passed, $I$ know counsel will appreciate this. Other than if we decide collectively as a group to choose a different limit profile, there have been no changes in coverage since last year's presentation. There have been no restrictions in coverage, no additional endorsements added by these carriers, no reduced coverage from what was bound last year.

As you can see on slide 13, the first column, if you will, is a quick summary of the provision $I$ am referring to. That expiring column obviously references the coverage that we have currently. We have a $\$ 10$ million annual aggregate limit of liability that is shared among all of the trustees as well as staff, including the Executive Director, et cetera.

The retention is basically a fancy word for deductible. That is the deductible that would
be borne by the system, not by any individual.
If there is a claim that is made against -- I will drag Mr. Kelly's name through the mud, unfortunately. If he has a claim against him and somehow personal liability is assessed, there is no deductible to be paid by Kelly. In that case there would be a zero deductible. But any claim that would be indemnified by the system itself would bear a $\$ 100,000$ deductible, unless otherwise referenced.

The price tag on that $\$ 10$ million of coverage is about $\$ 152,000$ on an annualized basis.

Two callouts $I$ will have within that coverage. If there is a claim -- I will continue to use Kelly's good name and slander him, unfortunately. If there is a claim against Kelly, again using him as an example, for failing to fund the system, there would continue to be defense costs for that claim. Defense only but only up to \$4 million of coverage, not the $\$ 10$ million of insurance. That $\$ 4$ million is what is called a sublimit or a part of that $\$ 10$ million profile. That funding, because of the funding ratio of Fire Fund, is clearly one of the main issues that the
insurance carriers are so skittish about.
We were able to build in $\$ 4$ million of defense coats, that remains. That was unexpiring and we do have an option to renew that.

And then also a sublimit or a part of that $\$ 10$ million is coverage for what is called employment practices. We will refer to those as Title 7 type breaches. That is wrongful termination, sexual harassment, discrimination based on sex, gender orientation, race, et cetera, et cetera. All right.

We have four options to renew this program. The only differences between them relate to the limit profile.

Option 1 is a $\$ 3$ million limit. Option 2 is a $\$ 5$ million limit. Option 3 , which is your asexpiring renewal limit of $\$ 10$ million of program and then Option 4 which is an additional $\$ 5$ million of coverage making it a $\$ 15$ million program all in.

My recommendation is to stay the course with your current limit profile, which is $\$ 10$ million. Therefore, my recommendation is Option 3. This is reflecting just shy of a 4.4 percent increase in total spend, which is just shy of a
\$159,000. Again coming off a $\$ 152,000$ program.
I am suggesting we make no changes to the carriers, the coverage or the limit profile.

I am going to take a pause and then I will talk about benchmarking for a moment and then setting expectations for another coverage called cyber liability which doesn't expire for another couple months.

MS. BURNS: Just to be clear, Craig, no changes to the substantive provisions of the policy from the levels and the types of coverage that were available last year?

MR. GOESEL: Correct, counsel. If we go with Option 3, that is accurate.

MS. BURNS: Again, based on your expertise, you're recommending to the Board Option 3?

MR. GOESEL: Correct.
MS. BURNS: Thank you.
MR. WELLER: Trustees, are there any questions on the fiduciary management liability before $I$ turn it back over to Craig on what it is we're looking at? A 4 percent, roughly 4.4 percent increase, year-over-year.

It is the insurance market. We did have an extraordinary year for a lot of the things that were going on out there. I am not particularly surprised by it but it is an increase of 4 percent and staff would recommend also that Option 3 be the program that we move forward with.

MEMBER MCPHILLIPS: Quick question for Fund counsel. On the timing of this, is it your recommendation we vote on this today, if we're comfortable with the option?

MS. BURNS: Yes, sir. It's up to you, obviously, whatever the Trustees want. If you are comfortable doing it today, we would be able to get this coverage placed so there is no gap in coverage and then Craig will be back to you on the cyber insurance which you can vote on next month.

MEMBER MCPHILLIPS: I'd like to make a motion to accept Option 3 as presented by Craig from Alliant.

Thank you, Craig.
MEMBER MURPHY: Second.
CHAIRMAN FORTUNA: Okay. There is a motion by Trustee McPhillips. Second by Trustee Murphy.

Trustee Murphy.
MEMBER MURPHY: Yes.

CHAIRMAN FORTUNA: Trustee Sheridan.

MEMBER SHERIDAN: Yes.

CHAIRMAN FORTUNA: Trustee Soni.

MEMBER SONI: Yes.

CHAIRMAN FORTUNA: Trustee McPhillips.

MEMBER MCPHILIIPS: Yes.

CHAIRMAN FORTUNA: And $I$ am a yes.

Motion carries.

MR. WELLER: I have asked Craig to spend a little bit of time going through our cyber liability. This is something that gives me concern as I look out over the world that we live in, especially with a lot of cyber issues that we see coming up essentially every day. At T-Mobile would be a relevant example.

What $I$ have asked Craig to do is kind of prepare what he sees in the marketplace. Our cyber liability policy doesn't expire until 11-30.

What the agent would like to do, Alliant would like to do, is move these policies in line with the 9-30 renewal so that every year we would renew on 9-30. We wouldn't have to do this in two
separate pieces but for this year we do need to do it in two separate pieces.

With that, Craig, why don't you talk about the marketplace and some of the experience you are seeing out of the other plans in Chicago.

MR. GOESEL: Excellent, sir. If you could go to slide 15 . So while Kelly is moving the slides, thank you, very much, the cyber liability insurance marketplace is in turmoil, that is using a light term unfortunately.

You know why. You have probably seen headlines maybe even as early as this morning with regard to locally here CNA as an insurance company, but the pipeline, the meat processing company. There is a headline daily. In fact, they are no longer headlines because they are so far back in the newspaper anymore because they have become standard protocol.

These claims and this claim activity, mostly with regard to cyber extortion and ransom demands, are insurable events and are indeed being absorbed by the insurance carriers.

The insurance carriers are completely unprofitable in this line of business and because
of it as you can imagine drastic changes are happening with regard to coverage.

We have been relatively successful in getting renewals for large state funds, large county funds and some of your colleagues as well.

Every day that goes by and every week that goes by, the insurance marketplace gets worse.

The fact that your program comes up after Thanksgiving, so we are still far ahead of it, gives me great concern that the prices and deductibles are going to go up.

So here's a quick slide of what my expectations are. I fully recognize this is not talking about personal liability here, the fiduciary is.

I think Kelly really just wanted to kind of set expectations that we are going to be looking at significantly different deductibles and significantly different pricing on a percentage basis.

Your expiring program is $\$ 1$ million
annual aggregate limit of liability. You have a $\$ 25,000$ deductible as it stands right now and you are spending about $\$ 10,000$. Even at the current
limit profile, if we were to just renew the $\$ 1$ million program, $I$ am expecting the deductible to be four times at least what it is right now. Moving up to $\$ 100,000$ deductible. I am still expecting probably a 50 percent increase.

I know the dollars we are talking about here are not going to make or break anyone's budget. 50 percent increase on top of 10 is only 5 grand but those are the kind of percentage numbers that we are seeing across, not only public pension funds, but frankly for corporate America.

The other piece $I$ wanted to bring up, as I told Kelly, I did want to explore higher limit options for this fund as well. Some of your colleagues already have a $\$ 2$ million profile.

And with the amount of data that Fire Fund has, $I$ would be much more comfortable if you had a double limit profile. That, of course, is going to cost money. I quickly put a hash tag here indication give or take $\$ 25,000$ for a $\$ 2$ million number.

Again, this has not been negotiated. These are not firm numbers. I am hoping we will be able to come in with those numbers. With that
said, $I$ suspect $I$ will be able to get those quotes by your September meeting and definitely before the November effective date.

Again, just wanted to set the expectations with staff and trustees that this marketplace is very, very poor and we do expect some pretty hefty increases, at least on a percentage basis for this product line.

MR. KELLER: Craig, I think that is exactly what $I$ wanted the Trustees to be prepared for.

I also want to let the Trustees know that we did complete the cyber liability renewal piece of it, that has been submitted. We were very conscious of the questions these carriers, Beazley in particular, was asking us about our systems.

We're constantly -- and I've got our IT manager in the room with me now, many of you can see, some can't. But we are analyzing what we are doing. We have already shifted some of the -- what I would call the traffic, email traffic, that we're sending that has personal information. We switched to a new encryption system. Chris is working on security systems in the Cloud.

We're looking at continually keeping up the pace on the issues that are driving these what I would call cyber risks up and I want to make sure that the Trustees know that we're looking at what the insurance companies are asking us. We're building answers and procedures and new ideas to help address that as we move forward.

Technology is one of those things that just keeps constantly changing on us. We need to be on our toes. We're not just sitting looking back at the cyber liability going up. We are also stepping forward and seeing what can we do to protect our data and what can we do to protect our membership. That is one of the things that $I$ want you to feel confident that we're looking at and we're proceeding with appropriately.

With that, Craig, you're welcome to stay on, if you would like, and hear the rest of my report.

Let me first ask is there any questions that any of you might have for craig on the cyber piece of this before $I$ let him go?

MEMBER MCPHILLIPS: No. Craig, I thought that was a great job. Craig, very quick. Thank
you.
MR. KELLER: With that, Craig, you and Jake are welcome to drop off.

MR. GOESEL: I will take your invite. Thank you, very much.

MR. KELLER: I am going to go down my list here and just talk about some of the things that have happened in the last month. Open it up for questions on any of the items that we are going through.

There was a legacy item about banking services about taking control over our banking services and removing that control from the City of Chicago.

We are moving forward with that request that the Board put forward I think in 2019 pre-Covid. So the novation letter was signed yesterday, day before, to start the process of moving those accounts.

Jackie and her team are coordinating with the City. We should get that hopefully done in the next 15 to 30 days. I would see that that transfer would occur.

The City has been very gracious in their
first discussion with us into keeping the fees that were associated with those accounts to the end of the year so we can appropriately budget for them next year since they are technically kind of built in to the balances that we hold with the City. So the City is going to help us come up with a budget plan and have a realistic number of what we should expect for banking fees as we move forward. That piece is virtually done and $I$ think we should have the loop closed certainly by the end of the year. Great news on our last piece of our audit. Mitchell Titus came in and on August 5th, meeting the deadline that was required, gave us a full report on our compliance with the Illinois Department of Insurance Rules and Regulations.

I am happy to say Jackie and her team and the benefits team did a great job. We had absolutely no exceptions and no findings so kudos to those two teams for giving us a clean audit and for it being done and reported on time.

The next thing is we had a lingering issue with the duty availability pay. We believe we have got all but one individual taken care of in that and that is a good step. Which we sent out a
letter on the 26 th of July notifying the affected members what their payment expectations would be and a timeline associated with that.

Good news is staff has really done a phenomenal job. And that is Lori, Chris, and Michelle, in keeping that expedited. We think you're going to see those numbers in front of the Board for September approval and September payment.

Again, that is a month ahead of our timeline but that is what $I$ am being indicated at this point in time. Another kudos to the staff for keeping that moving forward.

Election deliverables to-date.
Everything has been met. We have nothing pending. August 31st will be our next date where we get the eligible voter roles and then the statement of candidacy will be due on September 7 th through September 10 th as per our rules.

Good movement there and nothing really to report, other than we are meeting our deadline.

We have had several meetings internally about Public Act 102-0091 and what I have done is put together a quick overview for the Trustees to look at so that you got an understanding of what
the bill does, what it potentially does to this Fund, and some of the decisions that this Board might have to make as a result of that.

If the President will allow me, I would like to put up a presentation and perhaps walk through that and give you some more information.

This act passed in July. It is a relatively new act. As I have mentioned, we have met several times internally. And the President, our legal representatives and myself, met with the Commissioner and their legal team, to kind of vet what we were seeing in the statute to discuss some of the high level ways this bill can be interpreted.

And off of that, $I$ think right now we have at least an understanding of the way this act can be interpreted. Let's just talk about it.

What this does in general is allows for a qualifying retiree, and $I$ will give you the notes for that, to convert a normal retirement annuity into an Occupational Disability.

So somebody retires, up to five years later, they can potentially convert, if they have an Occupational disease that would meet the
qualifying tests. The qualifiers on this are that the member cannot have reached the compulsory retirement age of 63. As you all know, paramedics do not have a compulsory retirement age so this is something we are going to have to contemplate in our rule making. Has not received a retirement annuity for more than five years. It is a rather narrow retrospective pool and when we put the prospective on it five years after retirement is as far as the member can go. And the condition would qualify for an Occupational disability.

And I am not going to go over those in particular. You just dealt with those in this meeting.

I do want to point out the delicateness with which the doctors and the questions that we are going to have to kind of be able to understand is when did these conditions develop and when did they manifest themselves.

A retiree, obviously, a condition could certainly manifest itself after retirement. The debate is going to be when did it develop? The question mark is going to be in service?

I don't know how the doctors and how the
folks are going to interpret this but $I$ want to point out certainly a question that this Board is going to have to weigh in as you start going through the hearings that potentially can be the result of this.

CFD Medical has been very upfront that they will provide us what information they can. I thought that was a really good first step on our part in that they would get us timely information even for members that might have been gone for up to five years.

The two scenarios that are going to play out in how this essentially gets handled by this Board and the key scenario was whether the member who is applying for this is returned to active duty.

So if the member who is applying for this
Occupational Disability by nature of it being an Occupational Disability needs to be in service. Will the City or the CFD put this employee back into active service?

Preliminary indications, and I am not going to speak for either team, but preliminary indications are that is probably not the most
viable option in the City putting these employees back into active service.

What is more likely to happen is the Pension Board is going to be asked to make a determination about the eligibility of this Occupational disability.

How I can see that playing out as we would be the hearing. This Board would provide the necessary hearing for that Member.

After that many discussions and many questions are going to have to be addressed as to how we actually treat the member in terms of the benefits and the widow or survivor's benefit and what would happen in compulsory retirement.

All of those right now we are thinking about but they are driven by these two overarching determinations as to whether the employees will be returned to active service by CFD or whether we just make a finding at a hearing that they are occupationally disabled.

Based on our legal advice that we have been given, we needed to put together some thought around timeline and how we are going to apply this and this is kind of a rough, and $I$ want to make
sure it is understood that is rough and subject to revision, but here's what we are thinking.

All through July we have met. All through August we have met. We anticipate if there is decisions that have to be made by this Board and how we're going to interpret certain rules or how we are going to apply certain rules and how they should be interpreted, I would like to see them in front of this board in September, that could happen in October. But our timeline is earlier rather than later in this particular situation. Because if we do get some kind of application or notice of intent process setup, I'd like to have that known in October so that we can get a sense for how many hearings we potentially will need.

We are going to need about 90 days to orchestrate that hearing schedule with our case managers and our doctors and we're going to need some additional time to do the necessary program and changes in the benefit calculations systems that we use.

All of that, if we keep this moving, we would see that fall period be the time that we would begin to implement that with our first
hearings potentially in January.
So that would be where we see the first hearings come out and application for that prospectively.

Any questions on timeline? Any concerns there?

MEMBER SHERIDAN: I just have a question. Would we have to vote, as we did on the firefighter who is receiving ordinary disability, do we have to meet and vote for them to be returned to full active status and then vote on whether or not they get Occupational?

MS. BURNS: If I may answer that from a legal perspective. Only the employer, the Chicago Fire Department, makes the decision as to whether or not the Paramedic, Firefighter, is active or not. You will never vote on that. You will only be asked to vote on what is in the Illinois Pension Code, which is does the individual have an Occupational Disability that keeps them from performing their assigned duties.

So, somebody could be saying they are on Occupational, you may determine they could perform their duties so you would deny them the right to
receive that new legislative benefit, without regard to whether they are active or not. In other words, if you thought they could do the job they would have to stay retired. Does that answer your question, Trustee Sheridan?

MEMBER SHERIDAN: Yes.
MR. KELLER: We were also asked by our legal team to kind of put together some high level concerns that we thought the Trustees should be aware of as well as the impact that we could potentially see from this.

We engaged our actuary Segal to help us.
They did not do a full scale study but they did give us some substantiation to the same set of numbers that we came up with. I think these are a fair representation but an estimate on exact is just too early to tell. But what we could be looking at is a retrospective application. There are 700 members that potentially could avail themselves to this benefit.

We did a broad look at how many
Occupational Disabilities we currently have within the system. The percentage runs about 6 percent, right. And then what we asked Segal to do is does
that number sound right or wrong? Does it sound high or low?

Segal looked at the Occupational
Disability from an actuarial perspective. And said the age group between say roughly 50 and 63, we could be looking at somewhere between a 2 and a 2 and a half percent experience factor.

The experience factor actually went down, that surprised me a little bit. But nonetheless that is what Segal anticipates us seeing. And with that you can see the high and the low of the estimate of who we would think potentially could avail themselves to the process and actually go through a hearing.

We would think somewhere between 20 to 40 , based on a 6 percent factor to a 2 percent factor. Somewhere in that experience range.

We have already had 12 inquiries about this particular act. So $I$ think the floor as we would see it now is at least 12 that have expressed intent at least to have more information. I think somewhere in that range is where we are going to see the numbers play out, depending on some other things that potentially have to be resolved.

Not only did this affect us
retrospectively, because then we have to look at the five years post and apply all of those hearings at one time. We also think there is a prospective affect to this and we think that prospective affect is probably going to be somewhere in the neighborhood of four to eight a year. Again, based on those same experience factors.

Again, these are best guesses, based on what we see in the system. But $I$ would think that is also a reasonable number as we move forward that we would see at least four to eight perspective cases a year after we get through the first five year retro applications.

We have some concerns with programming. I think we are going to talk about that in another item. It is going to require some new forms and some new procedures to be laid out internally. We are handling that. We are moving forward with that. Right now we are at a point where the decisions that need to be made haven't been made yet on how we are going to apply this.

We are painting the picture for you I hope so that you know where this next kind of set
of decisions is going to have to be made.
And then there is, of course, the five year limitation issue. We have not put a hard rule on that. We want to recognize that it is out there and that we are discussing that and we will have guidance on when the five year actually starts the period.

Many of you are probably having your heads swim like our heads swam with staff when we went through this act at first.

The key disclosures, and we're going to work very, very tightly with our legal team, because $I$ can't emphasize this enough we don't know the outcome of both how the bargaining agent and the employer are going to interpret some of these pieces.

So, as those pieces become known to us, we will be able to provide more information to this board. So we don't know what kind of advice we can provide anybody. Right now all we can tell you is that we're looking at rules, we are going to implement rules. We have a timeline to apply them based on what we have think could be some realistic decisions to get made now in the next six weeks but
we just don't know.

QILDROS will be affected just so you know that. There is obviously some questions there we are going to have sort out. Health insurance. And the effects under the collective bargaining agent to be announced. IRS exemption. That is always something that we anticipate the IRS is going to accept this but there is no guarantee that the IRS is going to say, yeah, we agree with your interpretation.

We have to have disclosures on these things and we have to have a really good clear message that we are sending to our membership because there is a lot of unknowns as we approach this particular piece of legislation and right now there is just not a lot of answers that we can provide.

We are committed to studying this, coming out with a way it's going to make the most sense for our membership to avail themselves to it and to provide them a fair hearing with which to move forward. That is staff's goal and I think that is our legal team's goal.

We will continue bringing this back to
the Board. I fully anticipate there is going to be decisions that you are going to have to make as a board to help us implement this.

That is my overview. Any questions that I could hit?

Wonderful. Hearing none, $I$ am going to move to the next item.

MS. BURNS: I might ask one question of the trustees. Would it make sense, once Kelly gets this new legislation implementation plan worked out, that we have either a hearing officer who might be able to put together files on each of these individual matters for you that we could handout ahead of time so you can run through these more quickly than normal? In other words, put together the evidence and sort of a proposed findings of fact and conclusions of law. The other thing is maybe the Board hears all of the applicable matters on one day. Because if we start trying to add these "hearings" to our board meetings, you are already sitting here for four hours today.

Think about that, how we can help you with your schedules. Again, I do think once you
cleanup the backlog, then going forward, to Kelly's point, there won't be very many.

I will work with maybe the Board's Secretary, if that works, to see if there is a way we can do it.

MR. WELLER: Just when we think we have one piece of legislation resolved that we are beginning to walk through, we have got another one.

Public Act 102-0293. Look for that in BoardPac. I don't want to spend a lot time on this. This essentially fixes the fix at 63 issue that affected paramedics. There is some other impact that we're still waiting to get a legal kind of thorough review on and whether we have got some guidance from our lobbyist that there was some kind of statements that were prepared whenever they passed the legislation.

I will put out a position piece on this so that you know kind of what it does and how it should impact us.

Education. I know that Callan has put in BoardPac, the Callan Institute is having their Callan College in October. October 6th and 7th I believe is the virtual. There is a later one. I
think maybe the 26 th to the $28 t h$. I didn't quite have it all written down here.

Both of those through our relationship with Callan would be available for our Trustees to attend without charge.

I will put those on an agenda for approval in September.

There is also another conference that was brought to me a little bit late. We will get it on the agenda, that way you can approve it all at once in September.

With that, two quick personnel items and I will get through these quick. I understand I need to.

We have an item that we have all discussed on a phone poll. I know I have talked to everybody who is on this call. It essentially involves a 4 percent merit rise for one of the employees on our staff, that was in the affirmative. I had no one who did not agree with that so we, as staff, will push forward with that merit increase as we discussed.

Also, we are moving our receptionist from part-time to full-time so we will start that again
at September 1st.
We do have one item that $I$ think because it does have impact on the Budget for 2021 and will have some impact on 2022.

As you know Marc Torres left. With his departure, we had an open position in IT. Chris and $I$ and Lori sat down and talked about what our needs were as we look forward and the consensus was that we wanted a job that bridged the IT Analyst position that we currently had and expand that into a Database Programmer role that was requiring some more sophistication in the actual programming side and some data management and data maintenance.

With that, we wrote a new job
description. We posted that in handshake, which went to all of the Universities here in Chicago as well as we posted it on LinkedIn.

We have gotten over ten responses so far so we look good.

My ask here is because this is a position that is taking on more roles than the IT Analyst, the range that we expect an ideal employee to seek is probably somewhere between the 65 to 75 range and that is about 10,000 higher than the range we
currently have for the position.
So I don't want to put a minimum on this because $I$ don't know what kind of candidate ultimately we will end up. What $I$ would like to see us as a board approve is that we raise the maximum up to 75,000 so that we can seek the most qualified candidate to fill this role.

Again, that is the range, that's not where we are going. But $I$ would like to at least have that flexibility should we find a candidate that meets all of our requirements.

With that, $I$ would just ask for a motion to accept that upper range.

MEMBER MURPHY: Based on the
recommendation of our Executive Director, I move to approve the personnel compensation outlined by the Executive Director.

CHAIRMAN FORTUNA: There is a motion by Trustee Murphy.

MEMBER MCPHILLIPS: Second.
CHAIRMAN FORTUNA: Seconded by Trustee
McPhillips.
Trustee Murphy.
MEMBER MURPHY: Yes.

CHAIRMAN FORTUNA: Trustee Sheridan.
MEMBER SHERIDAN: Yes.
CHAIRMAN FORTUNA: Trustee Soni.
MEMBER SONI: Yes.

CHAIRMAN FORTUNA: Trustee McPhillips.
MEMBER MCPHILLIPS: Yes.
CHAIRMAN FORTUNA: And $I$ am a yes.
Motion carries.
MR. KELLER: Thank you.
Two last things. Is there anybody at this point in time that will not be able to make the September 15 th board meeting? Of the five that I have is anybody a hard no?

CHAIRMAN FORTUNA: Everybody is a hard yes.

MR. KELLER: And then the last item is the President had asked me that we may need to convene a Legislative Committee and we will have more information on that if that happens before September 15 th but there's been a lot of activity in that area.

With that, that concludes my report.
CHAIRMAN FORTUNA: Motion to accept the Director's Report?

MEMBER MURPHY: Motion.
MEMBER MCPHILLIPS: Second.
CHAIRMAN FORTUNA: Motion by Trustee
Murphy. Seconded by Trustee McPhillips.
Trustee Murphy.
MEMBER MURPHY: Yes.
CHAIRMAN FORTUNA: Trustee Sheridan.
MEMBER SHERIDAN: Yes.
CHAIRMAN FORTUNA: Trustee Soni.
MEMBER SONI: Yes.
CHAIRMAN FORTUNA: Trustee McPhillips.
MEMBER MCPHILLIPS: Yes.
CHAIRMAN FORTUNA: And $I$ am a yes.
Motion carries.
MEMBER MURPHY: Moving to Legal. Mary
Pat, anything you want to present?
MS. BURNS: No, sir, there is nothing on Legal that needs to be reported.

We are deferring the matter regarding the request under 6-213. You will recall we were looking for additional information and that information hasn't been provided.

MEMBER MURPHY: I would like to make a motion to adjourn today's meeting.

MEMBER SHERIDAN: Second.
CHAIRMAN FORTUNA: Motion to adjourn.
All in favor?
(Chorus of ayes.)
CHAIRMAN FORTUNA: Thank you, everyone,
very much.
(WHICH WERE ALL THE PROCEEDINGS
IN THE ABOVE-ENTITLED MEETING
AT THIS DATE AND TIME.)

```
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.
Dabin Tyruel

DEBBIE TYRRELI, CSR License No. 084-001078

| \$ | $\text { 10th [1] }-128: 18$ | $54: 4,54: 21,55: 1$ | 6 | ```Academy [1]-53:13 accept [6] - 109:24, 110:23, 119:18, 139:7, 144:10, 145:20 access [2] - 91:6, 91:9 accordance \({ }_{[1]}\) - 3:23 according [1] - 59:10 account [2] - 107:11, 107:13 Accountant \({ }_{[1]}\) - 2:15 accounts [2]-126:19, 127:2 accurate [2]-90:8, 118:14 aches [2] - 76:18, 79:3 act [6] - 113:3, 129:7, 129:8, 129:16, 136:18, 138:9 Act \([7]-3: 15,3: 17\), 3:18, 3:23, 4:3, 128:22, 141:6 action [2] - 103:5, 105:12 Active [3]-2:5, 2:6, 2:9 active [11] - 106:14, 106:19, 106:20, 106:21, 131:15, 131:21, 132:2, 132:18, 134:11, 134:16, 135:2 activities [5]-18:14, 31:22, 44:9, 44:12, 63:8 activity [5] - 18:11, 31:19, 72:7, 121:19, 145:17 actual [2] - 67:18, 143:9 actuarial [1] - 136:3 actuary [1] - 135:11 acute \([7]-33: 8,75: 19\), 76:12, 79:13, 82:18, 87:12, 94:5 add [1] - 140:17 added [2] - 104:3, 115:12 addition [2]-42:22, 70:12 additional [4] - 115:12, 117:18, 133:19, 146:18 address [4]-4:8, 64:13, 111:21, 125:7 addressed [1] - 132:11 adequate [2]-59:3, 59:20 adjourn [2]-146:21,``` |
| :---: | :---: | :---: | :---: | :---: |
| \$10[7]-115:19, | 39:23, 46:9, 51:19, | 86:6, 86:8, 92:2, | 6 [5] - 105:19, 106:7, |  |
| 116:11, 116:20, | 52:9 | 106:19, 114:10 | 12:23, 135:22, |  |
| 116:22, 117:6, | 11-30 [1] - 120:20 | 2021 [6]-1:14, 5:2, | 136:15 |  |
| 117:17, 117:21 | $11.2\left[{ }_{[1]}-103: 11\right.$ | 5:3, 5:6, 30:15, | 6-213 [1] - 146:17 |  |
| \$10,000 [1]-122:24 | $110[3]-75: 21,75: 22$, | 142:24 | $63[3]-130: 3,136: 4$, |  |
| \$100,000 [2] - 116:9, | 86:23 | 2022 [1] - 143:1 | 141:8 |  |
| 123:4 | 11th [1] - 40:3 | 21 [3]-5:2, 5:3, 5:6 | $65[1]-143: 20$ |  |
| \$15 [1]-117:19 | 12 [12] - 14:1, 14:1 | 2109 [1] - 75:12 | 6th [7] - 67:19, 67:22, |  |
| \$152,000 [2]-116:12, | 14:16, 27:5, 27:16, | 21st [1] - 33:20 | 68:1, 76:15, 88:21, |  |
| 118:1 | 27:21, 106:5, | 24 [1] - 57:3 | 93:15, 141:20 |  |
| \$159,000 ${ }_{[1]}$ - 118:1 | 106:17, 106:23, | $25[1]-77: 6$ |  |  |
| \$25,000 [2] - 122:23, | 115:1, 136:17, | 25th [2]-76:22, 91:14 | 7 |  |
| 123:20 | 136:19 | 26 [1] - 106:7 |  |  |
| \$43 [1] - 107:10 | 121 [1]-53:14 | 26th [2]-128:1, | $\begin{gathered} 7[4]-75: 15,76: 11, \\ 110: 19,117: 8 \\ 700[2]-64: 1,135: 18 \\ 75[2]-43: 13,143: 20 \\ 75,000[1]-144: 3 \\ 7 \text { th }[2]-128: 17, \\ 141: 20 \end{gathered}$ |  |
|  | 12311 [1]-6:1 | 141:2 |  |  |
|  | 12th [5] - 14:20, 67:20, | 27 [2]-16:2, 27:3 |  |  |
| $\begin{aligned} & \text { '19 [3] - 42:14, 42:21, } \\ & 75: 20 \\ & \text { '20[2]-42:15, 91:14 } \end{aligned}$ | 13 ${ }_{[3]}-98: 17,115: 3$, 29 th ${ }_{[1]}-75: 2$ <br> 115:15  |  |  |  |
|  |  |  |  |  |
|  | 13th [1] - 76:16 | 3 |  |  |
|  | $14160_{[1]}-9: 2$ |  |  |  |
| / |  |  | 8 |  |
| /is [1] - 44:24 | $\begin{aligned} & 14520_{[1]}-6: 2 \\ & 15[3]-98: 17,121: 7, \\ & 126: 22 \end{aligned}$ | $\begin{gathered} \mathbf{3}_{[7]}-117: 15,117: 16, \\ 117: 22,118: 14, \end{gathered}$ | $\begin{aligned} & 8[3]-75: 12,111: 11, \\ & 115: 1 \end{aligned}$ |  |
|  |  | $\begin{aligned} & \text { 118:17, 119:5, } \\ & 119: 18 \end{aligned}$ |  |  |
| 0 | $\begin{aligned} & \mathbf{1 5 0}_{[1]}-40: 19 \\ & 15 \text { th }[2]-145: 9, \end{aligned}$ | $30[2]-17: 6,126: 22$ $\mathbf{3 0 0}_{[1]}-1: 12$ | $\begin{aligned} & 80[1]-43: 12 \\ & 8: 30[2]-1: 15,40: 12 \end{aligned}$ |  |
| 0.8 [1]-103:13 |  | $\begin{gathered} \text { 30th [2] - 104:16, } \\ 106: 1 \end{gathered}$ | 8th [2] - 75:15, 75:20 |  |
| $01103588_{[1]}-10: 15$ | $\begin{aligned} & 145: 17 \\ & 160[3]-86: 21,86: 22, \end{aligned}$ |  |  |  |
| 016678[1] - 10:15 | $\begin{aligned} & 160[3]-86: 21,86: 22, \\ & 86: 23 \end{aligned}$ | 31st [4] - 103:20, | 9 |  |
| 06363[2]-6:18, 7:12 |  | $\begin{aligned} & \text { 104:12, 105:16, } \\ & 128: 15 \end{aligned}$ |  |  |
| 07172 [1] - 8:5 | $\begin{aligned} & \text { 16364 }_{[1]}-9: 1 \\ & \text { 16th }[8]-30: 2,58: 6, \end{aligned}$ |  | $\begin{aligned} & 9-30[3]-114: 12, \\ & 120: 23,120: 24 \\ & 9.8[2]-107: 13, \\ & 107: 23 \\ & 90_{[1]}-133: 16 \\ & 91-0715_{[1]}-4: 3 \\ & 9: 30[1]-104: 12 \end{aligned}$ |  |
| 084-001078 [1] - | 76:19, 88:22, 92:2, | 32 [1] - 106:6 |  |  |
| 148:18 | $99: 7,99: 13,99: 14$ | 3rd [5]-13:22, 28:1, |  |  |
|  | $170{ }_{\text {[1] }}$ - 75:22 | 28:7, 95:8, 96:1 |  |  |
| 1 | $18{ }_{[1]}$ - 1:14 |  |  |  |
| $\begin{aligned} & 1[14]-13: 24,14: 11, \\ & \text { 14:16, 27:5, 27:16, } \\ & 27: 21,39: 7,39: 18, \\ & 39: 23,51: 19,52: 9 \\ & \text { 117:15, 122:21, } \\ & \text { 123:1 } \end{aligned}$ |  | 4 |  |  |
|  | $\begin{aligned} & \text { 1985 }{ }_{[1]}-106: 11 \\ & \text { 1st }[4]-109: 2,109: 4, \\ & \text { 109:12, 142:22 } \end{aligned}$ | $4[7]$ - 116:20, 116:21, |  |  |
|  |  | 117:2, 117:18, | A |  |
|  |  | 8:23, 119:4 |  |  |
|  | 2 | $\begin{gathered} 142: 15 \\ 4.4[2]-117: 23, \end{gathered}$ | $\begin{aligned} & \text { a.m }[2]-1: 15,40: 12 \\ & \text { ability }[3]-65: 4,87: 3 \text {, } \end{aligned}$ |  |
| 1,000 [1] - 64:1 | 2[11]-20:18, 32:20, | 4.4[2]-11 | 87:7 |  |
| $1.1{ }^{[1]}$ - 103:10 | $45: 10,45: 13,75: 3$ |  | able [13] - 20:24, 34:3, |  |
| 10 [1] - 123:8 | 117:15, 123:15, | $136: 15$ | 60:5, 60:10, 63:8, |  |
| 10,000 [1] - 143:21 | 123:20, 136:5, | 48 ${ }_{[1]}$ - 56:19 | 117:2, 119:13, |  |
| 10.42 [2]-91:1, 91:12 | 136:15 | 48-hour [1] - 56:21 | 23:24, 124:1, |  |
| $\begin{gathered} 100[4]-86: 13,86: 17 \\ 86: 21,86: 22 \end{gathered}$ | $\begin{gathered} 20[4]-1: 12,29: 17, \\ 58: 16,136: 14 \end{gathered}$ | 49 [1] - 53:6 | $\begin{aligned} & \text { 130:17, 138:17, } \\ & \text { 140:10, 145:8 } \end{aligned}$ |  |
| 101-0640 [2]-3:15, | $200[2]-75: 21,86: 13$ | 5 | ABOVE ${ }_{[1]}$ - 147:6 |  |
| 3:19 | $\begin{aligned} & 2012[3]-53: 8,54: 20, \\ & 60: 3 \end{aligned}$ |  | above-entitled [1] - |  |
| 102-0091 [1] - 128:22 |  | 5 [3] - 117:16, 117:18 | 1:11 |  |
| 102-0293 [1] - 141:6 | 2019[7]-42:8, 53:16, | 123:8 | ABOVE-ENTITLED ${ }_{[1]}$ |  |
| 106[2]-39:5, 40:11 | $\begin{aligned} & 75: 15,76: 11,86: 6, \\ & 86: 14,126: 16 \end{aligned}$ | $\begin{aligned} & 50[3]-123: 5,123: 8, \\ & 136: 4 \end{aligned}$ | 147: |  |
| 10608[3]-6:19, 7:13, |  |  |  |  |
| 8:6 | 2020 [17]-14:20, 28:1, | 5th [1] - 127:12 | $\begin{aligned} & \text { 127:18 } \\ & \text { absorbed }[1]-121: 22 \end{aligned}$ |  |
| 1089 [1] - 1:7 | $30: 3,40: 3,46: 9,$ |  |  |  |


| 146:23 | 16:22, 17:20, 43:15 | $\begin{array}{r} 25: 16 \\ \text { APPEA } \end{array}$ | assigned [2] - 53:13, 134:21 | B |
| :---: | :---: | :---: | :---: | :---: |
| $10: 12,110: 20$ | 112:4, 112:6, | 2:1 | assignment [4] - | back-to-back [3] - |
| admission [8] - 14:6, | 119:19, 120:21 | applicant [14]-12:13, | 13:20, 27:1, 39:3, | 56:22, 57:6, 57:12 |
| 14:10, 27:11, 27:15, | allow [1] - 129:4 | 14:12, 19:3, 20:7, | 40:13 | backache [1] - 98:17 |
| 39:13, 39:17, 52:4, | allowed [1] - 86:15 | 25:22, 27:17, 32:23, | assist [5]-15:4, 15:5, | backlog [1] - 140:22 |
| 52:8 | allowing [1] - 86:19 | 37:22, 39:19, 45:17, | 15:21, 56:15, 73:9 | bad [4]-15:6, 64:16, |
| admitted [10] - 14:13, | allows [2]-3:15, | 50:4, 52:10, 52:18, | assisting [1] - 15:13 | 75:19, 87:17 |
| 14:17, 27:18, 27:22, | 129:18 | 65:13 | associated [5] - | bag [1] - 55:24 |
| $\begin{aligned} & 39: 20,39: 24,41: 19, \\ & 52: 11,77: 1,87: 18 \end{aligned}$ | almost $[4]-15: 19$, $17: 7,41: 21,78: 1$ | $\begin{aligned} & \text { applicant's }[3] \text { - } \\ & \text { 12:11, } 25: 20,37: 2 \end{aligned}$ | $\begin{aligned} & 46: 15,62: 9,112: 3, \\ & 127: 2,128: 3 \end{aligned}$ | $\begin{aligned} & \text { balances [2] - 107:8, } \\ & \text { 127:5 } \end{aligned}$ |
| adopt [3]-23:21, | alone [1]-62:21 | applicants [3]-20:3, | assume [3]-90:22, | banking [3] - 126:11, |
| 35:23, 49:2 | ALSO [1] - 2:13 | 45:6, 74:19 | 94:19, 96:3 | 126:12, 127:8 |
| advance [1] - 39:7 | ambulance [5] - | application [17] | AT [1] - 147:7 | bargaining [2] - |
| adverse [2] - 89:10, 89:11 | $\begin{aligned} & 15: 18,27: 3,28: 8, \\ & 28: 15,98: 5 \end{aligned}$ | $\begin{aligned} & \text { 11:16, 12:1, 14:7, } \\ & 14: 22,25: 1,25: 10 \end{aligned}$ | Atorvastatin [1] - $43: 12$ | $138: 13,139: 4$ |
| advice [2] - 132:21, | America [2]-66:3, | 27:12, 28:2, 37:1, | attached [4]-19:21, | 63:4 |
| advise [4]-11:20, | 123:11 amount ${ }_{[1]}-123: 16$ | $50: 19,52: 5,133: 12,$ | $\begin{aligned} & \text { 32:16, 32:20, 74:13 } \\ & \text { attack [2] - 41:21 } \end{aligned}$ | $\begin{gathered} \text { Based [3] - 24:15, } \\ 36: 15,49: 18 \end{gathered}$ |
| 25:6, 37:6, 51:4 | Analyst [2] - 143:6, | 134:3, 135:17 | attempting [1] - 45:19 | based [15]-10:15, |
| $\begin{aligned} & \text { advised }[2]-53: 23, \\ & 76: 22 \end{aligned}$ | $\begin{aligned} & \text { 143:18 } \\ & \text { analyzing }[1]-124 \end{aligned}$ | $\begin{gathered} \text { applications }{ }^{[2]} \\ 11: 8,137: 13 \end{gathered}$ | $\begin{gathered} \text { attend }[3]-103: 23, \\ 104: 12,142: 2 \end{gathered}$ | $\begin{aligned} & 21: 1,47: 3,73: 15, \\ & 73: 16,79: 17,102: 1, \end{aligned}$ |
| affect [14]-61:19, | AND [3] - 1:3, 2:11, | apply [5] - 132:23 | attending ${ }_{[1]}-78: 12$ | 117:10, 118:15, |
| $\begin{aligned} & 65: 4,82: 9,82: 10, \\ & 82: 15,87: 1,87: 2, \end{aligned}$ | 147:7 | $\begin{aligned} & \text { 133:7, 137:2, } \\ & \text { 137:21, 138:21 } \end{aligned}$ | attention [4]-14:19, <br> $27 \cdot 24,40 \cdot 2,53 \cdot 15$ | 132:21, 136:15, |
| $\begin{aligned} & 82: 15,87: 1,87: 2, \\ & 87: 7,87: 16,89: 6, \end{aligned}$ | angina ${ }^{[1]}$ - 46:15 | applying [2] - 131:15, | 27:24, 40:2, 53:15 | 137:6, 137:8, |
| 87:7, 87:16, 89:6, $136: 24,137: 4$ | $\begin{aligned} & \text { angiogram }[2]-43: 3, \\ & 46: 13 \end{aligned}$ | applying $\left.{ }^{2} 2\right]-131: 17$, 1317 131:17 | attorney $[7]-12: 7$, $12: 8,25: 16,25: 1$ | $\begin{gathered} 138: 22,144: 11 \\ \text { basic [1] - 21:23 } \end{gathered}$ |
| $\begin{gathered} \text { affected }[3]-128: 1, \\ 139: 1,141: 9 \end{gathered}$ | $\begin{aligned} & \text { angioplasty }[1] \text { - } \\ & 46: 14 \end{aligned}$ | $\begin{aligned} & \text { appointments }[1] \text {. } \\ & \text { 18:19 } \end{aligned}$ | $37: 16,37: 17,95: 20$ <br> ATTORNEYS ${ }_{[1]}$ - | $\begin{gathered} \text { basis }[8]-14: 21,28: 2, \\ 40: 4,43: 16,78: 16, \end{gathered}$ |
| affecting [5] - 58:9, | announced [1] - 139:5 | appreciate [1] - 115:7 | 2:10 | 116:12, 122:20, |
| $\begin{aligned} & \text { 62:14, 64:4, 70:20, } \\ & 80: 8 \end{aligned}$ | announcement [1] - | approach ${ }_{[1]}$ - 139:13 | attorneys [3]-11:20, | 124:8 |
| affiliated [1] - 112:5 | 99:16 | appropriately [2] - 125:16, 127:3 | $25: 4,37: 4$ | basketball [1]-63:4 <br> beach [1] - 68:14 |
| aforesaid ${ }_{[1]}$ - 148:12 | 122:22 | Approval [2]-10:12, | 103:14 | bear [1] - 116:9 |
| afraid [1] - 64:13 | annualize | 102:10 | audio [4]-3:16, 5:1, | Beazley [1]-124:15 |
| afterwards [2] - 73:18, | 116:12 | approval [6] - 4:1, | 5:2, 5:5 | became [1] - 61:14 |
| 98:3 | Annuitant [1]-2:4 | 4:23, 4:24, 51:6, | audit [2]-127:12, | become [3]-22:1, |
| age [5] - 18:6, 53:5, | Annuities [3]-5:23, | 128:8, 142:4 | 127:19 | 121:17, 138:16 |
| 130:3, 130:4, 136:4 | 5:24, 6:18 | approve [14] - 5:4, | August [19]-1:14, | BEFORE $_{[1]}-1: 1$ |
| $\begin{aligned} & \text { agenda }[3]-104: 1, \\ & 142: 3,142: 7 \end{aligned}$ | $\begin{aligned} & \text { annuity }[2]-129: 20, \\ & 130: 7 \end{aligned}$ | $\begin{aligned} & 5: 24,6: 17,7: 12,8: 4, \\ & 9: 3,9: 6,9: 19,10: 19, \end{aligned}$ | $\begin{aligned} & 53: 15,75: 12,75: 14, \\ & 75: 20,103: 20, \end{aligned}$ | $\begin{aligned} & \text { began }[2]-21: 22, \\ & 92: 2 \end{aligned}$ |
| agent [3]-120:21, | Annuity [1] - 113:16 | 102:12, 110:19, | 4:12, 107:10, | begin ${ }_{[1]}-133: 24$ |
| 138:13, 139:4 | ANNUITY ${ }_{[1]}-1: 3$ | 142:7, 144:2, 144:13 | 77:14, 107:22, | beginning [2] - 8:5, |
| aggregate [2] - | ansel [2]-41:6, 41:8 | approved [1] - 10:15 | 109:7, 109:8, | 141:5 |
| 115:19, 122:22 | answer [8]-86:2, | area [3]-63:21, 68:18, | 109:11, 114:7, | behalf ${ }_{[1]}-25: 16$ |
| ago [2]-105:6, 112:4 | 89:22, 94:8, 95:17 | 145:18 <br> areas [1]-33: | 14:10, 127:12, | believes [1] - 99:4 |
| $\begin{aligned} & \text { agree }[3]-21: 2, \\ & 139: 8,142: 17 \end{aligned}$ | 96:1, 96:4, 134:13, | $\text { arise }[1]-111: 22$ | $28: 15,133:$ | benchmark [2] - |
| agreed [1] - 29:5 | answers [2] - 125:6 | arm [3] - 30:22, 30:24, | $136: 12,139: 19$ | benchmarking [1] |
| ahead [8]-51:6, | 139:15 | 31:8 | availability [1] - | 118:5 |
| 72:21, 82:14, 94:10, | anticipate [3]-133:4, | artery [1] - 46:12 | 127:22 | Benefit [4]-8:21, |
| 112:24, 122:9, 128:9, 140:12 | 139:6, 139:24 | arthroscopy [2] 33:11, 33:20 | available [3] - 4:2, | 47:15, 113:16 |
| $128: 9,140: 12$ aids [1]-17:12 | anticipates [1] - 136:9 | 33:11, 33:20 | 118:12, 142:1 | benefit [17] - 11:17 |
| aids [1] - 17:12 <br> airplane [1]-67:14 | antiplatelet [1] - 46:22 | artifact [1]-106:17 aspirin [2]-46:24, | aware [3] - 96:8, <br> 106:24, 135:9 | 12:4, 12:13, 24:18, |
| airplane [1]-67:14 <br> airway [4] - 61:15, | anyway ${ }_{[1]}$ - 114:6 apnea [8]-54:12, | aspirin [2] - 46:24 $47: 1$ | $\begin{gathered} \text { 106:24, 135:9 } \\ \text { awhile [1] - 46:20 } \end{gathered}$ | $\begin{aligned} & 25: 13,25: 22,34: 12, \\ & 36: 17,37: 13,37: 22 \end{aligned}$ |
| 80:14, 82:18, 88:15 | $60: 4,62: 1,70: 14$ | assessed [1] - 116:5 | $\text { ayes }[1]-147: 1$ | $49: 20,50: 19,102: 3$ |
| Airway [1] - 54:9 | 77:9, 77:23, 80:13, | asset [1] - 104:2 |  | 132:13, 133:20, |
| ALL [1] - 147:5 | 89:14 | assets [2]-105:20, |  | 135:1, 135:19 |
| alleviate [4] - 16:6, | appearance [1] - | 108:12 |  | BENEFIT ${ }_{[1]}-1: 3$ |

```
benefits [7] - 22:10
    25:2, 100:14, 101:8,
    107:12, 127:17,
    132:13
```

Benefits [3]-7:11, 7:12, 37:2
best $[5]-62: 16,62: 18$, 68:24, 69:2, 137:8 better [5] - 16:10, 30:22, 72:4, 77:18, 79:6
between [7]-80:2, 114:10, 117:13, 136:4, 136:5, 136:14, 143:20
bicep [1] - 45:22
bike [3] - 62:20, 63:6, 71:16
bill $[2]-129: 1,129: 13$
bills [2] - 109:11, 109:17
bind [1]-114:19
bit [6] - 68:9, 93:12, 108:23, 120:12,
136:8, 142:6
biting [1] - 28:11
blood [21]-53:23,
53:24, 54:2, 63:15, 64:8, 64:10, 75:17, 75:20, 76:10, 77:3, 77:7, 79:24, 80:3, 81:9, 81:12, 86:9, 86:19, 87:1, 87:5, 87:6, 87:15
blown [1] - 99:6
board [12]-12:18, 16:24, 26:3, 38:3, 40:8, 112:17, 133:9, 138:18, 140:2, 140:18, 144:2, 145:9
Board [60] - 2:16,
2:17, 4:4, 4:5, 4:8, 12:12, 12:22, 13:24, 14:16, 15:1, 19:21, 20:4, 20:18, 25:21, 26:6, 27:4, 27:16, 27:21, 28:5, 31:4, 32:17, 32:20, 37:21, 38:7, 39:7, 39:23, 45:7, 45:10, 45:13, 48:8, 51:10, 51:19, 52:9, 74:13, 74:20, 75:3, 90:21, 91:1, 102:10, 102:12, 105:10, 105:15, 105:23, 106:24, 118:16, 126:16, 128:8, 129:2, 131:2, 131:14, 132:4,
132:8, 133:5, 139:24

BOARD $_{[3]}-1: 2,2: 2$, 2:10
Board's [9]-14:11, 23:4, 24:20, 35:5, 36:20, 39:18, 49:23, 102:5, 140:24
BoardPac [6] 104:14, 104:23, 108:3, 110:21, 141:7, 141:19
body [4]-28:20, 58:17, 71:11
bolts [1] $-4: 13$
bone [2]-29:19, 33:22
borne [1] - 116:1
bothered ${ }_{[1]}-68: 11$
bound [1]-115:13
Brady [3] - 103:8, 104:19, 107:6
Brandes [1]-103:17
Brazil [31] - 55:8, 55:9, 55:12, 55:20, 56:4, 56:9, 56:11, 57:5, 57:10, 57:16, 60:9, 61:1, 61:2, 67:17, 69:7, 69:8, 73:1, 73:5, 76:16, 77:23, 78:7, 83:7, 83:11, 83:15, 83:23, 84:14, 86:1, 87:24, 95:4, 96:21
breaches [1] - 117:8
break [1] - 123:7
breath [3] - 15:20, 41:3, 41:11
breathing [20]-54:22, 58:12, 59:12, 61:19, 62:15, 64:6, 64:9, 65:1, 70:20, 77:18, 80:13, 82:9, 82:11, 82:15, 82:18, 84:16, 85:15, 88:15, 88:17, 89:7
breeze [2] - 71:22, 71:23
bridged [1] - 143:6
brief [4]-4:7, 41:15,
103:8, 104:20
Brief [1] - 4:17
briefly [11]-14:24,
20:20, 28:4, 31:4, 33:6, 40:7, 40:9, 45:15, 75:5, 75:7, 97:24
bring [6] - 28:22,
54:18, 55:18, 68:17, 123:12
bringing [2]-103:11, 139:23

| broad $_{[1]}-135: 20$ | cardiologists ${ }_{[1]}-$ |
| :--- | :--- |
| broadly $_{[1]}-106: 22$ | $86: 21$ |

broke [1]-21:24
Broker [1] - 104:15 brought [2]-56:3, 142:6
brushed [1]-56:2
buckle [1] - 17:23
Budget [1]-142:24
budget [3]-123:8,
127:3, 127:6
build [1] - 117:2
building [2]-68:14, 125:6
built [1] - 127:4
bulging [1] - 16:21
burden $[6]$ - 12:11,
12:14, 25:20, 25:23, 37:20, 37:23
BURKE [1] - 2:11
BURNS $[9]-2: 11$,
2:11, 118:9, 118:15, 118:19, 119:11, 134:13, 140:7, 146:14
business [2] - 121:24, 148:8
butt [1]-98:18
buttocks [1]-17:19
BY [17]-2:11, 13:12, 14:18, 19:15, 26:18, 27:23, 32:11, 38:22, 40:1, 53:4, 65:15, 72:23, 74:7, 81:20, 85:9, 90:19, 97:20

| $\mathbf{C}$ |
| :---: |
| calculations |

calculations [1] 133:20
Callan [5]-104:1,
141:18, 141:19, 141:20, 142:1
callouts [1]-116:13 camel's [1]-22:1
Cameron [10]-11:12, 11:13, 11:18, 11:19, 13:6, 13:14, 13:16, 20:22, 22:11, 24:13
CAMERON [8]-11:14,
12:5, 12:9, 12:15, 13:1, 13:8, 24:14, 24:23
canal [1]-21:5
candidacy ${ }_{[1]}$ - 128:17
candidate [3] -
143:24, 144:4, 144:7
cannot [1] - 130:2
capacity [3] - 20:2,
45:5, 74:18
care [7] - 43:4, 76:8,
77:5, 78:13, 81:3, 86:20, 127:23
carrier ${ }_{[1]}$ - 113:7
carriers [13]-113:10,
113:14, 113:19, 113:22, 114:4, 114:12, 114:18, 115:13, 117:1, 118:3, 121:22, 121:23, 124:15
carries [23]-5:21,
6:15, 7:8, 8:2, 8:19, 9:17, 10:10, 11:6, 23:1, 23:17, 24:12, 35:3, 35:19, 36:14, 48:6, 48:22, 49:17, 103:2, 110:17, 111:10, 120:10, 145:5, 146:11 carryon ${ }_{[1]}-55: 24$ case [4]-62:2, 116:6, 133:17
cases [2]-83:1, 137:12
cash [5] - 107:8, 107:15, 108:4, 108:11, 109:18 catch [1] - 41:11 caught ${ }_{[1]}-70: 11$ caused [5]-21:18, 22:1, 28:6, 82:21, 88:8
causes [1] - 82:18
CBRE [1] - 104:23
CDC [3] - 60:21, 61:4,
86:4
certain [5] - 17:4,
17:5, 33:13, 133:6, 133:7
certainly $[6]-4: 14$, 4:20, 78:24, 127:10, 130:21, 131:2
Certified [1] - 148:6
cetera [4]-112:18,
115:22, 117:10, 117:11
CFD ${ }_{[11]}-75: 11$,
75:14, 75:24, 76:21, 81:3, 86:2, 86:18, 91:11, 131:6, 131:20, 132:18
CHAIRMAN $[165]-3: 1$,
3:11, 3:14, 4:18, 5:10, 5:14, 5:16, 5:18, 5:20, 6:4, 6:8, 6:10, 6:12, 6:14, 6:21, 7:1, 7:3, 7:5,

7:7, 7:15, 7:19, 7:21, 7:23, 8:1, 8:8, 8:12,
$8: 14,8: 16,8: 18,9: 5$,
9:10, 9:12, 9:14, 9:16, 9:23, 10:3, 10:5, 10:7, 10:9, 10:19, 10:23, 11:1, 11:3, 11:5, 14:13, 19:4, 19:7, 22:5, 22:8, 22:13, 22:18, 22:20, 22:22, 22:24, 23:6, 23:10, 23:12, 23:14, 23:16, 24:1, 24:5, 24:7, 24:9, 24:11, 24:15, 27:18, 32:2, 34:8, 34:15, 34:20, 34:22, 34:24, 35:2, 35:7, 35:12, 35:14, 35:16, 35:18, 36:3, 36:7, 36:9, 36:11, 36:13, 39:20, 44:16, 44:19, 47:10, 47:13, 47:18, 47:23, 48:1, 48:3, 48:5, 48:10, 48:15, 48:17, 48:19, 48:21, 49:6, 49:10, 49:12, 49:14, 49:16, 52:11, 65:8,
72:12, 72:15, 72:18, 72:21, 81:16, 92:10, 92:15, 94:12, 94:19, 97:6, 100:16,
100:21, 100:23,
101:2, 101:4, 101:6, 101:10, 101:15,
101:17, 101:20,
101:22, 101:24,
102:15, 102:19,
102:21, 102:23,
103:1, 107:3,
108:16, 109:21,
110:6, 110:10,
110:12, 110:14,
110:16, 110:23,
111:3, 111:5, 111:7,
111:9, 119:22,
120:3, 120:5, 120:7,
120:9, 144:15,
144:18, 144:22,
144:24, 145:2,
145:4, 145:11,
145:20, 145:24,
146:4, 146:6, 146:8,
146:10, 146:23,
147:2
challenges [1] -
113:12
chance [8]-14:3,
23:20, 35:22, 39:10,
49:2, 51:24, 60:16,
85:5
change $[3]-105: 10$
$114: 21,114: 22$
changed $[1]-112: 5$
changes $[9]-21: 5$,
$58: 18,80: 22$,
114:20, 115:10,
118:2, 118:10,
122:1, 133:20
changing ${ }_{[1]}-125: 9$
charge [1]-142:2
charts [1] - 103:14
check [2]-29:5,
104:10
check-in [1] - 104:10
checking [2]-107:11, 107:13
chest [3]-46:15,
58:12, 87:19
CHICAGO [1]-1:3
Chicago [9]-1:13,
4:16, 113:13, 113:15, 114:3, 121:5, 126:14,
134:14, 143:13
Chief [2]-2:14, 105:4
chief [1]-29:8
Children's [1]-6:17
choking [1] - 82:11
choose [1]-115:9
Chorus [1]-147:1
Chris [3]-124:23, 128:5, 143:3
chronic [3] - 64:14, 64:18, 64:19
City [11]-1:13, 2:7,
2:8, 2:16, 126:13, 126:21, 126:24, 127:5, 127:6, 131:20, 132:1
civilian [1] - 73:10
claim [7]-116:2, 116:4, 116:7, 116:14, 116:16, 116:19, 121:19
claims [1]-121:19
clarify [1] - 94:7
Clark [1] - 1:12
class [1] - 104:3
claudication [2] -
21:3, 21:9
clavicle [1]-29:18
clean [1] - 127:19
cleaned [2]-29:19,
33:14
cleaning [1] - 33:21
cleanup [1] - 140:22 clear ${ }_{[2]}$-118:9,
139:11
clearly [1] - 116:24
client $[1]$ - 51:20
clinic $[1]-81: 4$
clinically $[1]-94$
Clopidogrel [2] -
43:13, 46:23
closed [6]-5:2, 5:5, 5:7, 83:24, 127:10
closely ${ }_{[1]}$ - 105:11
closest [1] - 86:16
closure ${ }_{[1]}$ - 82:18
Cloud [1] - 124:24
CNA [1] - 121:13
coats [1] - 117:3
Code [4]-12:2, 25:11,
37:11, 134:19
coffee [2] - 43:20
colleague ${ }_{[1]}$ - 111:24
colleagues [3] - 4:20,
122:5, 123:15
collective ${ }_{[1]}$ - 139:4
collectively ${ }_{[1]}$ - 115:8
College ${ }_{[1]}$ - 141:20
column [2]-115:16, 115:17
combative [1] - 28:10
comfortable [3] -
119:10, 119:13, 123:17
coming [10]-28:13, 83:14, 90:4, 99:24, 103:15, 103:20, 109:18, 118:1, 120:16, 139:17
commencing [1] 1:14
comment [3]-4:10, 104:22, 107:8 comments [2]-97:22, 103:8
Commissioner ${ }_{[1]}$ -
129:11
committed [1] -
139:17
Committee [4] -
103:20, 110:1,
110:3, 145:15
committees [1] - 4:6
comorbidity [1] -
87:11
companies [1] - 125:5
Company [2] - 28:9,
28:12
company [3] - 112:6, 121:13, 121:14 compared [1] - 108:21 compensation [1] 144:13
complete [1] - 124:13
completely [3] -
16:10, 80:20, 121:23
compliance [2] -

80:24, 127:14
compliant [1] - 77:24
comply [1] - 81:6
complying [1] - 81:5
Comptroller [2]-2:8, 2:15
compulsory [3] -
130:2, 130:4, 132:14
computer [1] - 91:5
concern [2]-120:13, 122:10
concerns [4]-105:8,
134:5, 135:8, 137:14
concluded [1] - 102:7
concludes [2] -
108:14, 145:19
Conclusions [3] -
23:19, 23:22, 24:16 conclusions [7] 35:21, 35:24, 36:16, 49:1, 49:3, 49:19, 140:15
condition [20]-21:19,
31:5, 42:23, 43:2,
43:9, 43:17, 44:3,
47:3, 55:10, 57:17,
60:9, 64:4, 69:21,
75:6, 79:24, 80:7, 89:10, 89:11, 130:10, 130:20
conditions [8]-47:4,
58:8, 62:9, 62:14, 63:13, 66:22, 70:13, 130:18
condolences [1] 4:19
conducted [1] - 3:16
conducting [2]-25:4,
37:5
conference [1] - 142:5
confident ${ }_{[1]}$ - 125:15
confirmation [1] -
109:10
connected [1] - 40:21
connection [2]-80:2,
83:16
CONNESS ${ }_{[1]}-2: 15$
conscious [1] -
124:15
consecutive ${ }_{[1]}$ -
84:15
consecutively ${ }_{[1]}$ -
56:19
consensus [1]-143:5
conservative [2] -
18:2, 29:24
considered [3] -
87:10, 102:2, 109:3
consistent [10]-3:18,
4:3, 20:14, 20:23,

21:18, 23:3, 33:3, 35:5, 48:8, 92:5 constantly [2] 124:17, 125:9 constraints [1] - 4:4 consultant $[5]$ - 12:20,
19:23, 38:5, 45:2, 74:15
contact [1] -96:13
contacted [3]-28:12,
29:7, 87:2
contacting [2]-83:16, 83:17
contains [1] - 148:13
contemplate [1] -
130:5
continually ${ }_{[1]}-125: 1$
continue [8] - 17:21,
60:10, 113:17,
114:4, 114:17,
116:14, 116:18,
139:23
continued [2] - 40:18,
77:7
continues [1] - 33:22
continuing [2] - 8:6, 64:6
Continuous [1] - 54:9
continuously [1] -
59:18
contract [2] - 89:15,
89:17
contracted [2] - 61:8, 84:9
control [5] - 54:6,
54:7, 81:10, 126:12, 126:13
convene [1] - 145:15
convert [2]-129:20,
129:23
CONYEARS $[10]-2: 7$,
92:13, 92:16, 94:10,
95:10, 95:19, 95:24,
96:24, 101:1, 101:19
Conyears [4]-3:4,
92:14, 100:24,
101:18
CONYEARS-ERVIN
[3] - 2:7, 101:1, 101:19
Conyears-Ervin [3] 3:4, 100:24, 101:18
CONYEARS-ERWIN
[7] - 92:13, 92:16,
94:10, 95:10, 95:19,
95:24, 96:24
Conyears-Erwin [1] 92:14
Cook [1] - 1:13
cook [1]-68:17
coordinating ${ }_{[1]}$ 126:20
copy $[7]-19: 20,27: 4$,
32:16, 39:6, 45:12,
51:18, 74:12
core [1] - 104:24
corner [2] - 68:15, 68:16
coronary [2] - 46:12, 46:13
corporate [1] - 123:11
correct [32]-19:18,
21:12, 30:5, 32:14, 42:7, 42:9, 43:6,
44:24, 51:8, 53:8,
53:24, 57:6, 58:5,
58:22, 64:7, 65:5,
69:7, 69:18, 74:10,
84:10, 85:22, 86:1,
86:10, 87:24, 88:16,
89:7, 91:23, 96:18,
109:1, 118:13,
118:18, 148:11
cortisone [1] - 31:8
cost ${ }_{[1]}$ - 123:19
costs [1]-116:19
$\cot [3]-28: 17,29: 3$,
29:4
counsel [13] - 5:8,
11:8, 23:18, 35:20,
48:23, 50:6, 50:21,
50:22, 89:18,
112:17, 115:7, 118:13, 119:8
country [7]-55:4,
70:9, 70:10, 79:18,
79:22, 93:10, 99:20
COUNTY ${ }_{[1]}$ - 148:2
county [1] - 122:5
County [2]-1:13,
148:8
couple [6] - 53:20,
77:1, 78:4, 112:13,
112:20, 118:8
course [10]-40:23,
46:3, 79:8, 79:11,
88:10, 89:6, 109:15,
117:20, 123:18,
138:1
Court [1] - 10:13
court [2] - 10:14,
148:7
coverage ${ }_{[17]}$ -
113:19, 114:20,
115:2, 115:10,
115:12, 115:13,
115:18, 116:12,
116:14, 116:20,
117:6, 117:19,
118:3, 118:6,


| $\begin{gathered} \text { 128:22 } \\ \text { door }_{[1]}-28: 14 \end{gathered}$ | $\begin{aligned} & 37: 1,47: 15,50: 19 \text {, } \\ & 100: 13 \end{aligned}$ | $\begin{aligned} & \text { 107:13, 107:18, } \\ & \text { 109:11, 114:11, } \end{aligned}$ | $\begin{aligned} & \text { 140:14 } \\ & \text { exact }[2]-114: 12, \end{aligned}$ | $\begin{gathered} \text { 136:16, 137:7 } \\ \text { experienced }[1] \text { - } \end{gathered}$ |
| :---: | :---: | :---: | :---: | :---: |
| dose [1] - 43:14 |  | 127:2, 127:10, 144:1 | 135: | 15 |
| $\begin{aligned} & \text { double [2] - 65:17, } \\ & 123: 18 \end{aligned}$ | E | ending $[2]-6: 1,9: 20$ endorsements [1] - | $\begin{aligned} & \text { exactly }[2]-15: 1, \\ & 124: 10 \end{aligned}$ | experiencing [6] - <br> 17:2, 17:15, 55:13, |
| down [16]-17:16, | early [9] - 54:4, 55:1, | 11 | exam [1]-21: | 57:20, 58:13, 65:23 |
| 17:19, 28:20, 40:18, | $\begin{aligned} & \text { 66:2, 69:5, 95:7, } \\ & 95: 11,96: 6,121: 12, \end{aligned}$ | endurance [5] - 62:18, 63:10, 71:15, 85:19 | EXAMINATION ${ }_{[12]}$ - <br> 13:11, 19:14, 26:17 | expertise [1]-118:16 |
| 67:18, 67:24, 68:2, | 135:16 | engage [1] - 63:1 | 32:10, 38:21, 53:3, | expire [2]-118:7 |
| 77:16, 126:6, 136:7, | earn [4]-18:11, | engaged [ 9$]$ - 18:10, | 65:14, 72:22, 74:6, | 12 |
| 141:23, 143:4 | 1:19, 44:9, 7 | 18:13, 31:18, 31:21, | 81:19, 90:18, 97:19 | expires [1] - 114:1 |
| downed [1] - 41:1 | education [2] - | 44:8, 44:11, 71:14, | examine [6]-20:3, | expiring [3]-115:17, |
| downs [1] - 107:17 | 103:22, 141:18 | 72:7, 135:11 | 20:10, 32:22, 45:6, | 117:17, 122:21 |
| downstairs [1] - 17:22 | Edward [2]-25:2, | Engine [3] - 39:5, | 74:19, 74:23 | exploratory ${ }_{[2]}$ - |
| downturn [1] - 106:18 | 26:21 | 40:11, 53:14 | examined [7]-13:10, | 30:24, 31:2 |
| $\mathbf{D R}_{[3]}-38: 14,93: 13,$ | EDWARD ${ }_{[1]}-26: 14$ effective ${ }_{[1]}$ - 124:3 | engineer [2] - 13:13, 13:19 | $\begin{aligned} & 19: 13,26: 16,32: 9 \\ & 38: 20,53: 2,74: 5 \end{aligned}$ | explore ${ }_{[1]}$ - 123:13 |
| Dr [22]- | effects [2]-89:12, |  | example [3]-93:4, | exposed [2] - 79: 79.21 |
| 19:9, 21:2, 22:6, $26: 4,26: 11,30: 23$ | $\begin{aligned} & \text { 139:4 } \\ & \text { efforts [1] - 114:24 } \end{aligned}$ | $\begin{array}{r} \text { 11:17, 22:10 } \\ \text { enjoy }[1]-99: 1 \end{array}$ | 116:17, 120:17 excellent ${ }_{[1]}-12$ | exposure [8] - 78:17, |
| 31:2, 32:5, 34:9, | eight $[3]-17: 8,137: 6$, | ENT [2] - 77:10, 82:7 | exceptions [1] - | $: 12,84: 5,84: 1$ |
| 38:13, 38:15, 44:20, | 137:11 | entertain ${ }_{[1]}$ - 107:1 | 127:18 | 85:10 |
| 47:11, 73:24, 77:10, | either [7]-17:19, | entire ${ }_{[1]}-83: 22$ | excess [1] - 33:22 | exposures [1] - 88:6 |
| 90:16, 90:20, 92:9, | 51:6, 73:21, 79:6, | ENTITLED ${ }_{[1]}-147: 6$ | excludes [1] - 80:21 | expressed [1] - |
| 92:11, 97:22 | 99:10, 131:23, | entitled [1]-1:11 | excuse [1] - 15:20 | 136:19 |
| drag [1] - 116:3 | 140:10 | episodes [1] - 33:15 | Executive [7]-2:13, | extension [3] - |
| drama [1]-114:16 | elaborate [1] - 93:12 | equipment [2]-56:5, | 2:14, 3:21, 111:12, | 108:24, 109:1, 109:3 |
| drastic [1]-122:1 | election [1] - 128:13 | 83:6 | 115:21, 144:12, | extensive ${ }_{[1]}-33: 21$ |
| draw [1]-107:17 | elevation [1] - 46:11 | equities [1] - 105:20 | 144:14 | extortion [1] - 121:20 |
| driven [2]-106:14, | eligibility ${ }_{[1]}$ - 132:5 | equity $[1]$ - 103:16 | exemption [1] - 139:5 | extra [1]-71:19 |
| 132:16 | eligible ${ }_{[1]}$ - 128:16 | ER [3]-41:14, 41:19, | exercise [2]-63:1, | extraordinary [3] - |
| driving [1] - 125:2 | Ella [1] - 4:16 | 76:22 | 80:12 | 106:12, 106:13, |
| drop [1] - 126:3 | elongated $[7]-61: 14$, | Ervin [3]-3:4, 100:24, | exerted [1] - 71:22 | 119:2 |
| DU [1] - 148:2 | 61:23, 81:22, 82:5, | 101:18 | exertion [1] - 46:16 | extreme [2] - 40:16, |
| $\begin{gathered} \text { due }[10]-20: 11,21: 3, \\ 32: 24,84: 9,105: 3, \end{gathered}$ | $\begin{aligned} & 82: 8,82: 15,82: 21 \\ & \text { email }[1]-124: 21 \end{aligned}$ | $\begin{aligned} & \text { ERVIN }_{[3]}-2: 7,101: 1, \\ & 101: 19 \end{aligned}$ | $\begin{aligned} & \text { Exhibit }[6]-20: 18, \\ & 32: 20,45: 10,45: 13, \end{aligned}$ | 40:19 |
| $\begin{aligned} & \text { 107:21, 108:24, } \\ & \text { 109:6, 128:17 } \end{aligned}$ | $\begin{aligned} & \text { emergency }[3]-15: 8, \\ & 76: 2,78: 12 \end{aligned}$ | ERWIN $[7]-92: 13$, 92:16, $94: 10,95: 10$ | $\begin{aligned} & \text { 75:3, } 91: 1 \\ & \text { exhibits [3] - 13:23, } \end{aligned}$ | F |
| duly $[7]-13: 9,19: 12$, | emergently [1] - 76:2 | 95:19, 95:24, 96:24 | 14:13, 39:20 | Fact [3]-23:19, 23:22, |
| $\begin{aligned} & 26: 15,32: 8,38: 19 \\ & 53: 1,74: 4 \end{aligned}$ | $\begin{aligned} & \text { emphasize [1] - } \\ & 138: 12 \end{aligned}$ | Erwin [1] - 92:14 escrow [1] - 109:17 | $\begin{gathered} \text { Exhibits }[15]-13: 24, \\ \text { 14:11, 14:16, 19:21, } \end{gathered}$ | $\begin{aligned} & \text { 24:16 } \\ & \text { fact [19]-24:20, } \end{aligned}$ |
| DuPage [1] - 148:8 | employee [2] - 131:20, | especially [2] - 83:2, | 27:5, 27:16, 27:21, | $35: 21,35: 24,36: 16$ |
| $\begin{gathered} \text { during [11] - } 53: 22, \\ 57: 13,58: 16,58: 19, \end{gathered}$ | $\begin{aligned} & \text { 143:19 } \\ & \text { employees [3] - 132:1, } \end{aligned}$ | 120:15 | $\begin{aligned} & 32: 17,39: 7,39: 18, \\ & 39: 23,51: 19,52: 9, \end{aligned}$ | $\begin{aligned} & 36: 20,48: 24,49: 3, \\ & 49: 18,49: 23,87: 8, \end{aligned}$ |
| 75:14, 75:16, 77:3, | 132:17, 142:16 | 131: | 74:13, 90:22 | 88:3, 88:4, 88:5, |
| 77:17, 84:4, 86:12, | employer [2]-134:14, | 141:8, 142:14 | existing [1] - 104:6 | 89:13, 102:5, |
| 88:7 | 138:1 | estate [1] - 104:24 | expand [1] - 143:7 | 107:19, 121:15, |
| $\begin{aligned} & \text { duties [13] - 44:4, } \\ & \text { 45:24, 47:5, 54:22, } \end{aligned}$ | $\begin{aligned} & \text { employment }{ }_{[1]} \text { - } \\ & \text { 117:7 } \end{aligned}$ | $\begin{aligned} & \text { estimate }[2]-135: 15 \text {, } \\ & 136: 11 \end{aligned}$ | $\begin{gathered} \text { expect }[3]-124: 6 \text {, } \\ 127: 8,143: 19 \end{gathered}$ | $\begin{gathered} 122: 8,140: 15 \\ \text { factor }[4]-136: 6, \end{gathered}$ |
| 60:5, 60:11, $60: 24$, | EMS [2] - 60:17, 66:9 | $\text { et }[4]-112: 18,11$ | expectations [5] | 136:7, 136:15, |
| 80:19, 87:23, 88:7, | EMT [7]-11:11, 11:17, | 117:10, 117:11 | 118:6, 122:13, | 136:16 |
| 88:12, 134:21, | 13:19, 39:2, 50:4, | evaluated $[1]$ - 31:8 | 122:17, 124:5, 128:2 | factors [1] - 137:7 |
| 134:24 | 53:11, 60:6 | evaluation [1] - 28:10 | expecting [2]-123:2, | failing [1] - 116:17 |
| $\begin{gathered} \text { duty }_{[17]}-4: 15,18: 22, \\ 21: 17 \\ \hline \end{gathered}$ | encountering ${ }_{[1]}$ 57:14 | events [1]-121:21 | 123:5 | $\begin{aligned} & \text { fair [2] - 135:15, } \\ & 139: 20 \end{aligned}$ |
| $\begin{aligned} & 21: 17,40: 13,42: 10, \\ & 42: 15,53: 17,54: 17, \end{aligned}$ | 57:14 <br> encouraged [1] | evidence [16] - 11:22, <br> 11:24, 12:12, 14:17, | expedited [1]-128:6 <br> Expenditures [1] - | $\begin{aligned} & \text { 139:20 } \\ & \text { fairly }[1]-93: 20 \end{aligned}$ |
| 56:12, 58:5, 61:1, | 103:23 | $\begin{aligned} & 2,12: 12,1 \\ & 7,25: 9,25: 2 \end{aligned}$ | 110:19 | fall [1] - 133:23 |
| 62:3, 80:7, 80:8, | encryption [1] - | $27: 22,37: 7,37: 9$ | Expenses [1] - 110:20 | family ${ }_{[1]}-4: 19$ |
| 127:22, 131:16 | 124:23 | 37:21, 39:24, 51:18, | experience $[6]$ - 66:5, | fancy ${ }_{[1]}$ - 115:23 |
| Duty [6]-11:16, 25:1, | end [9]-59:6, 59:22, | 100:10, 102:1, | 121:4, 136:6, 136:7, | far [12]-17:13, 31:6, |



|  | $\begin{aligned} & \text { hearing [31] - 4:12, } \\ & \text { 11:11, 14:1, 19:8, } \\ & \text { 22:8, 25:1, 25:5, } \\ & \text { 27:5, 32:4, 34:10, } \\ & \text { 37:1, 37:5, 39:8, } \\ & 44: 19,47: 13,50: 18, \\ & 51: 2,51: 7,64: 16, \\ & 65: 10,81: 18,97: 8, \end{aligned}$ | honest [1] - 99:2 <br> hope [2] - 90:3 |  | 116:8 indicate [3]-70:17, 79:15, 91:24 |
| :---: | :---: | :---: | :---: | :---: |
|  |  | $\begin{aligned} & \text { hope }[2]-90: 3, \\ & \text { 137:23 } \\ & \text { hopefully }[2]-107: 20, \\ & 126: 21 \end{aligned}$ | $\begin{aligned} & 51: 14,51: 23,52: 24, \\ & 85: 1,85: 7,89: 21, \\ & 90: 3,90: 12,94: 17, \\ & 95: 5,95: 17,95: 21 \end{aligned}$ |  |
| 125:24, 127:11, 127:17 <br> greater [2]-17:6, 84:3 <br> group [4] - 13:23, <br> 112:4, 115:8, 136:4 |  | $\begin{aligned} & \text { hopefully }[2]-107: 20, \\ & 126: 21 \end{aligned}$ |  | -00,4 |
|  |  |  |  |  |
| uarantee [1] - 139 |  | hoping $[2]-109: 16$, <br> $123: 23$ Igess <br> ignore $[2]-67:-69: 3,69: 4$ indicates $[1]-70: 23$ <br> indication $[3]-59: 24$, <br> Horwitz $[3]-50: 6$, <br> Illinois $[6]-1: 14,43: 4$, $80: 1,123: 20$  |  |  |
| ss [1] - 59:20 |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |
| ce [2]-138 | 132:9, 132:19, |  |  | indications [2] - 131:22, 131:24 <br> indigestion [1] - 63:17 <br> individual [2]-116:1, 127:23 |
| 141:12 |  | HORWITZ [36] - 50:9, |  |  |
| deline [4]-66:10 | 133:17, 136:1 | :2 | ILLINOIS ${ }_{[1]}-148$ |  |
| 73:9 | $\begin{aligned} & \text { 139:20, 140:5, } \\ & 140: 10 \end{aligned}$ <br> hearings [6] - 89:19 | 52:2, 52:6, 52:17, | $\begin{aligned} & \text { illness [8] - 40:4, } \\ & 76: 12,76: 22,79: 5, \\ & 79: 6,79: 13,87: 12, \\ & 94: 5 \end{aligned}$ |  |
| guidelines [6] - 61:3, |  |  |  |  |
| 66:5, 85:23, 86:4, | $\begin{aligned} & \text { hearings }[6]-89: 19, \\ & \text { 131:4, 133:15, } \\ & \text { 134:1, 134:3, 137:2 } \end{aligned}$ | $\begin{aligned} & 53: 4,65: 7,65: 11, \\ & 72: 14,72: 17,72: 23, \\ & 73: 19,73: 23,81: 20, \end{aligned}$ |  | farction |
| 86:9, 86:1 |  |  |  | nfected [2] - 87:8 |
| guys [2]-40:22 |  |  | 122:1 <br> immediately [2] - | 88:4 |
|  | $\begin{aligned} & 41: 21,42: 23,43: 2 \text {, } \\ & 43: 9 \end{aligned}$ | $\begin{aligned} & 90: 13,90: 17,94: 22, \\ & 95: 3,95: 7,96: 17, \end{aligned}$ | immediately [2] - 40:17, 69:11 <br> imminent $[1]-75: 18$ | 80:5, 87:22, 88:6, 88:8, 88:11, 88:12 |
|  |  |  | 40:17, 69:11 <br> imminent [1] - 75:18 |  |
| $\begin{aligned} & \text { half }[4]-17: 18,41: 16, \\ & 104: 13,136: 6 \\ & \text { hand }[5]-26: 11, \\ & 26: 12,52: 20,53: 16, \\ & 74: 1 \end{aligned}$ | hedges [1] - 71:21 | 96:21, 97:11, 97:14, |  |  |
|  |  | 7:20, 100:4 | impact [5] - 135: | inflammation [1] - |
|  |  | $100: 6,100: 9$ | 141:10, 141:17 | 82:23 |
|  | hello [1]-41:1 | hose [3]-40:21, 41:2, | 142:24, 143:1 | lation [1] - 104: |
|  | $\begin{aligned} & \text { help [12] - 15:17, } \\ & \text { 16:22, 30:7, 78:2, } \\ & 92: 17,94: 7,95: 18, \end{aligned}$ | hospital [5] - 28:21, | $\begin{aligned} & \text { implement }[3] \text { - } \\ & \text { 133:24, 138:21, } \\ & 140: 2 \end{aligned}$ | information [24] -$20: 14,33: 2,41: 18,$ |
| $74: 1$ <br> handful [1] - 17:24 |  |  |  |  |
| handled [1] - 131:13 |  | $\begin{aligned} & \text { 57:15, 57:23, 61:16, } \\ & 98: 6 \end{aligned}$ |  | $\begin{aligned} & \text { 20:14, 33:2, 41:18, } \\ & \text { 60:21, 61:7, 78:9, } \end{aligned}$ |
| handling [1] - 137:18 | $\begin{aligned} & \text { 92:17, 94:7, 95:18, } \\ & \text { 125:7, 127:6, } \end{aligned}$ |  | $\begin{gathered} \text { important [5] - 12:22, } \\ \text { 26:6, 38:7, 105:22, } \end{gathered}$ | $78: 18,88: 10,90: 4$ |
| ndout [1]-140:12 | 5:11, 140:2 | ho |  | $\begin{aligned} & 90: 7,90: 8,96: 16, \\ & 98: 9,98: 19,113: 18, \end{aligned}$ |
| hands [3]-13:6, | 140:20 |  | $\begin{aligned} & 26: 6,38: 7,105: 22, \\ & 112: 8 \end{aligned}$ |  |
| 38:16, 56:17 | [1]-9.20 | hour | importantly [1] - 88:24 <br> impossible [1] - 93:14 | 124:22, 129:6, |
| hands-on [1] - 56:17 | ly ${ }_{[1]}-9: 20$ | 104:13 |  | $\begin{aligned} & \text { 131:7, 131:9, } \\ & \text { 136:20, 138:17, } \end{aligned}$ |
| handshake [1] | $\begin{aligned} & \text { rbal }[1]-56: 3 \\ & \text { rein }[8]-13: 8 \end{aligned}$ | hours [4]-56:19 $57: 3,59: 3,140$ | $\begin{aligned} & \text { improvement }[1] \text { - } \\ & \text { 62:17 } \end{aligned}$ | $\begin{aligned} & \text { 136:20, 138:17, } \\ & \text { 145:16, 146:18, } \end{aligned}$ |
| g [1] - 68: | 5, | hous | improving [1] - 33:14 <br> IN [2] - 1:7, 147:6 | 146:19 |
| hangs [1] - 77 | :19, 53:1, 74:4 | 71:20 |  | initial [1] - 105:11 <br> injections [1] - 16:4 |
| happy [3]-105:16 | herniation [2]-16:21, | hydrant [9] - 40:13,$40: 15,40: 16,40: 18,$ | IN [2]-1:7, 147:6 inaccuracies [2] -97:23, 98:1 |  |
| 107:1, 127:16 |  |  |  | injure [1] - 42:2 |
| assment [1] | 21.4 | , |  | $\begin{gathered} \text { injuries [5] - 14:21, } \\ 15: 10,28: 2,29: 14, \end{gathered}$ |
| 117:9 | $\begin{aligned} & \text { high }[17]-41: 20, \\ & 53: 24.54: 2.75: 18 . \end{aligned}$ | 45:19 | inch [2] - 40:21, 45:20 |  |
| hard [5] - 91 | $\begin{aligned} & \text { 53:24, 54:2, 75:18, } \\ & 76: 10,77: 4,77: 7, \end{aligned}$ | Hydrochlorothiazide $[2]-63: 16,77: 6$ |  | 40:6 injury $[13]-14: 21$, |
| $\begin{aligned} & 113: 23,138: 2 \\ & 145: 10.145: 1 \end{aligned}$ | $\begin{aligned} & 76: 10,77: 4,77: 7, \\ & 79: 24,80: 2,81: 12, \end{aligned}$ | [2] - 63:16, 77:6 <br> hypertension [3] - | $\begin{aligned} & 29: 13,29: 21,42: 2 \\ & 42: 16,42: 18,42: 22 \end{aligned}$ | $\begin{gathered} \text { injury [13] - 14:21, } \\ \text { 15:2, 18:22, 28:1, } \end{gathered}$ |
| hash [1]-123 | 79:24, 80:2, 81:12, 86:24, 87:5, 87:6, |  | $46: 1$ | $28: 6,30: 1,40: 4,$ |
| head [2]-31:1, 31:13 | 129:13, 135:7, | $77: 20,80: 23,87: 10$ | include [1] - 85:14 including [2]-75:24, 115:21 | $\begin{aligned} & 42: 6,42: 10,42: 13 \\ & 46: 4,53: 16,75: 14 \end{aligned}$ |
| headache [1] - 93:5 | higher [3] - 106:7 | $75: 17$ |  |  |
| headaches [1] - 99:6 | higher [3] - 106:7 123:13. 143:21 | \| |  | inquiries [1] - 136:1 |
| $\begin{aligned} & \text { headline [2] - 114:2, } \\ & \text { 121:15 } \end{aligned}$ | 123:13, 143:21 <br> highest ${ }_{[1]}-106: 10$ |  | $\begin{gathered} \text { income }[7]-18: 11, \\ 31: 19,44: 9,72: 8, \end{gathered}$ | insofar ${ }_{[1]}$ - 57:17 <br> Institute [1] - 141:19 |
| headlines [3] - 10 | highlights [1] - 112:21 | idea [2]-98:2, 98:16 | 103:24, 104:6, | insurable ${ }^{[1]}$ - 121:21 |
| 121:12, | history [7] - 20:23, | ideas ${ }_{[1]}$ - 125:6 | 108:11 | insurance [19]-63:22, |
| health [2]-81:11, | 21:1, 33:8, 75:8 |  | $\begin{aligned} & \text { incorrect [2] }-83: 13 \text {, } \\ & 86: 3 \end{aligned}$ | $\begin{aligned} & \text { 111:19, 112:10, } \\ & \text { 113:7, 113:8, } \end{aligned}$ |
| 139:3 | $76: 13,77: 9,78: 3$ | 50:10, 50:20, 50:21, $51: 4,52: 18,52: 19,$ | increase [7]-71:14, | $\begin{aligned} & \text { 113:11, 113:15, } \\ & \text { 114:12, 116:21, } \end{aligned}$ |
| healthcare [1] - 78:11 | $\begin{aligned} & \text { hit }[3]-41: 7,112: 20, \\ & 140: 4 \end{aligned}$ | 51:4, 52:18, 52:19, $53: 5,65: 16,72: 24,$ | 117:24, 118:24, |  |
| hear [7]-11:24, 25:9, | hold [4]-72:15, 85:3, | 53:5, 65:16, 72:24, | $\begin{aligned} & \text { 119:4, 123:5, 123:8, } \\ & 142: 19 \end{aligned}$ | 117:1, 119:1, |
| $\begin{aligned} & 37: 9,83: 10,11 \\ & 112: 2,125: 18 \end{aligned}$ |  |  | increased [1] - 57:21 | $\begin{aligned} & \text { 121:13, 121:22, } \\ & \text { 121:23, 122:7, } \\ & \text { 125:5, 139:3 } \\ & \text { Insurance }[3]-112: 2 \text {, } \end{aligned}$ |
| heard [5]-21:10, | holding [2] - 28:17 |  |  |  |
| 83:11, 84:18, 102 : |  | $\begin{aligned} & 90: 13,97: 1 \\ & 100 \cdot 11 \end{aligned}$ | indeed [1] - 121:21 |  |
|  |  |  | demnified [1] |  |



| lookback [1] - 106 | 106:22, 111:16, | 24:10, 35:1, 35:17, | medication [3] - | 49:11, 49:13, 49:15, |
| :---: | :---: | :---: | :---: | :---: |
| looked [5] - 41:8, | 111:19, 112:8 | 12, 44:1 | :12, 80:24 | 2:20, 92:12 |
| :14, 96:11, 96:13, | 118:21, 143:10 |  | medications [4] 43:8, 46:23, 76:4 | 92:13, 92:16, 94: |
| $\begin{array}{r} \text { 136:2 } \\ \text { looking } \end{array}$ | $\begin{aligned} & \text { manager }[2]-104: 22 \\ & 124: 18 \end{aligned}$ | $\begin{aligned} & \text { 3:20, 49:15, 72:20, } \\ & 2: 12,100: 15, \end{aligned}$ | $43: 8,46: 23,76: 4$ | $\begin{aligned} & 94: 13,94: 21,94: 24, \\ & 95: 10,95: 19,95: 24, \end{aligned}$ |
| $\begin{aligned} & 68: 21,109: 12 \\ & 118: 23,122: 1 \end{aligned}$ | $\begin{aligned} & \text { Manager }_{[3]}-105: 2 \\ & 105: 5,105: 7 \end{aligned}$ | $\begin{aligned} & \text { 101:5, 101:9, } \\ & \text { 101:23, 102:2 } \end{aligned}$ | medicine [2] - 78:12, 81:9 | $\begin{aligned} & 96: 24,100: 12, \\ & 100: 15,100: 20 \end{aligned}$ |
| 125:1, 125:4, |  | 18, |  | 0:22, 101:1, |
| 125: | 103:16, 103:1 | 109:19, 110:2 | 4:1 | 01:3, 101:5, 101 |
| 17, 136:5 | 104:7, 104:24 | 111 | [2] - 1:7 | 101:9, 101:14, |
| 8:20, 146:1 | 33:1 | 19:1 | 147:6 | 1:16, 101:1 |
| loop [1] - 127:10 | manifest [2] - 130 | :8, 125:2 | meeting | 1:21, 101:23, |
| loose [1] - 28:24 | 130:21 | 45:3 | :15, 3:22, 3:24, 4 | 2:9, 102:14 |
| LORI ${ }_{[1]}-2: 14$ | Marc [1] - 14 | 55:23, 146: | :14, 5:1, 5:3 | 2:18, 102:2 |
| Lori [2]-128:5, 143:4 | $\begin{aligned} & \text { March }{ }_{[12]}-55: 1, \\ & 58: 6,86: 5,86: 8, \\ & 91: 14,92: 2,93: 15, \\ & 95: 7,95: 11,96: 6, \\ & 96: 18 \end{aligned}$ | McPhillips [40]-2:6, | $\begin{aligned} & \text { 103:20, 103:22, } \\ & \text { 103:24, 104:13, } \end{aligned}$ | 102:22, 102:24, |
| Lorna [3]-103:4, |  | $3: 7,5: 18,6: 5,6: 12,$ |  | $\begin{aligned} & \text { 103:3, 107:5, } \\ & \text { 108:18, 109:9 } \end{aligned}$ |
| L |  | 9:7, 9:14, 10:7, 11:3, | 7:13, 128:20, | 9:19, 110:2 |
| Lorraine [1] - 9:20 |  | 22:15, 22:22, 23:14, | 0:14, 145:9, | 0:5, 110:9 |
| losing [1] - 58: | MARK ${ }_{[1]}-2: 16$ <br> mark [1] - 130:23 <br> marked [8]-13:24, | $24: 2,24: 9,34: 24$ | 146:21 <br> meetings [2]-128:21, | $\begin{aligned} & \text { 110:11, 110:13, } \\ & \text { 110:15, 110:18, } \end{aligned}$ |
| love [1] - 43:24 |  | $35: 16,36: 4,36: 11,$ |  |  |
| low [4]-89:12, 10 |  | $\begin{aligned} & \text { 47:20, 48:3, 48:19, } \\ & 49: 14,100: 18 \end{aligned}$ | 140:18 <br> Meetings [1] - 3.23 | $\begin{aligned} & \text { 110:22, 111:2, } \\ & \text { 111:4, 111:6, 111:8, } \end{aligned}$ |
| 136:1, 136:10 |  |  |  |  |
| lower [6]-15:11, 16:1, | $\begin{aligned} & 45: 13,51: 19,75: 3 \\ & 90: 21 \end{aligned}$ |  | MELISSA ${ }_{[1]}-2: 7$ | $\begin{aligned} & \text { 119:17, 119:21, } \\ & \text { 120:2, 120:4, 120:6, } \end{aligned}$ |
| 16:16, 16:19, 17:16, |  | 110:7, 110:14, |  |  |
|  | market [4] - 104:7, | 111:7, 119:23 | $\begin{aligned} & 3: 3,3: 4,3: 6,3: 7, \\ & 3: 8,3: 9,3: 12,4: 22, \end{aligned}$ | $\begin{aligned} & 120: 2,120: 4,1 \\ & 120: 8,125: 23, \end{aligned}$ |
| LTD [1]-2:11 | $\begin{aligned} & \text { 106:18, 114:24, } \\ & \text { 119:1 } \end{aligned}$ | $145: 2,146: 1,146: 8$ |  | 134:7, 135:5, <br> 144:11 144:17 |
| Lucas [9]-37:2, 37:3, | ```marketing[1] - 114:24 marketplace [5] - 120:19, 121:4, 121:9, 122:7, 124:6``` |  | $5: 9,5: 13,5: 15,5: 17$ | $\begin{aligned} & 144: 11,144: 17, \\ & \text { 144:21, 144:23, } \\ & \text { 145:1, 145:3, } \\ & \text { 145:22, 145:23, } \end{aligned}$ |
| $\begin{aligned} & 15,38: 23,39: 1, \\ & 1245 \cdot 1847 \cdot 16 \end{aligned}$ |  | $\begin{aligned} & \text { mean }[15]-21: 21, \\ & 59: 18,60: 18,62: 19, \\ & 63: 10,68: 19,71: 18, \end{aligned}$ | 5:19, 5:22, 6:3, 6:7, 6:9, 6:11, 6:13, 6:16, |  |
| $\begin{aligned} & \text { 40:2, 45:18, 47:16, } \\ & 49: 24 \end{aligned}$ |  |  | 6:20, 6:24, 7:2, 7:4, |  |
| LUCAS ${ }_{[6]}$ - 37 | markets [3] - 108:9, | $\begin{aligned} & 83: 3,88: 15,97: 15, \\ & 99: 2,99: 10,109: 6 \end{aligned}$ | $7: 6,7: 9,7: 14,7: 18$, $7: 20,7: 22,7: 24,8: 3$, | $\begin{aligned} & \text { 146:9, 146:12, } \\ & 146: 20,146: 22 \end{aligned}$ |
| $18,50: 2$ | $\begin{aligned} & \text { Mary [2] - 28:10, } \\ & 146: 12 \end{aligned}$ | meaning [1] - 54:8 | 8:7, 8:11, 8:13, 8:15, |  |
| luck [3] - 24:22, |  | 112:14 | $\begin{aligned} & 8: 17,8: 20,9: 4,9: 9 \\ & 9: 11,9: 13,9: 15, \end{aligned}$ | member [5]-130:2, |
| 49:24 | MARY $_{[2]}-2: 9,2: 11$ <br> mask [17]-56:6, 73:1, |  |  | $\begin{aligned} & \text { 130:10, 131:14, } \\ & \text { 131:17, 132:12 } \end{aligned}$ |
| LUND [1] - 2:14 |  | meant [2]-51:12, $67: 13$ | 9:18, 9:22, 10:2 | 131:17, 132:12 <br> Member [13]-6:1, |
| lung [6] - 54:23, | $73: 4,73: 6,73: 14$ | measure [1] - 106:2 | $\begin{aligned} & \text { 10:4, 10:6, 10:8, } \\ & \text { 10:11, 10:18, 10:22, } \end{aligned}$ | $\begin{aligned} & \text { Member }[13]-6: 1, \\ & 6: 18,7: 12,7: 13,8: 5, \end{aligned}$ |
| $58: 13,60: 4,64: 6$ | $\begin{aligned} & 83: 8,83: 10,83: 15 \\ & 83: 18,83: 19,83: 2 \end{aligned}$ |  | 10:24, 11:2, 11:4, | 8:6, 9:1, 9:2, 10:14, |
| lu | 84:1, 84:3, 84:4 | mechanical [1] | $11: 7,19: 6,22: 7 .$ | $\begin{gathered} \text { 10:15, 132:9 } \\ \text { members }[11]-4: 7, \end{gathered}$ |
| $59: 12,60: 9,82$ | Masonic [1] - 43:4 <br> material [1] - 113:6 <br> MATTER[1] - 1:7 <br> matter $[14]-1: 12$, <br> 3:17, 18:5, 23:20, | mechanism [1] | 2:9, 22:12, 22:17, |  |
|  |  |  |  | $\begin{aligned} & 12: 18,15: 1,17: 1, \\ & 26: 3,28: 5,38: 3, \\ & 40: 8,128: 2,131: 10, \end{aligned}$ |
|  |  | $\begin{aligned} & \text { 21:18 } \\ & \text { median [3] - 106:6, } \end{aligned}$ | $\begin{aligned} & \text { 23:2, 23:5, 23:9, } \\ & \text { 23:11, 23:13, 23:15, } \end{aligned}$ |  |
| M |  | $\begin{gathered} \text { median }[3]-106: 6, \\ 106: 8,106: 9 \end{gathered}$ | $\begin{aligned} & \text { 23:11, 23:13, 23:15, } \\ & \text { 23:18, 23:24, 24:4, } \end{aligned}$ | 135:18 |
| $\begin{gathered} \text { M.D }_{[5]}-2: 16,2: 17, \\ \text { 19:11, 32:7, 74:3 } \\ \text { machine }[7]-43: 20, \\ 54: 9,54: 14,54: 18, \\ 70: 15,77: 13,78: 1 \end{gathered}$ | $\begin{aligned} & \text { 23:23, 35:22, 36:1, } \\ & \text { 49:1, 49:4, 50:17, } \end{aligned}$ | Medical [14]-29:9, | 24:6, 24:8, 24:10 | MEMBERS $_{[1]}-2: 2$ <br> membership [3] - |
|  |  | 30:21, 54:1, 66:9, | 34:11, 34:14, 34:19, 34:21, 34:23, 35:1, | membership [3] - 125:14, 139:12, |
|  | matters [5] - 4:8, | $\begin{aligned} & 75: 12,75: 14,75: 2 \\ & 75 \cdot 21 \quad 1 \cdot 2 \end{aligned}$ | $35: 4,35: 6,35: 11$ | $\begin{aligned} & 125: 14,139: 12, \\ & 139: 19 \end{aligned}$ |
|  |  | 91:11, 91:22, 99:15, | 35:13, 35:15, 35:17, | $\begin{gathered} \text { mention [3]-21:10, } \\ 88: 24.107: 24 \end{gathered}$ |
| $\text { mail }[4]-24: 19,36: 19$ | 14 | 131:6 | 36:8, 36:10, 36:12, |  |
| 49:22, 102:4 | maximum [1] - 144:3 | medical [18] - 15:4 |  | $\begin{aligned} & \text { 88:24, 107:24 } \\ & \text { mentioned [6] - 29:23, } \end{aligned}$ |
| main [1] - 116:24 | MCPHILLIPS [50] - | 16:1, 20:2, 20:15,$33: 3,45: 5,45: 16$, | $36: 15,44: 18,47: 12$,$47: 14,47: 17,47: 22$, | $\begin{aligned} & \text { 54:2, 64:9, 81:21, } \\ & \text { 109:13, 129:8 } \end{aligned}$ |
| maintenance ${ }^{11}$ - |  |  |  | 109:13, 129:8 <br> mentioning [1] - 69:23 |
| 143:10 | :24, | 46:8, 47:3, 64:14, | 4, 48:2, 48:4, |  |
| maker [1] - 43:20 | 9:4, 9:15, 10:8, | 64:18, 70:12, 74:18, | 48:7, 48:9, 48:14, | $\begin{aligned} & \text { merit [2] - 142:15, } \\ & \text { 142:19 } \end{aligned}$ <br> Mesirow [1] - 112:2 |
| management [8] | 22:23, 23:15, 23:24, | 75:7, 84:19, 88:191:18, 93:20 | $\begin{aligned} & \text { 48:16, 48:18, 48:20, } \\ & 48: 23,49: 5,49: 9, \end{aligned}$ |  |
| 106:15, 106:19, |  |  |  |  |


| message $_{[1]}$ - 139:12 | morning [6]-4:11, | 133:22, 137:18, | 145:6, 145:13 | MYSLINSKI ${ }_{[1]}$ - 2:16 |
| :---: | :---: | :---: | :---: | :---: |
| met [7]-84:4, 105:2, | 11:19, 25:3, 37:3, | 142:20, 146:1 | MRI [5] - 21:13, 29:10, |  |
| $\begin{aligned} & \text { 128:14, 129:9, } \\ & 129: 10,133: 3,133: 4 \end{aligned}$ | $\begin{gathered} 92: 14,121: 12 \\ \text { most }[11]-55: 16, \end{gathered}$ | Moving [2] - 6:16, 7:11 | $30: 6,33: 9,33: 18$ | N |
| $\begin{aligned} & \text { Michael }[6]-11: 12, \\ & \text { 11:18, 13:16, 26:21, } \\ & 44: 23,74: 9 \end{aligned}$ | 64:4, 78:22, 85:12, 86:16, 112:8, 113:23, 131:24, | $\begin{gathered} \text { MR }_{[166]}-2: 12,11: 10, \\ \text { 11:14, 11:15, 12:5, } \\ \text { 12:6, 12:9, 12:10, } \end{gathered}$ | $\begin{aligned} & \text { MS [13]- 2:11, 103:7, } \\ & \text { 107:7, 107:9, 108:2, } \\ & \text { 108:22, 118:9, } \end{aligned}$ | $\begin{aligned} & \mathrm{N} 95_{[3]}-83: 20,84: 3, \\ & \text { 84:4 } \\ & \text { name }[16]-13: 14, \end{aligned}$ |
| $\begin{aligned} & \text { MICHAEL [3] - 2:17, } \\ & 13: 8,74: 3 \end{aligned}$ | $\begin{gathered} \text { 139:18, 144:3 } \\ \text { mostly }[2]-114: 1, \end{gathered}$ | $\begin{aligned} & \text { 12:15, 12:16, 13:1, } \\ & 13: 2,13: 5,13: 12, \end{aligned}$ | $\begin{aligned} & \text { 118:15, 118:19, } \\ & \text { 119:11, 134:13, } \end{aligned}$ | $\begin{aligned} & \text { 13:16, 19:16, 26:19, } \\ & 32: 12,38: 24,39: 1 \end{aligned}$ |
| Michelle [1] - 128:6 | 121:20 | 14:9, 14:15, 14:18, | 140:7, 146:14 | 44:22, 50:22, 63:16, |
| mid [1] - 86:5 | motion [53] - 5:4 | 19:2, 19:8, 19:15, | mud [1]-116 | 67:9, 74:8, 111:24, |
| mid-March ${ }_{[1]}$ - 86:5 | 5:10, 5:24, 6:4, 6:17, | 22:3, 24:14, 24:23 | multiple [1] - 81:1 | 112:2, 116:3, 116:15 |
| middle [1] - 44:2 | 6:21, 7:15, 8:4, 8:8, | 24:24, 25:14, 25:15, | Murphy [51] - 4:21, | narrow [1] - 130:8 |
| might [8]-17:23, | 9:2, 9:5, 9:23, 10:13, | $25: 18,25: 19,25: 24,$ | $5: 11,5: 12,6: 5,6: 6,$ | narrowed [1] - 21:6 |
| $\begin{aligned} & 56: 20,112: 2, \\ & 125: 21,129: 3, \end{aligned}$ | $\begin{aligned} & \text { 10:19, 22:9, 22:13, } \\ & \text { 23:3, 23:6, 23:21, } \end{aligned}$ | $\begin{aligned} & \text { 26:1, 26:9, 26:10, } \\ & \text { 26:18, 27:14, 27:20, } \end{aligned}$ | $\begin{aligned} & 6: 22,6: 23,7: 16, \\ & 7: 17,8: 9,8: 10,9: \end{aligned}$ | narrowing [1] - 33:13 <br> natural [3]-55:23, |
| 131:10, 140:7, | 24:1, 34:11, 34:15, | 27:23, 31:24, 32:5, | 9:8, 9:24, 10: | 76:5, 81:7 |
| 140:10 | 35:4, 35:7, 35:23, | 34:6, 36:2 | 10:20, 10:21, 22:14, | nature [2] - 31:14 |
| mild [1] - 57:20 | 36:3, 46:7, 47:15 | 36:24, 37:14, 37:15, | 22:16, 23:7, 23:8, | 131:1 |
| mile [1]-17:18 | 47:18, 48:7, 48:10, | 37:18, 37:19, 37:24, | 24:2, 24:3, 34:16, | near [1] - 62:19 |
| milligrams [3] - 43:12, | $\begin{aligned} & \text { 49:2, 49:6, 100:13, } \\ & \text { 100:16, 101:8, } \end{aligned}$ | 38:1, 38:10, 38:11, 38:15, 38:22, 39:16, | $34: 18,35: 8,35: 10,$ | $\text { nearly }[2]-62: 22,63: 9$ |
| 43:14, 77:7 | $\begin{aligned} & \text { 100:16, 101:8, } \\ & \text { 101:10, 102:12, } \end{aligned}$ | 38:15, 38:22, 39:16, | 36:4, 36:5, 47:19, $47: 21,48: 11,48: 13$ | necessarily [1] - 93:5 |
| $\begin{aligned} & \text { million [21] - 107:10, } \\ & \text { 107:13, 107:24, } \end{aligned}$ | $\begin{aligned} & \text { 101:10, 102:12, } \\ & \text { 102:15, 109:24 } \end{aligned}$ | 44:20, 47:8, 50:2, | 47:21, 48:11, 48:13, 49:7, 49:8, 100:17, | $\begin{gathered} \text { necessary }[3]-98: 20, \\ 132: 9,133: 19 \end{gathered}$ |
| 115:19, 116:11, | 10:6 | 50:9, 50:10 | 100:19, 101:11, | need [18] - 18:9, |
| 116:20, 116:21, | 110:19, 110:23, | 50:11, 50:12, 50:15, | 101:13, 102:16, | 25:11, 41:18, 43:15, |
| 116:22, 117:2, | 119:18, 119:23 | 50:16, 50:24, 51: | 102:17, 110:7, | 46:19, 51:5, 66:13, |
| 117:6, 117:15, | 144:9, 144:15, | 51:3, 51:9, 51:11, | 110:8, 110:24, | 76:3, 95:18, 105:12, |
| 117:16, 117:17, | 145:20, 145:22 | 51:13, 51:14, 51:16, | 111:1, 119:24, | 1:1, 125:9, |
| 117:18, 117:19, | 145:24, 146:21 | 51:17, 51:22, 51:23, | 0:1, 144:16 | 133:15, 133:16, |
| 117:22, 122:21 | 146:23 | 51:24, 52:2, 52:3, | 144:20, 146:1, 146:2 | 33:18, 137:20 |
| 123:2, 123:15, | $\begin{aligned} & \text { Motion [23] - 5:21, } \\ & 6: 15,7: 8,8: 2,8: 19, \end{aligned}$ | $\begin{aligned} & \text { 52:6, 52:7, 52:13, } \\ & \text { 52:17, 52:19, 52:22, } \end{aligned}$ | $\begin{aligned} & \text { MURPHY }[63]-2: 5, \\ & 3: 2 \cdot 3: 4.3: 7 \end{aligned}$ | $142: 11,145: 14$ |
| ind [3]-96:6 | 9:17, 10:10, 11:6 | 53:4, 65:7, 65:11, | 3:12, 4:22, 5:13, | $40: 19,41: 5,46: 1$ |
| 112:21 | 23:1, 23:17, 24:12, | 5:12, 65:15, 72:10, | 5:22, 6:7, 6:16, 6:24, | 132:22 |
| minimal ${ }_{[1]}-114: 22$ | 35:3, 35:19, 36:14, | 2:14, 72:17, 72:23, | 7:9, 7:18, 8:3, 8:11, | needs [5] - 85:6, |
| Minimum [2]-5:23, $5: 24$ | $\begin{aligned} & \text { 48:6, 48:22, 49:17, } \\ & \text { 103:2, 110:17, } \end{aligned}$ | 73:19, 73:20, 73:23, <br> 73:24, 74:7, 81:14, | $\begin{aligned} & \text { 8:20, 9:9, 9:18, 10:2, } \\ & \text { 10:11, 10:22, 11:7, } \end{aligned}$ | $\begin{aligned} & 97: 13,131: 19 \\ & 143: 5,146: 15 \end{aligned}$ |
| minimum [1] - 143:23 | 111:10, 120:10 | 81:20, 85:1, 85:3, | 9, 22:17, 23:2 | negative [1] - 93:1 |
| minorly ${ }_{[1]}$ - 43:3 | 145:5, 146:11 | 85:8, 85:9 | 23:9, 23:18, 24:4 | negotiated [1] - |
| Minutes [1]-5:1 | move [19]-4:12, 4:24, | 89:18, 89:20, 89:2 | 11, 34:19, 35:4 | 123:22 |
| minutes [3] - 5:5, 5:6, | $\begin{aligned} & \text { 7:11, 9:19, 14:10, } \\ & \text { 27:15, 39:17, 52:8, } \end{aligned}$ | $\begin{aligned} & \text { 89:24, 90:2, 90:3, } \\ & 90: 10,90: 12,90: 13, \end{aligned}$ | $35: 11,35: 20,36: 6,$ | neighborhood ${ }_{[1]}$ - |
| 5:7 | $\begin{aligned} & \text { 27:15, 39:17, 52:8, } \\ & \text { 89:18, 100:2, } \end{aligned}$ | $90: 15,90: 17,90: 19,$ | 36:15, 47:14, 47:22, 48:7, 48:14, 48:23, | 137:6 |
| missed [1] - 67:21 | 113:20, 119:6, | 92:8, 94:17, 94:22, | $49: 9,50: 4,100: 12$ | nerve [1] - 21:6 |
| mitigate [1]-87:9 | 120:22, 125:7, | $95: 3,95: 5,95: 7,$ | $100: 20,101: 7,$ | eurogenic [1]-21 |
| MMI [1] - 33:24 | 127:8, 137:10, | 5:22, | 01:14, 102:9, | never [13] - 16:9, 17:9, |
| Mobile [1] - 120:16 | 退:20, 140:6 |  | 2:18, 103 | 29:20, 59:23, 60:13, |
| moment [3]-4:15, | movement $[2]-17.5$ |  |  | 61:24, 62:1, 62:2, |
| 115:3, 118:5 | movement [2] - 17:5, 128:19 | 97:14, 97:15, 97:17, | :18, 111:2, | 64:15, 64:20, 87:18, |
| money [1] - 123:19 | movements [1] | 97:18, 97:20, 100:2, | 144:1 | 134:17 |
| monitoring [1] - | 43:21 | 100:4, 100:5, 100:6, | $4: 21,145: 2$ | new [9] - 17:10, 66:13, |
| 105:11 | moving [20] - 5:22 | 100:8, 100:9, | $6: 3,146: 12$ | 92:18, 124:23 |
| month $[9]-7: 10,8: 22$, $31: 11,103: 6$, | $7: 9,8: 3,8: 23,9: 18,$ | 100:10, 102:7, | 46:20 | 137:1 |
| 31:11, 103:6, | 10:11, 11:7, 102:9, | 104:21, 111:14 | muscle [4] - 15:6, | 143:1 |
| 106:17, 108:4, | 103:3, 110:18, | 111:23, 118:13, | $15: 7,76: 18,79: 3$ | news [4] - 64:16 |
| 119:16, 126:8, $128: 9$ months [7]-30:19, | 111:11, 121:7, | 18:18, 118:20 | muscles [1]-15:22 | $\text { 107:1, 127:11, } 128: 4$ |
| $53: 19,53: 20,106: 5,$ | 123:4, 126:15, | 20:11, 121:6, | MWDBE [1] - 104:15 | newspaper [1] - |
| 106:23, 118:8 |  | 126:6, 135:6, 141:3, | myocardia [1] - 46:11 | 121:17 |


| ```next [15] - 19:1, 57:3, 69:11, 69:12, 99:20, 104:3, 115:1, 119:16, 126:22, 127:4, 127:21, 128:15, 137:23, 138:23, 140:6 night [2] - 17:12, 44:2 nitrate [1]-46:18 nitro \({ }^{[1]}\) - 43:15 nitroglycerin [3] - 43:16, 46:17, 46:19 NO \({ }_{[1]}-1: 7\) non [2]-46:11, 82:24 non-specific [1] - 82:24 non-ST [1] - 46:11 noncompliant \([1]\) - 77:21 none [15] - 4:12, 7:10, 19:8, 22:8, 32:4, 34:10, 44:19, 47:13, 54:24, 61:4, 65:10, 81:18, 97:8, 109:23, 140:5 nonetheless [2] - 76:9, 136:8 normal [9]-17:13, 58:23, 59:11, 59:13, 71:12, 80:20, 129:20, 140:13 normally [2] - 109:5, 109:6 Northwestern [1] - 15:9 nose [2] - 61:17, 93:5 note [1] - 91:15 noted [1] - 99:15 Notes [1] - 91:2 notes [4]-91:8, 91:24, 129:19, 148:12 nothing [15] - 18:18, 30:13, 30:19, 44:7, 65:7, 66:7, 67:1, 73:11, 73:19, 99:18, 100:6, 108:12, 128:14, 128:19, 146:14 notice [2]-3:22, 133:12 noticed [1] - 61:17 noticing [1] - 108:19 notification [1] - 104:23 notified [5] - 24:19, 36:19, 49:22, 61:16, 102:4 notify [1] - 96:9 notifying [2] - 95:13,``` | 128:1 <br> novation [1] - 126:17 <br> November $[7]$ - 42:14, <br> 45:23, 75:15, 76:11, <br> 86:7, 86:14, 124:3 <br> nuances [1] - 115:2 <br> nuggets [1] - 105:17 <br> Number [2]-20:18, <br> 75:3 <br> number [7]-59:4, <br> 87:6, 113:10, <br> 123:21, 127:7, <br> 135:24, 137:10 <br> numbers [9]-59:23, <br> 60:1, 113:1, 123:9, <br> 123:23, 123:24, <br> 128:7, 135:14, <br> 136:22 <br> nurse [5] - 28:22, <br> 29:2, 59:2, 75:24, <br> 81:2 <br> nuts [1] - 4:13 <br> nutshell $[1]$ - 104:16 | 126:23 <br> occurred [8]-21:17, <br> 30:9, 78:6, 81:24, <br> 82:2, 82:5, 83:3, <br> 87:22 <br> October [7] - 109:1, 109:4, 109:12, 133:10, 133:14, 141:20 <br> OF ${ }_{[6]}-1: 3,1: 7,1: 10$, 5:3, 148:1, 148:2 offer [2]-113:11, 113:19 <br> offering ${ }_{[1]}$ - 113:15 <br> offerings [1] - 114:20 <br> offers [1]-113:7 <br> Office ${ }_{[1]}$ - 2:16 <br> office [2]-3:20, 113:4 <br> officer [5] - 40:23, 41:10, 41:13, 113:4, 140:10 <br> Officer [4]-2:14, 4:16, 4:19, 105:5 <br> offsite ${ }_{[1]}$ - 108:10 <br> often [2] - 46:20, 81:5 <br> on-duty [3] - 42:10, <br> 53:17, 54:17 <br> on-scene [1]-40:14 <br> once [8] - 46:20, <br> 56:11, 57:1, 57:16, 61:21, 140:9, <br> 140:21, 142:7 <br> one [39]-11:19, <br> 21:14, 25:3, 31:10, <br> 37:3, 50:4, 56:16, <br> 57:7, 57:8, 68:6, <br> 69:9, 69:13, 71:20, <br> 72:14, 73:5, 76:7, <br> 90:20, 94:13, 99:20, <br> 103:9, 104:1, <br> 104:24, 105:18, <br> 105:23, 106:9, <br> 113:20, 116:24, <br> 125:8, 125:14, <br> 127:23, 137:3, <br> 140:7, 140:17, <br> 141:4, 141:5, <br> 141:21, 142:15, <br> 142:17, 142:23 <br> one's [2]-82:9, 89:7 <br> one-year [2]-105:23, 106:9 <br> ongoing [2] - 93:20, <br> 94:4 <br> onset [3] - 33:9, 79:4, 79:5 <br> Open [1] - 3:23 <br> open [10] - 4:6, 5:2, <br> 5:5, 40:20, 45:19, <br> 91:4, 91:5, 91:11, |  | ```pain [20]-15:15, 16:23, 17:2, 17:3, 17:8, 17:9, 17:16, 17:21, 18:17, 21:8, 21:19, 29:3, 29:6, 31:6, 31:13, 33:16, 40:17, 43:21, 45:21, 46:15 painful [1] - 44:1 painting [2] - 98:16, 137:22 pandemic [2] - 69:6, 75:1 panel \({ }_{[1]}-41: 8\) paperwork [1] - 10:17 Paramedic [3]-26:24, 34:12, 134:16 paramedic [1]-56:14 paramedics [2] - 130:3, 141:9 part [10] - 54:4, 55:1, 55:16, 93:24, 94:1, 94:2, 116:22, 117:5, 131:9, 142:21 part-time [1] - 142:21 Partial [2] - 8:4, 8:5 particular [6] - 106:14, 124:16, 130:13, 133:11, 136:18, 139:14 particularly [2] - 113:13, 119:3 partner \({ }_{[1]}-28: 19\) party \({ }_{[1]}\) - 69:2 Pass [2]-101:1, 101:19 pass [1]-113:24 passed [3] - 115:7, 129:7, 141:14 past [5] - 68:21, 106:5, 106:23, 108:8, 109:5 Pat [1] - 146:13 patience [1] - 106:21 patient [4]-15:14, 28:8, 73:12, 98:13 patients [3]-56:15, 57:14, 78:13 PATRICIA \({ }_{[1]}-2: 11\) pattern [1] - 75:23 pause [3]-4:17, 112:12, 118:4 pay[3]-64:1, 107:11, 127:22 payment [4] - 107:21, 108:21, 128:2, 128:8 Payments [3]-8:4, 8:5, 10:12 payments [1] - 108:24 peers [1] - 106:2 pending \({ }_{[1]}\) - 128:14``` |
| :---: | :---: | :---: | :---: | :---: |

pension $[6]-18: 24$
$106: 2,106: 6$
106:10, 113:8,
$123: 10$
Pension [6]-12:2, 25:11, 37:4, 37:11, 132:4, 134:18
people [9]-15:21,
18:23, 69:6, 78:22,
83:24, 85:12, 92:20,
92:24, 93:3
per [1] - 128:18
percent [16] - 103:10,
103:12, 103:13, 105:20, 106:6,
117:23, 118:23, 119:4, 123:5, 123:8, 135:22, 136:6, 136:15, 142:15
percentage [5] -
106:7, 122:19, 123:9, 124:8, 135:22
perform [10] - 19:23,
34:3, 45:2, 47:5, 60:5, 60:16, 63:8,
66:15, 74:15, 134:23
performance [4] -
88:7, 103:10,
105:14, 105:15
performing [4] -
54:21, 60:10, 60:24, 134:20
perhaps [1] - 129:5
period [8] - 86:12,
88:23, 105:24,
106:1, 106:12,
106:17, 133:23,
138:6
permanently [1] - 83:2
Permission [1] - 8:24
peroxide [5] - 55:21,
55:23, 55:24, 56:1, 56:2
persisted [1] - 77:4
persistent [1] - 80:11
persistently [1] -
76:10
person's [1] - 87:3
personal [3] - 116:5,
122:14, 124:22
personnel [2] - 142:9, 144:13
perspective [3] 134:14, 136:3, 137:11
Peters [11] - 38:13,
38:15, 44:20, 44:23, 47:11, 74:9, 90:16, 90:20, 92:9, 92:11, 97:23
peters [1]-73:24
PETERS [5] - 2:17,
38:14, 74:3, 93:13, 94:18
phenomenal [1] 128:5
phone [3]-70:5, 70:6, 142:13
physical [4] - 16:4,
16:22, 21:1, 30:10
physically [1] - 3:19
physician [10] - 12:20,
19:18, 19:21, 32:14,
38:5, 44:24, 45:13,
74:10, 74:13, 76:8
Physician [3]-2:16,
2:17, 102:10
Physician's [1] -
102:12
physicians [3] - 77:5, 81:3, 86:21
picture [2] - 98:16, 137:22
piece [8] - 123:12,
124:13, 125:22, 127:9, 127:11, 139:14, 141:4, 141:15
pieces [4] - 121:1, 121:2, 138:15, 138:16
pills [2] - 71:6, 71:9 Pinelli [1] - 100:7 PINELLI [86] - 2:11,
2:12, 11:10, 11:15, 12:6, 12:10, 12:16, 13:2, 13:5, 13:12, 14:9, 14:15, 14:18, 19:2, 19:8, 19:15, 22:3, 24:24, 25:15, 25:19, 26:1, 26:10, 26:18, 27:14, 27:20, 27:23, 31:24, 32:5, 32:11, 34:6, 36:24, 37:15, 37:19, 38:1, 38:11, 38:15, 38:22, 39:16, 39:22, 40:1, 44:14, 44:20, 47:8, 50:7, 50:10, 50:12, 50:16, 51:1, 51:9, 51:13, 51:17, 51:24, 52:3, 52:7, 52:13, 52:19, 52:22, 65:12, 65:15, 72:10, 73:20, 73:24, 74:7, 81:14, 85:3, 85:8, 89:18, 89:24, 90:10, 90:15, 90:19, 92:8, 95:22, 96:10, 96:19, 96:22, 97:4, 97:9, 97:12,

97:15, 97:18, 100:2, 100:5, 100:8, 100:10, 102:7
pipeline [1] - 121:14
place [12] - 43:5, 63:2,
66:15, 67:11, 68:12, 68:17, 90:6, 90:9, 95:15, 96:8, 96:15, 113:11
placed [1] - 119:14
plan [4]-104:17,
106:6, 106:10, 127:7
plane [2] - 55:9, 83:22
plans [2] - 106:13, 121:5
play [2] - 131:12, 136:22
played [3]-63:2, 63:3, 63:4
playing [2]-63:23, 132:7
pneumonia [5] -
76:23, 77:2, 87:13,
87:17, 87:20
point [29] - 33:23, 33:24, 34:5, 41:8, 41:12, 53:12, 57:22, 61:8, 65:24, 66:15, 69:22, 73:2, 73:8, 73:18, 73:22, 76:7, 80:7, 90:10, 93:2, 97:16, 103:19, 104:14, 112:22, 128:11, 130:15, 131:2, 137:19, 140:23, 145:8
pointed [1] - 69:5
points [5] - 28:22,
78:4, 103:9, 104:20, 106:7
Police [1] - 4:16
policies [2]-35:5, 120:22
policy [4] - 23:4, 48:8,
118:10, 120:20
poll [1] - 142:13
pool [3]-68:13,
68:18, 130:8
poor [1] - 124:6
Portfolio [3]-105:2, 105:5, 105:7
portfolio [3]-105:19,
106:5, 106:22
position [5] - 141:15, 143:3, 143:7, 143:17, 143:22
positioning [1] - 108:7
positive [7]-58:4,
76:20, 92:21, 92:22, 92:23, 92:24, 94:4

Positive [1] - 54:9 possible [5] - 18:8,
76:23, 82:20, 93:9, 93:14
post [2] - 80:22, 137:2
post-Covid [1] - 80:22
posted [3] - 3:22,
143:12, 143:14
postoperative [1] -
46:3
potentially [9]-129:1,
129:23, 131:4,
133:15, 134:1,
135:10, 135:18,
136:11, 136:23
pounds [2]-17:6,
58:16
pouring [2] - 43:19
PPE [1] - 79:18
PPP [1] - 69:7
practices [1] - 117:7
practitioners [2] -
76:1, 81:2
pre [1]-126:17
pre-Covid [1] - 126:17
preceding [1] - 45:23
predating [1] - 77:20
prefer [1] - 76:5
preliminary [5] -
11:21, 25:7, 37:7, 131:22, 131:23
prepare [3] - 20:6,
20:17, 120:19
prepared [4] - 4:1, 32:19, 124:10, 141:13
prescribed [2] - 18:16, 18:18
PRESENT ${ }_{[1]}$ - $2: 13$
present [12] - 3:19,
11:9, 11:24, 12:11,
21:4, 25:9, 25:20,
37:9, 37:20, 104:2,
114:15, 146:13
presentation [6] -
111:16, 111:18,
112:15, 115:4,
115:11, 129:5
presentations [2] -
104:6, 112:13
presented [3]-105:6, 110:20, 119:18
President [20] - 2:3,
3:10, 3:13, 4:22, 5:22, 8:20, 11:7,
14:10, 23:2, 27:15,
39:17, 52:8, 92:13,
94:11, 97:4, 100:12,
102:9, 129:4, 129:9,
145:14
pressure [23] - 21:7,
53:23, 53:24, 54:2,
60:16, 63:15, 64:8,
64:11, 75:17, 75:21,
76:10, 77:4, 77:8,
79:24, 80:3, 81:9,
81:12, 86:9, 86:19,
87:1, 87:5, 87:6,
87:15
Pressure [1] - 54:9
pretty [5] - 31:14, 41:2, 68:7, 71:10, 124:7
prevent [2] - 80:18, 83:20
previous [2]-41:4, 42:20
previously [8] - 19:10, 23:18, 32:6, 35:20, 42:5, 44:21, 45:22, 48:23
price [1] - 116:11
prices [1] - 122:10
pricing [2] - 114:22,
122:19
primarily [1] - 103:15 primary [8] - 76:8,
77:5, 81:3, 86:20,
89:9, 89:11, 105:2, 105:7
principle [1] - 89:10
private [3] - 104:2,
108:9, 108:10
problem [7] - 16:7,
16:13, 21:23, 46:8, 51:14, 80:14, $85: 7$
problems [12] - 29:14,
29:16, 42:17, 54:21, 54:23, 60:4, 64:7, 65:1, 84:16, 85:15, 88:15, 88:17
procedure [2] - 59:3, 59:6
procedures [8] -
12:17, 12:24, 26:1, 26:8, 38:1, 38:9, 125:6, 137:17
proceed [15] - 11:10,
12:8, 13:3, 13:13,
18:22, 18:24, 25:17,
37:17, 38:12, 50:17,
51:2, 51:16, 52:14,
52:23, 100:7
proceeded [2] - 33:10,
33:19
proceeding [2] -
51:15, 125:16
proceedings [3] - 4:1,
148:10, 148:13
PROCEEDINGS [2] -

| 10, 147:5 | 6, 139:20 | questions [54]-12:18, | rarely [1] - 82:18 | received $[3]-16: 2$, |
| :---: | :---: | :---: | :---: | :---: |
| $\begin{gathered} \text { process }[3]-126: 18, \\ 133: 13,136: 12 \end{gathered}$ | $\begin{gathered} \text { provided }[7]-20: 14, \\ 27: 4,33: 2,75: 9, \end{gathered}$ | $\begin{aligned} & \text { 12:19, 19:3, 19:5, } \\ & 22: 4,22: 6,22: 7, \end{aligned}$ | rates [1] - 104:8 <br> rather ${ }^{22]}$ - 130:7, | $\begin{aligned} & 51: 18,130: 6 \\ & \text { receiving }[2]-63: 24, \end{aligned}$ |
| processing [1] | :10, 91:7, 146:19 | 26:4, 32: | 133:10 | 134:9 |
| 21:14 | rovider ${ }_{[1]}-78: 12$ | 2:3, 34:7, 34:9 | ratio [1] - 116:23 | receptionist [1] - |
| procurement [2] - | providers [1] - 75:24 | 38:2, 38:4, 44:15 | rationale [1] -94:3 | 142:20 |
| 113:4 | provides [1] - 84:3 | 44:17, 44:18, 47:9 | ray[1]-87:19 | Recipients ${ }^{2}$ |
| product [1] - 124:8 | provision [1] - 115:17 | 47:12, 65:9, 65:12 | re [4]-33:18, 114:14, | 102:11, 102:13 |
| profile [9]-114:22, | provisions [1] | 11, 72:13, 72:19, | 114:15, 114:19 | recognize [4]-4:15, |
| 115:9, 116:22, | 18:10 | 2:20, 73:21, 81:15, | re-present [1] - 114:15 | 112:11, 122:13, |
| 117:14, 117:21, | psych [1]-28:8 | 81:17, $895: 52,59: 21$, 82: | re-quote [1] - 114:14 | 138:3 |
| $\begin{aligned} & \text { 118:3, 123:1, } \\ & 123: 15,123: 18 \end{aligned}$ | PT [3] - 33:14, 46:3, | $\begin{aligned} & \text { 89:22, 92:9, 92:11, } \\ & \text { 92:12, 94:9, 94:12, } \end{aligned}$ | re-tears [1] - 33:18 | recommend [2] |
| 123:15, prognosis [1] | Public [4]-3:18, 4:3, | $77: 5,97: 7,107: 4$ | re-up [1]-11 | recommendatio |
| program [13]-114:5, | 128:22, 141:6 | 108:16, 109:22, | reaching [4]-15:17, | 5:7, 75:23, 117:20, |
| $\begin{aligned} & \text { 114:11, 114:15, } \\ & \text { 114:19, 117:13, } \end{aligned}$ | public [12] - $3: 15,4: 6$, $4: 7,4 \cdot 10,106 \cdot 2$ | $\begin{aligned} & \text { 111:22, 112:13, } \\ & \text { 112:15, 118:21, } \end{aligned}$ | $31: 13,43: 24,46: 5$ | 117:22, 119:9, |
| $\begin{aligned} & 114: 19,117: 13, \\ & \text { 17:17, 117:19, } \end{aligned}$ | $\begin{aligned} & \text { 4:7, 4:10, 106:2 } \\ & \text { 106:6, 106:8, } \end{aligned}$ | $24: 15,125: 20,$ | reaction [1] - 105:12 | recomm |
| 左:1, 119:6, 122:8, | :10, 106:13, | 6:9, 130:16, | reading $[2]-86: 1$ | 18:1, 18:3, 41:14 |
| 122:21, 123:2, | 108:9, 113:8, 123:10 | 2:11, 134:5 | 86 | recommending ${ }_{[1]}$ - |
| 133:19 <br> Programmer [1] - | pulled [2] - 40:21, | quick [13]-104:22, | readings $[1]-86: 13$ | 118:16 |
| Programmer [1] 143:8 programming [2] 137:14, 143:9 progress [1]-79:5 | pulling [2]-28:15 | quick [13]-104:22, 107:9, 108:18, | $\text { ready }[8]-11: 8,11: 10,$ | $\begin{aligned} & \text { reconfigure [1] - } \\ & \text { 114:14 } \end{aligned}$ |
|  | 45:20 | 113:24, 114:23, | 50:16, 51:1, 52:13 | record [26]-3:19, |
|  | $59: 11,80: 21$ | $\begin{aligned} & 15: 5,115: 16, \\ & \text { 19:7, 122:12, } \end{aligned}$ | real [5] - 15:6, 60:15, | 11:16, 13:15, 14:6, |
|  |  |  | 104:24, 107:9, |  |
| Progress [1] - 91:2 <br> projecting [1] - 107:17 | purchased [1] - 112:3 <br> purposes [1] - 78:8 | 142:9, 142:10 | 108:12 | $\begin{aligned} & 27: 11,36: 24,37: 5, \\ & 38: 24,39: 14,50: 18 \end{aligned}$ |
|  | Pursuant ${ }_{[1]}$ - 10:12 | $\begin{gathered} \text { quickly }[3]-115: 6, \\ 123: 19,140: 13 \end{gathered}$ | 138:22 | $50: 23,52: 4,64: 15,$ |
|  | push [1]-142:18 <br> pushing [1]-21:7 <br> put [20]-18:9, 55:24, | quite [2] - 114:8, | $\text { realize }[1]-95: 23$ | 64:18, 74:8, 76:13, 76:15, 79:14, 84:19 |
| prolonged [2] - 21:8, $46: 2$ |  | 141:22 | realized [1] - 71:17 | 88:19, 93:12, 93:20, |
| prominent $[1]-21: 15$ <br> promoted [2] - 105:4 |  | um [1] - 3:13 | 60:13, 71:8, 71:9, | 10:3 |
| $\begin{aligned} & \text { promoted [2]-105:4, } \\ & \text { 105:6 } \end{aligned}$ | $\begin{aligned} & \text { 77:6, 77:12, 87:11, } \\ & \text { 123:19, 126:16, } \end{aligned}$ | 77:12 | :1, 80:21, 80:23, | recorded [1] - 3:24 |
|  | 128:23, 129:5 |  | 1:8, 81:10, 81:12, | records [14]-20:3, |
| $\begin{aligned} & \text { proof }[6]-12: 11, \\ & 12: 14,25: 20,25: 23, \end{aligned}$ | $130: 8,131: 20$ $132: 22,135: 7$ | quotes [3]-77:12, | $04: 10,105: 13,$ | $\begin{aligned} & 20: 15,33: 3,45: 6 \\ & 45: 16,59: 10,70: 1 \end{aligned}$ |
| $\begin{aligned} & 12: 14,25: 20,25: 23, \\ & 37: 20,37: 23 \end{aligned}$ | $\begin{aligned} & 132: 22,135: 7, \\ & 138: 2,140: 10, \end{aligned}$ | 13, 124:1 | 18:19 | 74:19, 75:8, 76:9, |
| property [1]-109:16 <br> proposed [4]-23:19, | $\begin{aligned} & \text { 140:13, 141:15, } \\ & \text { 141:18, 142:3, } \end{aligned}$ | R | 131:8, 139:11 | $\begin{aligned} & \text { 89:1, 91:6, 91:19, } \\ & 92: 6 \end{aligned}$ |
| $35: 21,48: 24,140: 14$ |  |  | reason [5] - 60:19, | recurrence ${ }_{[1]}-45: 2$ |
| prospective $[3]$ - | 143:23 | race [1]-117:10 radiculopathy $[1]$ -17:15 | $99: 15$ | reduced ${ }_{[1]}$ - 115:13 |
| 130:9, 137:3, 137:4 | 132:1 |  | reasonable [2] - 4:4 | reexam [6]-23:3, |
| $\begin{aligned} & \text { prospectively [1] - } \\ & \text { 134:4 } \end{aligned}$ | $\mathbf{Q}$ | raise [7] - 13:6, 26:10, | 137:10 | 48.8, 48:11 |
|  |  |  | reasons [1]-93:17 | 48:8, $48: 11$ |
| protected [1] - 84:6 | QILDROS $_{\text {[1] - 139:1 }}$ | 26:11, 38:16, 52:20, $74: 1,144: 2$ | ancing [2] <br> :1 $108 \cdot 2$ | referenced [1] |
| protection [1]-84:3 | qualifications [4] -19:20, 32:16, 45:12, | raised [1] - 96:10 | [1] - 114: | 116:10 |
| protective [2]-56:5,83:6 |  | ing [1] - 108:3 | rebounding [] | references [1] - |
|  | $74: 12$ | [2] - 105:20 |  | 115:18 |
| $\begin{aligned} & \text { protocol [4] - 95:13, } \\ & 95: 15,96: 7,121: 18 \end{aligned}$ | qualified [1] - 144:4 qualifiers [1] - 130:1 |  | rebuttal [2] - 90: | referring ${ }_{[1]}$ - 115: |
|  |  | domly [1] - 17:4 | 97:13 | reflect [4]-11:16, |
| $\begin{aligned} & \text { protocols [2] - 96:5, } \\ & 96: 14 \end{aligned}$ | qualify ${ }_{[1]}$ - 130:11 | e [8] - 46:6, | Recalculations | 24:24, 36:24, 50:18 |
|  | qualifying [2] - |  | 8:21, 8:22 | reflecting [1] - 117:23 |
| Protonix [2] - 63:17,$71: 1$ | quarter [4]-105:15, | $\begin{aligned} & 143: 19,143: 20, \\ & 143: 21,144: 5, \end{aligned}$ | receipts [5] - 107:16, | reflective [1] - 90:9 |
|  |  | $144: 10$ | 107:20, 108:20, | Reflux [1] - 71:2 reflux [2]-63:17 |
| protrusion [1]-21:13 | 105:18, 105:19, | rank [3]-13:17, | 109:7, 109:8 receive [6] - 12:3, | $\begin{aligned} & \text { reflux [2] - 63:17, } \\ & 63: 18 \end{aligned}$ |
| provide [8] - 76:8, | questioned [2] - | 6:22, 53:10 | $13: 23,25: 12,37: 12,$ | Refunds [1] - 7:9 |
| $\begin{aligned} & \text { 104:7, 131:7, 132:8, } \\ & \text { 138:17, 138:19, } \end{aligned}$ | 64:15, 98:5 | ransom [1] - 121:20 | 39:6, 109:14 | refused [1] - 76:3 |





2:6, 2:9, 3:2, 3:4,
3:7, 3:9, 5:11, 5:18,
6:5, 6:12, 6:22, 7:5,
$7: 15,7: 16,7: 23,8: 8$,
8:9, 8:16, 9:6, 9:8,
9:14, 9:24, 10:7, 10:20, 11:3, 22:14, 22:15, 22:22, 23:7, 23:14, 24:1, 24:2, 24:9, 34:16, 34:18, 34:24, 35:8, 35:10, 35:16, 36:4, 36:5, 36:11, 47:19, 47:21, 48:3, 48:11, 48:13, 48:19, 49:6, 49:7, 49:14, 96:23, 100:17, 100:19, 100:23, 101:4, 101:11, 101:13, 101:17, 101:22, 102:15, 102:16, 102:23, 109:20, 110:7, 110:14, 110:24, 111:7, 119:23, 120:1,
120:7, 135:4, 144:16, 144:18, 144:20, 145:2, 145:24, 146:1, 146:8
trustee [67] - $3: 5,5: 12$, 5:14, 5:16, 6:6, 6:8, 6:10, 6:23, 7:1, 7:3, 7:17, 7:19, 7:21, $8: 10,8: 12,8: 14$ 9:10, $9: 12,10: 1$, 10:3, 10:5, 10:21, 10:23, 11:1, 22:16, 22:18, 22:20, 23:8, 23:10, 23:12, 24:3, 24:5, 24:7, 34:20, $34: 22,35: 12,35: 14$, 36:7, 36:9, 47:23, 48:1, 48:15, 48:17, 49:8, 49:10, 49:12, 92:14, 100:21, 101:2, 101:15, 101:20, 102:17, 102:19, 102:21, 110:8, 110:10, 110:12, 111:1, 111:3, 111:5, 120:3, 120:5, 144:22, 144:24, 146:2, 146:4, 146:6
trustees [16]-11:23,
25:8, 25:12, 37:8,
37:12, 51:5, 81:16, 103:23, 104:12, 108:17, 112:9, 114:6, 115:21, $118: 20,124: 5,140: 8$

Trustees [29] - 4:5, 12:3, 19:4, 22:5, 24:17, 32:2, 34:8, 36:16, 36:17, 44:16, 47:10, 49:19, 49:20, 65:8, 72:12, 72:18, 92:10, 97:5, 97:6, 102:2, 107:3, 119:12, 124:10, 124:12, 125:4, 128:23, 135:8, 142:1
truth [1] - 99:3
try [6]-15:22, 30:10, 59:5, 59:19, 69:3, 76:5
trying [7] - 28:16,
41:15, 59:3, 62:21, 69:2, 93:8, 140:17
tube [1] - 55:23
Tuesday [1] - 103:21
turmoil [1] - 121:9
turn [6] - 4:23, 62:22, 103:4, 104:19, 111:20, 118:22
turned [1] - 28:24
two [24] - 8:24, 16:2, 16:3, 16:9, 31:15, 40:6, 46:22, 57:6, 80:10, 84:15, 92:21, 92:24, 103:21, 104:1, 105:17, 114:4, 116:13, 120:24, 121:2, 127:19, 131:12, 132:16, 142:9, 145:7
type [4] - 63:8, 83:18,
94:4, 117:8
types [1] - 118:11
typical [4]-21:9, 76:17, 79:1, 79:2
typically [1] - 85:10
TYRRELL [2] - 148:6, 148:17

| $\mathbf{U}$ |
| :--- |
| $\boldsymbol{U . S}[2]-99: 24,106: 7$ |
| UIC $_{[1]}-77: 10$ |
| ultimately $[6]-30: 2$ |

ultimately [6] - 30:2, 76:24, 77:5, 77:14, 78:1, 144:1
under [14] - 12:18, 25:11, 26:2, 29:18, 38:2, 43:4, 54:5,
54:6, 55:13, 60:16, 68:9, 81:9, 139:4, 146:17
undergo [2] - 16:1,
30:10
underlying [1] - 21:22
understood [2] 65:16, 133:1 underweight [2] 108:9, 108:11 underwent [2]-29:23, 78:1
uneasy [1] - 55:15
unexpiring [1] - 117:3
unfortunately [4] -
114:7, 116:4,
116:16, 121:10
United [4] - 66:3, 69:8,
73:1, 99:21
universe [1] - 113:18
Universities [1] 143:13
unknowns [1] 139:13
unless [3] - 81:12, 114:21, 116:9 unlikely [1] - 93:16 unprofitable [1] 121:24
up [47] - 15:6, 33:14, 33:21, 40:13, 41:17, 43:23, 44:2, 53:19, 53:22, 54:20, 58:15, 60:3, 60:20, 60:22, 61:6, 61:10, 62:6, 68:13, 69:18, 69:20, 69:22, 86:13, 103:11, 103:20, 105:19, 106:5, 106:7, 114:19, 116:19, 119:11, 120:16, 122:8, 122:11, 123:4,
123:12, 125:1,
125:3, 125:11,
126:8, 127:6, 129:5,
129:22, 131:10, 135:14, 144:1, 144:3 update [2] - 104:8, 104:23
upfront [2] - 41:12, 131:6
upper [3]-28:20, 80:14, 144:10 upsetting [3] - 72:1, 99:9, 99:10 upstairs [1] - 68:18 urgency [1] - 75:17 usual [1] - 46:2 Utilization [1] - 104:15 utilization [1] - 104:16 uvula [12] - 61:13,
61:23, 63:19, 70:18, 81:22, 82:5, 82:8, 82:16, 82:21, 82:23, 83:2

| uvulectomy $[2]-$ <br> $77: 14,78: 2$ |
| :---: |
| $\mathbf{V}$ |
| vacation $[4]-55: 5$, |
| $56: 23,65: 18,67: 3$ |
| value $[1]-103: 17$ |

73:1, 79:18, 83:19, 83:21, 84:1, 84:2, 84:4
weather [2] - 55:14, 68:9
website [1] - 4:2
week [4] - 31:7, 68:2, 92:23, 122:6
weeks [5] - 16:9,
92:21, 93:1, 103:21, 138:23
weigh [1] - 131:3
weight [1] - 58:16
welcome [2] - 125:17,
126:3
Weller [2] - 111:23,
113:20
WELLER [5] - 2:13, 111:14, 118:20, 120:11, 141:3
WERE [1] - 147:5
WHICH ${ }_{[1]}$ - 147:5
whole [3]-58:16,
58:18, 64:17
widow [1] - 132:13
Widow's [1] - 6:17
WILLIAM [1] - 2:5
winded [2] - 62:21, 63:11
windows [2]-43:23, 43:24
wish [1] - 52:15
witness [9] - 13:9, 19:12, 26:15, 32:8, 38:19, 44:15, 53:1, 74:4, 90:14
Witness [5] - 19:10,
32:6, 44:21, 52:21, 74:2
witnesses [1] - 52:15
Witnesses [3] - 13:7,
26:13, 38:17
wits [1] - 41:11
wonderful [1] - 140:5
Wong [1] - 76:1
wood [1] - 114:17
word [1] - 115:23
words [3] - 33:12, 79:4, 135:2
wore [4]-16:11, 73:7,
83:10, 83:15
works [1] - 141:1
world [2] - 113:9,
120:14
worried [1] - 98:14
worries [1] - 64:12 worse [7]-33:17,
71:5, 79:6, 87:11,
87:12, 87:13, 122:7
worsen [1] - 87:9

| wound ${ }_{[1]}-58: 15$ |
| :---: |
| wow $[1]-70: 2$ |
| written $[7]-20: 6$, |
| 20:17, 32:19, 40:8, |
| 45:9, 75:2, 141:23 |
| wrongful $[1]-117: 8$ |
| wrote $[1]-143: 11$ |
| $\mathbf{\| X}$ |
| $\mathbf{X}$ |
| x-ray $[1]-87: 19$ |
|  |

