IN THE MATTER OF MEETING NO. 1090

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 September 15, 2021, commencing at the hour of 8:30 a.m.

## APPEARANCES

BOARD MEMBERS:

DANIEL FORTUNA, President and Annuitant Trustee

ROBERT TEBBENS, Active Trustee
WILLIAM MURPHY, Secretary and Active Trustee
TIMOTHY MCPHILLIPS, Active Trustee
MELISSA CONYEARS-ERVIN, City Treasurer
ANNA VALENCIA, City Clerk
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 MICHAEL I. PETERS, M.D., Board Physician

CHAIRMAN FORTUNA: I hereby convene this meeting of the Trustees on September 15, 2021.

Please, roll call.
MEMBER MURPHY: Trustee Valencia.
Trustee Tebbens.
Trustee Sheridan.
MEMBER SHERIDAN: Present.
MEMBER MURPHY: Trustee Soni.
Trustee Conyears-Ervin.
MEMBER CONYEARS-ERVIN: Good morning.
Present.

MEMBER MURPHY: Trustee McPhillips.
MEMBER MCPHILLIPS: Here.
MEMBER MURPHY: Trustee Fortuna.
CHAIRMAN FORTUNA: Here.
We have a quorum.
Public Act 101-0640 allows this meeting to be conducted by audio and videoconference. The Act requires a roll call vote on each matter acted upon.

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

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

Also, I note that we have decided to continue to hold the remote meetings this month due to the determination that it would not be prudent to all be physically present in the same space.

Let's move to Public Comment. Consistent with Public Act 91-0715 and reasonable constraints determined by the Board of Trustee, at each Regular Meeting the Board or its Committees that is open to the public, members of the public may request a brief time to address the Board on matters within its jurisdiction.

Are there any requests for public comment this morning? If so, please, press star six.

MR. QUANE: Mr. Chairman, I'd like to address the Board.

CHAIRMAN FORTUNA: Please, state your name.

MR. QUANE: Patrick Quane.
CHAIRMAN FORTUNA: Thank you. Please
proceed.
MS. BURNS: Mr. Quane, you will have three minutes.

MR. QUANE: Yes, very good.
I just want to renew my concern,
obviously, with another newsletter that came out this week. The only thing that was related to the Pension Fund was the fact that the member identified himself as a Pension Board Trustee.

My concern with that, obviously, is if you put out a publication or you identify yourself as a Pension Board Trustee, does that open up the Board for liability?

We have already seen a lawsuit come out of information that is put out and $I$ just want to renew my concern with the Board that anything that a Trustee puts out, identifies himself as a Trustee, does that leave us open to liability?

We have already spent enough money on this. It is my understanding that our insurance company -- our rates are going up on this because of the litigation that happened.

I just want to again renew my concern about that. I thank you, guys, for your time.

CHAIRMAN FORTUNA: Thank you.
MEMBER MCPHILLIPS: Any comments?
MS. BURNS: Any other public comments?
CHAIRMAN FORTUNA: Is there another public comment? If there is, please press star six.

MS. BURNS: Is Ms. McKay on the phone?
We understand from communication with the Executive Director that Ms. McKay wanted to make a public comment.

She's not answering.
CHAIRMAN FORTUNA: Hearing no more public comments, Secretary Murphy, let's proceed through the Agenda.

MEMBER MURPHY: Thank you.
First, we are going to turn to the approval of the Administrate Items. The approval of the Minutes of the Regular Audio Meeting of August 18, 2021 open minutes; the Regular Audio Meeting transcript of August 18, 2021; the Investment Committee Audio Meeting and transcript of August 31,2021 open and closed minutes.

I'd like to make a motion to approve the Open Minutes, the audio transcript and the closed
session minutes of the August 18, 2021 board meeting and the August 31,2021 Investment meeting.

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

Conyears-Ervin.

MEMBER CONYEARS-ERVIN: Yes.

CHAIRMAN FORTUNA: Trustee McPhillips.

MEMBER MCPHILLIPS: Yes.

CHAIRMAN FORTUNA: And $I$ am a yes.

Motion carries.

MEMBER MURPHY: Mr. President, moving on to $B$, I would like to make a motion to approve the Minimum Formula Annuities starting with Member 14684 and ending with Member 616123.

MEMBER MCPHILLIPS: Second.

CHAIRMAN FORTUNA: There is a motion by

Trustee Murphy. Seconded by Trustee McPhillips.

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CHAIRMAN FORTUNA: Trustee McPhillips. MEMBER MCPHILLIPS: Yes. CHAIRMAN FORTUNA: And I am a yes. Motion carries.

MEMBER SONI: Good morning. This is
Reshma. I just wanted to say that $I$ am in attendance.

CHAIRMAN FORTUNA: Good morning.
MEMBER MURPHY: Mr. President, moving on to Item C, I would like to make a motion to approve the Widow's and Children's Annuities starting with Member 09058 through Member 10332.

MEMBER CONYEARS-ERVIN: Second.
CHAIRMAN FORTUNA: There is a motion by Trustee Murphy. Seconded by Trustee Conyears.

Trustee Murphy.
MEMBER MURPHY: Yes.
CHAIRMAN FORTUNA: Trustee Sheridan.
MEMBER SHERIDAN: Yes.
CHAIRMAN FORTUNA: Trustee Conyears-Ervin.

MEMBER CONYEARS-ERVIN: Yes.
CHAIRMAN FORTUNA: Trustee Soni.
MEMBER SONI: Yes.

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CHAIRMAN FORTUNA: Trustee McPhillips. MEMBER MCPHILLIPS: Yes. CHAIRMAN FORTUNA: And $I$ am a yes. Motion carries.

MEMBER MURPHY: Under Item D, Refunds, I
would like to make a motion to approve Refunds starting with Member 17620 through Member 19065.

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
Conyears-Ervin.
MEMBER CONYEARS-ERVIN: 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: Under Item E, Death

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Benefits. I move to approve the Death Benefits starting with Member 0905 through Member 15173. MEMBER CONYEARS-ERVIN: Second. CHAIRMAN FORTUNA: There is a motion by

Trustee Murphy. Seconded by Trustee
Conyears-Ervin.
Trustee Murphy.
MEMBER MURPHY: Yes.
CHAIRMAN FORTUNA: Trustee Sheridan. MEMBER SHERIDAN: Yes.

CHAIRMAN FORTUNA: Trustee

Conyears-Ervin.
MEMBER CONYEARS-ERVIN: 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 move to approve the Partial
Payments beginning with Member 06885 and continuing through Member 10332.

MEMBER SONI: Second.

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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
Conyears-Ervin.
MEMBER CONYEARS-ERVIN: 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: Under G, Benefit
Recalculations. There are a number of Benefit
Recalculations this month. An addendum setting
forth the Benefit Recalculations is attached in the Board materials as Addendum $I$ through Addendum V.

Unless there is an objection from a
Trustee, I move to approve the Benefit
Recalculations for the retro payments as shown on Addendums I through V.

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

Trustee Murphy.
MEMBER MURPHY: Yes.
CHAIRMAN FORTUNA: Trustee Sheridan.
MEMBER SHERIDAN: Yes.
CHAIRMAN FORTUNA: Trustee
Conyears-Ervin.
MEMBER CONYEARS-ERVIN: 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: Item H, Requests for Permission. There is one request for Guardianship for Member 09058. Staff has represented that the required doctor's letter and Power of Attorney are on file and in proper order. Based on the staff's recommendation, I make the motion to approve.

MEMBER SHERIDAN: Second.
CHAIRMAN FORTUNA: Motion to approve by

Trustee Murphy. Seconded by Trustee Sheridan. Trustee Murphy. MEMBER MURPHY: Yes.

CHAIRMAN FORTUNA: Trustee Sheridan.
MEMBER SHERIDAN: Yes.
CHAIRMAN FORTUNA: Trustee
Conyears-Ervin.
MEMBER CONYEARS-ERVIN: 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: There is one request to reside of state for Member 14442. I make the motion to approve.

MEMBER CONYEARS-ERVIN: Second.
CHAIRMAN FORTUNA: Motion to approve by
Trustee Murphy. Seconded by Trustee
Conyears-Ervin.
Trustee Murphy.
MEMBER MURPHY: Yes.
CHAIRMAN FORTUNA: Trustee Sheridan.

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MEMBER SHERIDAN: Yes.
CHAIRMAN FORTUNA: Trustee

Conyears-Ervin.
MEMBER CONYEARS-ERVIN: 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: Under Item I, Removals, I make a motion to approve the Removals starting with Eugene Herman and ending with Alyssa Milton.

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

Trustee Murphy.
MEMBER MURPHY: Yes.
CHAIRMAN FORTUNA: Trustee Sheridan.
MEMBER SHERIDAN: Yes.
CHAIRMAN FORTUNA: Trustee
Conyears-Ervin.
MEMBER CONYEARS-ERVIN: Yes.

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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: Under Item 3, Payments Pursuant to Administrative and Court Orders. I would like to make a motion that the Administrative and Court Orders listed in the docket for Member 01123 be approved, based on the staff's
representation that the required paperwork is in order.

MEMBER SONI: Second.
CHAIRMAN FORTUNA: There is a motion by Trustee Murphy. Seconded by Trustee Soni.

Trustee Murphy.
MEMBER MURPHY: Yes.
CHAIRMAN FORTUNA: Trustee Sheridan.
MEMBER SHERIDAN: Yes.
CHAIRMAN FORTUNA: Trustee Conyears-Ervin.

MEMBER CONYEARS-ERVIN: Yes.
CHAIRMAN FORTUNA: Trustee Soni.

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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 Item 4 is consideration for disability applications.

Vince, are we ready?
MR. PINELLI: Yes. Good morning, Mr.
Secretary.
The first hearing is Mr . Howe. I don't know if he's on the line yet. If he is, could you indicate that, Mr. Howe?

MR. HOWE: Good morning.
MR. PINELLI: Then we are ready to proceed, Mr. Secretary, if the Board is.

This is a hearing on the application for a Duty Disability benefit being made by EMT Engineer Christian Howe.

Good morning, Mr. Howe. As you have been told, 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 currently six trustees on the line 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 at least five trustees in order to receive this benefit. Do you understand that?

MR. HOWE: Yes, sir.
MR. PINELLI: I also see from the record you do not have an attorney representing you today for this hearing. Is it your desire to proceed without an attorney?

MR. HOWE: 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 a benefit that the applicant is seeking. Do you understand it is your burden of proof?

MR. HOWE: 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 any witnesses, including the Fund's physician consultant, to
testify. If there is anything I don't ask those witnesses, please let me know and you will be given that opportunity. Do you understand the procedures?

MR. HOWE: Yes, sir.
MR. PINELLI: Then we are ready to proceed. Mr. Howe and Dr. Peters, could you both please raise your right hands?
(Witnesses sworn.)
CHRISTIAN P. HOWE
a witness herein, having been first duly sworn, was examined and testified as follows:

## EXAMINATION

BY MR. PINELLI:
Q Mr. Howe, just for the record, please state your name and spell your last name.

A Christian Howe, H-o-w-e.
Q What is your rank with the Fire Department?

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

A $\quad$ th District Relief.
Q Now, first of all, directing your
attention to the group of exhibits you should have received prior to the hearing on today, that is what has been marked as Board Exhibits 1 through 12. Did you receive those documents before today's hearing?

A Yes, sir.
Q There was some late additions just yesterday added to the Board Exhibits, including some video files. Did you receive those as well?

A Yes, sir.
Q Did you have a chance to review all of those Board exhibits?

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

A I have one objection.
Q What is that, sir?
A In Exhibit 2.3, in Dr. Peters' letter to the Board, under Past Orthopedic History, it is noted that $I$ am status post a right shoulder rotator cuff repair in 2020. I never went through that procedure and there is no documentation in any of this file to reflect that.
$\square$
Q Okay. So with respect to that exhibit, with that qualification that you just made to the Board, do you have any objection to its admission otherwise?

A The rest of it, no, I do not.
MR. PINELLI: Mr. Chairman, subject to that clarification from the applicant, $I$ would move to admit all of the Board Exhibits at this time without objection from the applicant.

CHAIRMAN FORTUNA: All admitted without objection.

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

BY MR. PINELLI:
Q Mr. Howe, you are applying for this disability benefit based upon an injury that you sustained on July 5th of 2020; is that correct?

A That is correct, sir.
Q Understanding that the Board does have a copy of your statement, could you please still summarize for the Board where you were and what happened to you to cause you an injury on that day?

A I was detailed to Engine Company 46. It DEBBIE TYRRELL REPORTING SERVICE
was approximately $6: 30$ in the morning. Dismounting a spare apparatus, when my left foot slipped off the very bottom step and I landed on the ground, rolled my ankle. I felt and heard some pops in my foot. I was unable to bear weight on it. It began to swell and $I$ experienced a good amount of pain. It was reported to on-duty officers and $I$ was transported to Trinity ER where x-rays and a post-mobile were applied. Discharged. I visited Medical. Was referred out to see Dr. Holmes at Midwest Orthopedics at Rush.

Following his exam, he ordered a MRI, which as related to me $I$ had a displaced accessory navicular fracture. Placed in a cast for approximately -- it was for approximately six to eight weeks.

While $I$ was casted, a storm, a big storm that came through last August, $I$ was bringing my children down to the basement. After the storm hit -- excuse me, $I$ am pretty nervous. And $I$ slipped and fell or tripped. I don't know exactly what happened. I landed. I came off of my crutches. Landed on my left knee. Sustained what $I$ thought was a minor abrasion. I cared for it like $I$ would
any other cut.
On August 23 rd, $I$ woke up with my knee swollen and painful and hot to touch. Took myself to Little Company of Mary Hospital where I was diagnosed with septic bursitis. I was eventually admitted to Little Company of Mary Hospital and transferred to South Suburban Hospital where I remained until September 3 rd and was administered some pretty heavy hitter antibiotics. I was discharged with a PICC line for another four weeks after that at home. As a result of the staph infection, the planned surgical repair of my foot had to be postponed until $I$ was given the all clear by infectious diseases.

Q Let me just stop you right there, sir. I appreciate that and we're going to get into your treatment. But before we do that, just let me backup to the incident for a moment. Were there any other fire personnel in the area at the time that you fell or twisted your ankle?

A Yeah, there were three other members and I don't recall their names. I would have to go -I would have to find the 160 for that.

Q Okay. In any event, they witnessed the
incident at that time?
A Correct.

Q Now, you indicated it is your left ankle. Prior to this incident had you had any injuries to your left ankle before this?

A Yeah, $I$ had three previous duty injuries. One in June of 2007. Another in October of 2009. Another in November of 2015. All of those were duty.

Q Were they also of a nature similar, that is they were sprains or twist or injuries to your ankle that did not require surgical repair?

A That is correct.

Q So you were able to, after conservative treatment, come back to work following each of those injuries?

A Yes, sir.
Q Moving forward then to the current time period. So after you had this fall that injured your left knee and you went through treatment for an infection, did you eventually get to the point where you were able to undergo a surgery for your left ankle?

A Yes, that occurred in February of 2021.
$\square$
Q And, to your knowledge, what was the surgery to repair?

A It was to remove the accessory navicular bone that had not -- or, that had now fused back and was causing discomfort and pain.

Q Now following that surgery in February, did you then undergo a period of conservative physical therapy to try to return to work?

A Yes, sir.

Q Were you able to get to a point to be able to return to work?

A No, I was not.
Q Why not? What was the issue or issues?
A During physical therapy -- excuse me while $I$ refer back to my dates.

MEMBER TEBBENS: For the record, this is
Trustee Tebbens. I just wanted to let President Fortuna know that $I$ am in attendance and $I$ was in attendance at the beginning of the testimony.

CHAIRMAN FORTUNA: Thank you.

THE WITNESS: On May 7th, after leaving physical therapy and after performing a few exercises, $I$ left there in significant pain and a different type of pain than $I$ had experienced
during the rehab portion of time where $I$ was in physical therapy.

BY MR. PINELLI:
Q Can you describe for us what was the difference? Was it a different area in your foot or what was it?

A It was a different area, correct.

Q Okay. Have you since then undergone treatment or are undergoing treatment with your doctor for dealing with that pain?

A Yes, I received a MRI on May 20 th. I was ordered back into the Cam walker boot. I was allowed to bear weight and followed up in one month and again in a month following with Dr. Holmes.

Q Are you required to wear the boot at all times?

A I was at that point in time, correct.
Q Now what is your status with Dr. Holmes? Has he released you yet or and has he said you're at maximum medical improvement or do you still have appointments to see him regarding your current condition?

A I am no longer seeing Dr. Holmes as he is retiring. I was referred out by him to a Dr.

Camran Hamid at Loyola University Medical System. I saw him last on August 19th.

Q What did Dr. Hamid say with respect to continued treatment for your foot?

A Let's do six weeks of physical therapy and see how $I$ am progressing. He noted that $I$ have a bone spur coming off the tip of my tibia that is rubbing on the talus bone in my foot that may or may not be a problem in the future. But we're in a conservative mode of treatment at this time to avoid another operation, which I would love to avoid if $I$ can.

Q Have you been attending all the physical therapy sessions that you were scheduled to do?

A I missed one two weeks ago because my daughter had an emergency at school and I am making that one up.

Q Let's return for a moment to the videos. Did you take a look at those?

A Yes, sir.
Q Do those videos portray you in them?
A Yes, sir.
Q And in various of the videos, I am not going to go through each one, but there is three or
four of them, show you undergoing or doing certain activities, correct?

A Correct.
Q And in them you also appear to have the boot on as you were conducting those activities; is that correct?

A That is correct.
Q With respect to the activities you were undergoing in those videos, were you able to perform them despite the condition of your foot?

A I was never doing anything that $I$ was not explicitly told by the doctor at the time that $I$ could do.

Q Okay. Sir, did you injure your left ankle or reinjure it at any time after July 5 th of 2020 doing something other than your physical therapy?

A No, sir. I was nonweight bearing for nine months until $I$ began therapy this past March. I was immobilized in either a cast or Cam walker boot at all times.

Q Now since you went on layup, have you engaged in any activities by which you earn income?

A No.

Q Have you engaged in any sporting activities?

A I bench coached my son's little league team and that was the extent of it.

Q Your next appointment with Dr. Hamid is when?

A Let me look on my calendar. I live and die by this thing. October 4th at 10:30 in the morning.

Q At that time he is going to evaluate the condition of your foot and what other potential treatments you may need to undergo?

A Correct.
MR. PINELLI: Thank you. That is all the questions $I$ have at this time, Mr. Chairman.

CHAIRMAN FORTUNA: Thank you.
Trustees, any questions?
MEMBER MCPHILLIPS: No questions.
CHAIRMAN FORTUNA: No questions.
MR. PINELLI: Then $I$ would call Dr.
Peters to testify.
(Witness previously sworn.)
MICHAEL I. PETERS, M.D.
a witness herein, having been first duly sworn, was

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examined and testified as follows:
EXAMINATION
BY MR. PINELLI:
Q Sir, please state your name.
A Michael I. Peters.
Q You're 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 applicants and report to the Board?

A Yes.
Q Did you follow that procedure with respect to Mr . Howe?

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

A Yes.

Q Now, Dr. Peters, due to the current pandemic conditions, you were not able to physically examine him; is that correct?

A That is correct.

Q But you did an interview of him; is that right?

A Yes.
Q During your interview of him, did you go over his medical history and treatment and current condition?

A Yes, I did.
Q And was what he told you regarding those issues consistent or inconsistent with what you saw in the medical records?

A It was consistent.
Q Doctor, could you briefly summarize for the board members the condition of his left ankle from the date of the injury to the current time?

A Engineer Howe has a history of lateral ankle sprains on the left side. They are all duty related. The injury that he is describing on July 5 th of 2020 when he stepped off the engine involves the inside or medial side of the ankle so it is a different injury.

His MRI that he had on July 21st of '20 showed that he had tears of a complex of ligaments that help stabilize the inside of the ankle. So two of the ligaments, the spring ligament and his
deltoid ligament, were torn. He was also subsequently found to have accessory navicular bone, that is the bone where those ligaments attach. An accessory bone is something he was born with.

His orthopedic surgeon diagnosed him with a separation fracture of those two bones.

Although, $I$ don't see evidence on that on his MRI. I don't think it really matters. Doing surgery to excise that extra bone is certainly a reasonable approach to try to alleviate his pain since he didn't get better with conservative therapy.

He mentioned that the reason -- one of the reasons why he was immobilized for so long is that he had another injury where he got a septic bursitis of the same side knee from falling because he was using crutches in wet conditions. That delayed his surgery and made his immobilization period longer. That is important because it sounds like he's recovered from the medial ankle problem but now he has developed two other problems directly related to his period of immobilization and altered gait. A hindfoot stress reaction and an anterior tibular talar impingement syndrome.
So those have both been attributed to the initial injury, although they are not the original injury.

As he described, Dr. Hamid is trying conservative therapy with a steroid injection and PT and further immobilization.

If that's not successful, he may require a debridement surgery for the impingement.

Q Doctor, did you have a chance to review the videos that were sent out to us recently?

A I did.
Q Based upon your observations of his actions in those videos, does that change your opinion at all with respect to whether or not he's currently capable of performing his duties with the Fire Department?

A No, it does not.
Q You didn't see anything in the videos that caused you to question whether or not that ankle is still injured?

A No. He appeared to be wearing the boot. He appeared to have a limping gait. Most of the video he was just walking to a car. One of them he was dragging what looked like a large evergreen
tree limb but $I$ don't know that there was anything unusual about that. A physician wouldn't necessarily tell him he couldn't do that. It was probably something he had to do to keep his yard clean. Certainly isn't of the same level of exertion that he would be required to do as a firefighter.

No, there was nothing in there that made me think that it was inconsistent with the history he provided.

Q Based upon what his current condition is, do you believe he could perform his duties with the Fire Department?

A No, not presently.
Q One last thing. Assuming that he eventually gets to the point where that what is going on in the ankle heals, do you believe he could successfully return to the full duties with the Fire Department?

A Yes. If he has resolution of the two complications that he has developed; the impingement and the hindfoot stress reaction.

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

CHAIRMAN FORTUNA: Trustees, any
questions for the doctor?
MEMBER MCPHILLIPS: No questions. Thank you, doctor.

CHAIRMAN FORTUNA: Thank you.
MR. PINELLI: There is no further
evidence to present at this time.
MEMBER MURPHY: Mr. President, I'd like
to make a motion to go into closed session pursuant
to Section $2(c) 4$ of the Open Meetings Act to discuss testimony and evidence.

MEMBER SHERIDAN: Second.
CHAIRMAN FORTUNA: There is a motion to
go into executive session by Trustee Murphy.
Seconded by Trustee Sheridan.
Trustee Murphy.
MEMBER MURPHY: Yes.
CHAIRMAN FORTUNA: Trustee Sheridan.
MEMBER SHERIDAN: Yes.
CHAIRMAN FORTUNA: Trustee

Conyears-Ervin.
MEMBER CONYEARS-ERVIN: Yes.
CHAIRMAN FORTUNA: Trustee Soni.
MEMBER SONI: Yes.

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(630) 292-1742

CHAIRMAN FORTUNA: Trustee McPhillips. MEMBER MCPHILLIPS: Yes. CHAIRMAN FORTUNA: Trustee Tebbens. MEMBER TEBBENS: Yes.

CHAIRMAN FORTUNA: Trustee Valencia.
MEMBER VALENCIA: Yes.
CHAIRMAN FORTUNA: And $I$ am a yes.
Motion carries.
(Whereupon, the Board went into
Executive Session off the record.
No action was taken in Executive

Session.)
MR. PINELLI: So we're out of Executive Session.

Mr. Howe, are you on the line, sir?
MR. HOWE: Yes, sir.
MR. PINELLI: Mr. Howe, the Board exhibits are lacking the 160 report from the Fire Department. Before the Trustees vote on your application, they need to have a copy of that record. Staff is going to work on that right now to see if we can get that.

MR. HOWE: I have a copy. Do you mind if I look for it real quick?

MR. PINELLI: If you have it, are you able to email it to me or scan it?

MR. HOWE: Yes. Give me two seconds to dig into my Ipad because District sent me a courtesy copy of it so standby while I look for that.

MR. PINELLI: We have other business to conduct. What I'd like to do is momentarily if you could go ahead and look for it and then we have you email it to $u s$ and then we can distribute it to the Trustees and then we can come back to your matter after we have taken care of a couple other issues. Would that work?

MR. HOWE: Yes. Send it to Lori?
MR. PINELLI: Yes. Do you have her email address?

MR. HOWE: Yes.
MR. PINELLI: Please send it directly to Lori as soon as you get it and then stay available and we will recall your matter in a little bit.

MR. HOWE: Do you want me to stay on the line?

MR. PINELLI: You can stay on, just mute yourself, that's fine.
$\square$
Then we would defer this matter, Mr. Secretary, and keep the record open until we resume.
(Short recess in the hearing.)
MS. BURNS: Vince, would you like to update the Board on the question Trustee Sheridan had made regarding the 160 ?

MR. PINELLI: Yes. So we have a copy of the 160. It was distributed I believe to all the Trustees. I have seen a copy of it as well.

I think it documents the report of the injury, simultaneous report of the injury on the day of the injury. It indicates as well that he was transported to Trinity Hospital for treatment of the injury and then it also lists various people who were witnesses to the incident and as well confirms that he reported the incident at the time it occurred.

So I believe that documentation would provide you with a basis to answer the questions that were asked with respect to the simultaneous documentation of the incident.

MS. BURNS: Given that, Trustee Murphy, are you ready to proceed with a motion?
$\square$
CHAIRMAN FORTUNA: Trustees, are there any further questions?

MEMBER MURPHY: Mr. President, I'd like to make a motion to grant the benefits requested by Engineer Howe.

MEMBER SHERIDAN: Second.
CHAIRMAN FORTUNA: There's a motion to
grant by Trustee Murphy. Seconded by Sheridan.
Trustee Murphy.
MEMBER MURPHY: Yes.
CHAIRMAN FORTUNA: Trustee Sheridan.
MEMBER SHERIDAN: Yes.
CHAIRMAN FORTUNA: Trustee
Conyears-Ervin.
MEMBER CONYEARS-ERVIN: Yes.
CHAIRMAN FORTUNA: Trustee Soni.
MEMBER SONI: Yes.
CHAIRMAN FORTUNA: Trustee McPhillips.
Trustee Tebbens.
MEMBER TEBBENS: Yes.
CHAIRMAN FORTUNA: I am a yes.
Motion carries.
MEMBER MURPHY: Mr. President, I would
like to make a motion for reexam consistent with
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the Board's policy.

MEMBER SONI: Second.

CHAIRMAN FORTUNA: There's 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 Conyears-Ervin.

MEMBER CONYEARS-ERVIN: Yes.
CHAIRMAN FORTUNA: Trustee Soni.
MEMBER SONI: Yes.
CHAIRMAN FORTUNA: Trustee McPhillips.
Trustee Tebbens.
MEMBER TEBBENS: Yes.
CHAIRMAN FORTUNA: And $I$ am a yes.
Motion carries.
MEMBER MURPHY: Counsel has previously sent around the Findings of Face and Conclusions of Law in this matter.

Having had a chance to review those, I
would like to make a motion to adopt those Findings

DEBBIE TYRRELL REPORTING SERVICE-
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of Fact and Conclusions of Law.
MEMBER SHERIDAN: Second.

CHAIRMAN FORTUNA: There is a motion by
Trustee Murphy to adopt the Findings of Fact.

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

CHAIRMAN FORTUNA: Trustee
Conyears-Ervin.
MEMBER CONYEARS-ERVIN: Yes.
CHAIRMAN FORTUNA: Trustee Soni.
MEMBER SONI: Yes.

CHAIRMAN FORTUNA: Trustee Tebbens.
MEMBER TEBBENS: 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.

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Good luck to you.
MS. BURNS: I just want to make sure the record reflects that this document will be submitted as part of the Howe record; is that correct?

MR. PINELLI: Yes, $I$ would move for admission of it. And, I assume, Mr. Howe, you have no objection to the 160 being added to the exhibits, right?

MR. HOWE: Absolutely not. I am glad I had a copy.

MR. PINELLI: So am I. Thank you, sir.
MS. BURNS: The record will so reflect.
MEMBER MURPHY: I'd like to move to the next application of Mark Mansor, Engine 78.

MR. PINELLI: Is Mr. Mansor on the line, along with his attorney Mr. Marconi?

MR. MANSOR: I am present.
MR. PINELLI: Is Mr. Marconi on the line?
MR. MARCONI: Jerry Marconi for the record.

CHAIRMAN FORTUNA: Thank you.
MR. PINELLI: Thank you.
Let the record reflect this is a hearing
on the application for a Duty Disability benefit being made by Mark Mansor.

Mr. Mansor is present and is on the line.
Sir, can you hear me?

MR. MANSOR: Yes, sir.
MR. PINELLI: He's represented by counsel
Jerry Marconi. Counsel, could you identify yourself, please?

MR. MARCONI: Jerry Marconi for the record.

MR. PINELLI: Thank you.
Before we begin evidence, counsel, you should have received a copy of what's been marked as Board's Exhibits 1 through 10 prior to today's date from your client. Did you receive those?

MR. MANSOR: I did receive those and I also received some exhibits last night. I think Exhibit 6.

MR. PINELLI: Yes, there was an
additional exhibit that was added. Do you have any objection to the admission of those exhibits into the record?

MR. MARCONI: I do not.
MR. PINELLI: All right. Mr. Chairman, I
move for admission of Board's Exhibits 1 through 10 without objection from the applicant.

CHAIRMAN FORTUNA: Admitted without objection.
(Board Exhibits 1 through 10 were admitted into evidence.)

MR. PINELLI: Thank you.
Counsel, before we proceed, do you intend to call Mr. Mansor to testify?

MR. MARCONI: Yes, sir, I do.
MR. PINELLI: Sir, could you raise your right hand and Dr. Peters could you also raise your right hand?
(Witnesses sworn.)
MR. PINELLI: Then we are ready to
proceed. Counsel do you wish to call any witnesses?

MR. MARCONI: Yes, Mark Mansor.
MR. PINELLI: Please, proceed.
MARK MANSOR
a witness herein, having been first duly sworn, was examined and testified as follows:

EXAMINATION
BY MR. MARCONI:

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(630) 292-1742

Q Good morning. Could you state your name again for the record?

A Firefighter Mark Mansor.
Q I am going to get a little bit of
background. When did you join the Chicago Fire Department?

A March of 2014.

Q Are you a Firefighter, Firefighter
Paramedic?
A Yes, sir. I am a Firefighter EMT.
Q When was your last assignment?
A Engine 78.
Q Just so the record is clear, you're the applicant; is that correct?

A Correct.
Q It looks like, according to the Exhibits that were admitted into evidence today, that you filed your application on June 14, 2021; is that correct?

A Correct.

Q Your last day before layup was November 1,2020 ; is that correct?

A Correct.
Q When was your last day on the payroll?

When did you stop getting paid?
A I believe July 13, 2021.
Q In the application in your affidavit, you indicate that this incident occurred on January 27 , 2019; is that correct?

A Correct.
Q Where were you assigned?
A At that time $I$ was assigned to Engine 78.
Q Did you receive a call in the early
morning hours to go to the 19 th District police station in Chicago?

A Yes.
Q What was the nature of that call?
A Combative patient attempting suicide in the 19th District lockup.

Q Did you go to the lockup?
A Yes.
Q What did you see?
A I saw a patient very combative. Settled down a little bit. Sat down. Checking the vitals. Out of nowhere he jumps up and backhand fists me to the face.

Q Do you wear glasses?
A Yes.
$\square$
Q Were you wearing glasses?
A Yes.

Q What did you feel when you were
backhanded? I guess a back fist to the face?
A I was in disbelief. We held the patient down so there was no more damages done to me or my crew. At the time $I$ was just full adrenalin.

Didn't feel much. About 20 minutes later, my face got extremely red, my eyes got really painful and I had pain in my nose.

Q Did you subsequently go to the emergency room at St. Joseph Hospital?

A I did, yes.

Q And did you receive, to the best of your knowledge, a diagnosis at that point?

A Partial, yes. Diagnosed with three abrasions to my cornea, seven micro fractures to my nose at that time.

Q Did you follow up and go to the Medical Section after your initial treatment in the emergency room?

A Yes.
Q And looking at the materials, it looks like there was a note from February 26 th indicating DEBBIE TYRRELL REPORTING SERVICE
you had a deviated septum. When did you learn you had a deviated septum in addition to the fractures?

A When $I$ was advised to visit Rush, a doctor $I$ believe Revenaugh, diagnosed me with a deviated septum there.

Q I think he's in the records but he specializes in plastic and reconstructive surgery; is that correct?

A Yes.

Q Did you guys talk about the deviated septum, the diagnosis of the deviated septum, at that time?

A Yes.
Q And was he recommending any surgery at that time or was it just conservative treatment?

A He stated since, you know, it was a fresh incident and $I$ am a younger, healthy guy that they would approach a more conservative approach and it typically could heal on its own.

Q After the initial visits, did you work to get back to work?

A Absolutely, yes.
Q How long were you off do you think?
A I could be wrong but two furloughs maxed,

30 days maxed, $I$ was off. I came back to work.
Q Did your condition from the evening of the incident did that improve, stay the same or get worse?

A From January 27, 2019 to today, it's gotten extremely worse.

Q How about from when the initial incident occurred to when you started back at work like 30 days after the incident?

A I was better but then it got worse again not too long after so yeah.

Q So can you tell the Board -- I know that you were back at work for quite a while but what were some of the issues that you were experiencing that you had not experienced prior to the January 27 th incident?

A I consider myself a very healthy, athletic guy. Never had any breathing issues before. Since this incident, $I$ am consistently constantly going to urgent care and doctor visits, with bronchitis, upper respiratory infections, sinusitis. Recently diagnosed with eosinophilic asthma. With that being stated, never had any breathing issues and then within one year span $I$
just constantly having difficulty breathing, which I never had in my life before.

Q When you were hired by the Department, I am assuming you went through pulmonary functioning testing; is that correct?

A Yes.
Q And no issues detected; is that correct?
A Correct.
Q Now in the records, there is a lot of references, and I think it's just because of the records seem to repeat themselves, of childhood asthma. Have you ever been -- to the best of your recollection, have you ever been diagnosed with childhood asthma?

A From what I have asked my mother, she doesn't -- she is illiterate. But from what she has told me, I never had asthma. I never had administered any Albuterol. So I don't know where that is coming from.

Q When you were very, very young, did you have breathing issues? I am talking I think there was reference in the records to like when you were three.

A Yes. I was an extremely heavy baby. I
was roughly around 37 pounds at one year old. I had trouble breathing around two, three years old, correct, but $I$ was never diagnosed with anything.

Q Were you ever diagnosed in like high school, grade school, college, with any type of breathing issues or asthma?

A Never. I was super athletic. Always in great shape. Never had any breathing issues ever.

Q As far as your athletics, how far did you progress in college in terms of playing sports?

A I played baseball my whole life. I played college ball. I also played semipro ball.

I had two dreams. I was either playing pro baseball which I never got or become a Chicago fireman and I achieved that one.

Q As you were going through this, while you were working, were you going to different doctors to try to figure out what the problem was?

A Yes. The list is extensive. All the doctors trying to figure out what is happening to me. Yes, I have seen a list of doctors.

Q I am sure Dr. Peters is on the phone but I know that he has a listing of several doctors in his report of various doctors and various
specialties; is that correct?
A Yes.

Q Now, there is a Dr. Maribe Bangayan, a pulmonologist. Was it difficult for you to get an appointment for your pulmonary issues during this particular time?

A Absolutely. To see a pulmonologist in the midst of the pandemic was the most difficult thing that $I$ have ever experienced. Finding a pulmonologist during the pandemic was like finding a needle in a haystack.

Q Now I know, and I just want you to kind of tell the Board because it gets a little bit confusing in the records, but it looks like you saw a rheumatologist, you saw an allergist, you saw an ENT doctor, you saw an infectious disease doctor. How were you getting to these doctors? I mean, who was referring you?

A Chicago Medical needed a clearance from a pulmonologist. I did my due diligence to find the nearest and quickest available pulmonologist. It ended up being Dr. Bangayan.

After -- I am jumping ahead. I ended up getting a bronchoscopy and then that is when $I$
needed to see other doctors to figure out what exactly was happening.

Dr. Bangayan suggested I speak to Dr. Sweis and then Sweis is the one that eventually told me to see Dr. Schafer and Dr. Malik and to figure out -- and Dr. Adeyemi to figure out what exactly was going on.

Q I think Dr. Malik are the records that we just got last night or this morning; is that correct?

A Yes.

Q Up until the point when you started seeing Dr. Sweis, could anyone give you a definite diagnosis as to what was going on with you?

A There was no definite diagnosis. There was a multitude of different medications that were prescribed to me and nothing worked well, besides Prednisone made me feel seminormal but never even close to 100 percent. But, no, there was no legitimate diagnosis until after they all collaborated recently.

Q Now there is references in Dr. Peters' report and also in the medical records of a condition. I think it is an autoimmune, Churg-

Strauss or EGPA. Are you familiar with that?
A Yes.

Q Was that suspected early-on?
A Yes, that was the first thing that was stated from one and only one doctor, which also rescinded her statement when after collaboration with the other four doctors.

Q What doctor was that?
A The pulmonologist Dr. Maribe Bangayan.
Q So it appears to me, correct me if $I$ am wrong, from the records, that the Medical Section was requiring you to get this form filled out by a pulmonologist because you wanted to get back to work; is that correct?

A Absolutely.
Q Eventually it looks like that form was filled out by a Doctor Shah?

A Yes.

Q Who is Doctor Shah?
A Doctor Shah was a pulmonary associate I believe with Resurrection, that cleared me with a multitude of questions, and then $I$ was cleared to go back to work.

Q So you did in fact go back maybe in the DEBBIE TYRRELL REPORTING SERVICE-
beginning of October 2020?
A Sounds about right, yes.
Q Now in the application, it indicates you then had a layup like right around November 1, 2020. I think after a fire run. Is that correct?

A That is correct, yes.
Q What happened there?
A We had a false alarm at a highrise fire. The highrise fire consists of a multitude of things. I get to the staircase where I typically start to get to work and $I$ can't breathe. I can't catch my breath. My heart is pounding through my chest. I start to not be able to breathe.

Thank god it was a false alarm. I
realized I am a liability to my coworkers and to the civilians of Chicago.

Q So you went back to the Medical Section and indicated you had this issue on this false alarm and basically there was a real problem there?

A Correct. I was just unable to do my duties.

Q Okay. So after that, did you continue then with your treatment with various doctors to try to figure out what was wrong with you to try to
get you back to work?
A Absolutely, yes.
Q Tell me about Dr. Sweis. How did you come upon him and then what role did he play up until your last surgery?

A So Dr. Bangayan is the one that referred me to Dr. Sweis. I refer to Dr. Sweis as my savior. He is the one that has figured everything out and collaborated with all the doctors to narrow it down to what the exact issue was. So Dr. Bangayan actually referred me to Dr. Sweis.

Q It's my understanding, or maybe it is not clear in the records, but there was a surgery scheduled for September 1st, a couple of weeks ago; is that correct?

A That is correct.
Q Did you follow through and have that surgery?

A Yes.
Q Was that surgery to correct the deviated septum that you sustained back on January 27 th during an incident when you were punched in the face?

A Yes.

Q Before $I$ go into recovery from that, and I realize Dr. Peters is on the phone, but as a lay person, what was your understanding finally of what was going on that was causing all these problems?

A So I think we're missing a section here. When I laid back up, I had a bronchoscopy done and they found that $I$ had a staph infection in my lung as well so $I$ think we skipped that part. I am not sure if that is important to this particular --

Q Was that $I$ think in May?
A Yes. Correct.

Q And they found a fungal infection $I$ think, is that correct, or a staph infection in your right lung?

A Correct.
Q How does that kind of fit in to all the other symptoms that you were experiencing?

A So from my understanding, how Dr. Sweis and Dr. Schafer explained it to me, is my nasal cavity or our nasal cavity in our lungs are all one cohesive piece. And me being unable to filter allergins and whatnot caused eosinophilic asthma to my lungs, which makes it extremely difficult for me to breathe even at just a resting heart rate.
$Q$ So let's talk about the surgery, let's talk about your recovery to-date and let's talk about the prognosis. You had the surgery September 1st; is that correct?

A Yes.
Q And now after the surgery, what is your rehab routine in terms of, you know, trying to get back to normal?

A As of right now, $I$ am on antibiotics. I am still on Prednisone steroids. I start my steroid flush today, that is for three to four months. And then $I$ have to visit the multitude of doctors to see if the asthma is cleared or not and then take it from there.

Q What is a steroid flush?
A It is a topical steroid flush for the nasal cavity for the surgery that was done on September 1st, instead of taking Prednisone.

Q So instead of taking Prednisone, this is a topical treatment?

A Correct.
Q Since the surgery, $I$ know it has only been two weeks, have you felt like you made some gains?

A Absolutely. I definitely can see I can finally catch my breath a little bit here and there compared to the last eight months or so. It was very difficult to catch my breath. But, yes, $I$ can see some sort of success from the surgery, yes.

Q I think your records indicate that during all this your wife gave birth. You have a very young child. Is that correct?

A That is correct, yes.
Q How old is your child?
A $\quad 13$ months.

Q And then during this process, did you test for Lieutenant, $I$ think?

A Yes, sir. Yes, I did.
Q Let me talk about your desires. What is your -- in your mind, what is your prognosis right now and what are your efforts to try to get back to work as soon as possible?

A As of right now, like $I$ said, it's been only two weeks so only time will tell. I had two dreams like I said. It was either playing professional baseball or becoming a firefighter and I became a fireman.

I want to get to back to work. I am 36
years old. I want to advance in my career. I don't want to retire at 36 as a firefighter. I want to retire as a captain or chief so my ultimate math goal is to get back on the job. But $I$ just physically can't even walk up the stairs without bending over to catch my breath. Only time will tell how successful the surgery was.

Q What are your upcoming medical appointments or treatment?

A I have another doctor's appointment tomorrow with Dr. Sweis. I am getting the metal stents removed out of my nasal cavity. I also have a doctor's appointment with Dr. Schafer on the 20 th to see where $I$ am at to get a baseline on the eosinophilic asthma to see if $I$ have to take a biologic for the rest of my life.

Q What is a biologic in your understanding?
A From my understanding, it is a medication that $I$ have to give myself every day. It is a shot. Essentially what it does, it attacks the white blood cells without damaging the white blood cells. It destroys the mucus around the white blood cells that are in my lungs that is causing me to feel like $I$ have a chronic pneumonia. It is
from my understanding. I could be a little off but this is what $I$ was told. What $I$ comprehended from my doctor.

Q Correct me if $I$ am wrong but it is too early to tell right now whether or not you will even require that in the future; is that correct?

A That is correct.

Q Do you still treat with like an allergist or an autoimmune doctor?

A I no longer need the autoimmune doctor since a multitude of blood work samples came back with a normal immune system. So Dr. Malik said I no longer need to see her.

Yes, I am in constant contact with Dr. Schafer and in constant contact with Dr. Sweis.

Q As you sit there today, you are very optimistic and very hopeful that the surgery corrected the problem and that you eventually, hopefully in the next year, get back to work?

A That is the ultimate goal, yes.
MR. MARCONI: I don't have anything else.
CHAIRMAN FORTUNA: Trustees, any
questions?
No questions.

MR. PINELLI: I have a couple of questions, Mr. Chairman.

EXAMINATION
BY MR. PINELLI:
Q Sir, since you went on layup, have you engaged in any activities by which you earn income?

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

A No.
Q The micro fractures that you said you had that was to your nasal cavity not your septum, right?

A That was my nose.
Q Right. Did those heal without any surgical intervention?

A Yes.
Q As far as you know, those are all completely healed; that injury?

A For the micro fractures, yes.
Q The deviated septum was not addressed until September 1st of just this year, right? A couple of weeks ago, right?

A I am not sure what the question is. It DEBBIE TYRRELL REPORTING SERVICE
was addressed in February of 2019 but they approached a conservative approach for a deviated septum.

Q Yes. I'm sorry, I meant it wasn't addressed by surgical intervention until September 1st of this year, right?

A Correct.
Q Did the doctor tell you at all about when he's able to tell if the deviated septum has been addressed by the surgery? In other words, is it going to be a couple of weeks? Is it going to be a couple months, if he told you?

A This will be my second doctor's visit with Dr. Sweis tomorrow. I have metal stents in there right now. I am uncertain of your question. I don't know how to answer that, to be honest with you.

Q Are the stents permanent or will he take them out?

A They are coming out tomorrow $I$ believe.
MR. PINELLI: So they will be coming out.
All right. Thank you. That is all the questions $I$ have of the witness.

CHAIRMAN FORTUNA: Trustees, any

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questions?
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Hearing none.
MR. PINELLI: Jerry, do you rest at this point subject to the doctor's testimony?

MR. MARCONI: Yes, sir.
MR. PINELLI: Okay. Then $I$ would call
Dr. Peters to testify.
(Witness previously 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 Sir, please state your name?
A Michael I. Peters.
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 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 And with respect to this applicant, did you interview him?

A Yes, by telephone.
Q Was the information he provided to you consistent with the medical records you reviewed?

A It was all generally consistent, except that $I$ did not find evidence in the medical record of the history of micro fractures but $I$ also didn't have access to Dr. Revenaugh's office visit.

Q Did you file a written report with the Board that is marked as Board Exhibit Number 2?

A Yes.
Q Doctor, could you just summarize for us, I know the applicant took us through quite a bit of history there, but could you summarize for us the chronology of treatments he has had since this incident?

A Yes. Firefighter Mansor, as he stated, was punched in the face and eye by a combative patient he was evaluating in January of '19.

He was seen soon after by an ENT, who
diagnosed him with a -- he was diagnosed in the ER at St. Joe's with a clinical diagnosis of nasal fracture but his x-ray was negative. He was seen soon after by ENT. Reportedly diagnosed with a left deviated septum. Again, $I$ don't have access to those records.

Then beginning in April, in April of '19,
he had a whole series of multiple visits to intermediate care centers for new onset of sinusitis, bronchitis. And then ultimately, about a year later, in March of ' 20 , was his first asthma exacerbation.

He had pulmonary function tests in December of ' 20 which were normal. There was no response to bronchodilator treatment. As he mentioned, he was cleared by Dr. Shah from pulmonology, in December of '20, to go back to work. But even after he went back to work, he was having further intermediate care center visits with shortness of breath and documented wheezing.

And then, in November of ' 20 , he had the highrise response. The call where he was short of breath and he had a documented pulse oximetry reading of 88 percent.
$\square$
He went through multiple treatments for asthma, with various bronchodilators and steroid inhalers. Courses of oral steroid, antibiotics, with continued exacerbations, shortness of breath and wheezing.

He ultimately had a CT angiogram of the chest, that was in February of ' 21 , that showed a right lower lobe nodule. The list of possibilities for that would have included cancer as well as fungal and bacterial infections.

He was diagnosed with a staph pneumonia, which was treated with antibiotics and resolved.

In February of ' 21 , he had his first documented eosinophilia, which means that a specific type of white blood cell called eosinophil was elevated. This was noted by his various specialists.

And then, in May of this year, May of
'21, he underwent a bronchoscopy where they biopsied the lung nodule. It was not cancer but there was a presence of eosinophils and inflammatory cells within the nodule.

He continued to have asthma refractory to treatment. He was on multiple courses, long DEBBIE TYRRELL REPORTING SERVICE
courses, of oral steroid treatment.
As he mentioned, he was seen by an ENT, an allergist, a rheumatologist. His ENT surgeon did confirm the diagnosis of a deviated septum.

He had a CT of the sinuses in July. It showed he had a diffused swelling and sinusitis of the sinuses.

He went through steroids prior to the surgery in September. There was discussion about various possible diagnoses, including what used to be called Churg-Strauss disease now called EGPA.

The reason why they discussed that is that there is some things about Firefighter Mansor's history that fit with that diagnosis. Specifically, the mucous sinusitis, the asthma, the refractory to treatment, the eosinophilia. But he's missing some other things that you need for the diagnosis. Specifically, you need vasculitis or an inflammation of small and medium arteries, that was not seen on the bronchoscopy. For that reason and because he doesn't have non-lung involvement it was felt EGA is not the likely diagnosis but rather eosinophilic asthma is the most likely diagnosis.
$\square$
He underwent the sinus surgery and repair of his septum and the opening his sinuses on September 1st with the hope that if this is corrected then the eosinophilic asthma would go away.

If it didn't, then he would need a specific medication that Firefighter Mansor described which is we call a biologic. It is a monoclonal antibody directed towards a factor within the body that stimulates the eosinophils. Essentially it shuts off the eosinophils from being activated. As he mentioned, only time will tell if he needs that medication.

It is kind of a long story that starts with the nasal injury and ends up with eosinophilic asthma.

Q First of all, given his current condition, having had the surgery recently, and the symptoms he was experiencing prior to that, is it your opinion that he would be able to perform his duties with the Fire Department?

A I don't think he can perform his duties with the Fire Department. Not because of his surgery but because he has essentially refractory
asthma, eosinophilic asthma. It is not better with steroids or any of the usual treatments. He is requiring the use of the rescue inhaler far too frequently for it to be safe for him to perform full fighter duties.

Q This asthma we usually see this in occupational claims but is my understanding correct that it is the result of the initial injury, including the deviated septum, that caused these supplemental sinus issues that then generates this specific type of asthma reaction?

A I think that is the line of reasoning that is being used probably most by the ENT surgeon and probably is the reason for his application for Duty and $I$ don't think anyone can say for sure that that isn't true.

Eosinophilic asthma is a subtype of asthma. Everything about it fits with Firefighter Mansor's presentation. It usually occurs in adults. It is refractory to steroids. It usually is very severe. It is associated with eosinophils in the respiratory tract.

Whether it is caused by genetics and/or environmental stimulus isn't clearly understood. I

> don't know that it is specifically caused by a deviated septum and sinusitis. I can't say that for sure.

Q Let me ask you this. Assuming that the deviated septum was corrected by the surgery, so he has a full recovery from that, would you expect that he would be able to return to his full fire fighting duties?

A If he has a full recovery from his eosinophilic asthma after having his septum and sinus surgery, then the thought hypothesis that all of this was related to a deviated septum would be proven true.

Yes, provided that his asthma was controlled and he wasn't using his Albuterol all the time, yes, he could return.

MEMBER VALENCIA: Doctor, I am so sorry to interrupt.

President Fortuna, I have to leave real quick for my Budget prep with the Mayor's office but $I$ will try to get back on when $I$ am finished.

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

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

Hearing none.
MR. PINELLI: Counsel, do you have any questions?

MR. MARCONI: Vince, I think you covered everything. I don't have any questions.

MR. PINELLI: Okay. Do you have any other evidence you wish to present at this time?

MR. MARCONI: I do not.
MR. PINELLI: Then the record is complete in this matter.

MEMBER MURPHY: Mr. President, I'd like to make a motion to grant the benefits requested by Firefighter Mansor.

CHAIRMAN FORTUNA: There is a motion to grant. Is there a second?

MEMBER TEBBENS: I will second that.
CHAIRMAN FORTUNA: Seconded by Trustee Tebbens.

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

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CHAIRMAN FORTUNA: Trustee Soni.
MEMBER SONI: Yes.
CHAIRMAN FORTUNA: Trustee McPhillips.
Trustee Tebbens.
MEMBER TEBBENS: 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'd like to make a motion to adopt the Findings of Fact and Conclusions of Law in this matter.

MEMBER SHERIDAN: Second.
CHAIRMAN FORTUNA: There's a motion to
adopt the Findings of Fact by Trustee Murphy.
Seconded by Trustee Sheridan.
Trustee Murphy.
MEMBER MURPHY: Yes.
CHAIRMAN FORTUNA: Trustee Sheridan.
MEMBER SHERIDAN: Yes.
CHAIRMAN FORTUNA: Trustee
Conyears-Ervin.
MEMBER CONYEARS-ERVIN: Yes.

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CHAIRMAN FORTUNA: Trustee Soni.
MEMBER SONI: Yes.
CHAIRMAN FORTUNA: Trustee McPhillips.
Trustee Tebbens.
MEMBER TEBBENS: Yes.
CHAIRMAN FORTUNA: And $I$ am a yes.
Motion carries.
Mark, 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.

Hopefully, you will be back to work soon.
MR. MANSOR: Thank you.
MEMBER MURPHY: We have an Occupational
Disease application for Lawrence Rybakowski.
CHAIRMAN FORTUNA: Vince.
MR. PINELLI: Mr. Rybakowski, are you on the line, sir?

MR. RYBAKOWSKI: Yes, sir, I am.
MR. PINELLI: Thank you for your
patience, sir. We have had extended hearings this morning and $I$ know you have been on since earlier.

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Let the record reflect this is the hearing on the application for an Occupational Disease Disability benefit being made by Lawrence Rybakowski.

I'd like to advise you of some preliminary matters before we start evidence. First of all, $I$ believe there are at least six trustees on the line at this time 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 at least five trustees in order to receive this benefit. Do you understand that?

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

MR. RYBAKOWSKI: 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 understand it is your burden of proof?

MR. RYBAKOWSKI: 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. I will then call the Fund physician consultant to testify Dr. Peters. If there is anything $I$ don't ask him, please let me know and you will be given that opportunity.

MR. RYBAKOWSKI: Okay.
MR. PINELLI: Then we are ready to proceed. Could you and Dr. Peters please raise your right hands?
(Witnesses sworn.)

LAWRENCE RYBAKOWSKI
a witness herein, having been first duly sworn, was examined and testified as follows:

EXAMINATION
BY MR. PINELLI:
Q Sir, could you please state your name for the record?

A Lawrence Rybakowski.
Q What is your rank with the Fire Department?

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

A Engine 50.
Q Sir, did you receive a copy of what has been marked as Board Exhibits 1 through 10 before today's date?

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

A No.

MR. PINELLI: Thank you.
Mr. Chairman, I move for admission of Board Exhibits 1 through 10 without objection from the applicant.

CHAIRMAN FORTUNA: Exhibits are admitted without objection.
(Board Exhibits 1 through 10 were admitted into evidence.)

MR. PINELLI: Thank you. BY MR. PINELLI:

Q Now, sir, you are applying for an
Occupational Disease Disability benefit based upon a condition that you have; COPD. Is that correct?

A COPD and chronic bronchitis.
Q You have completed more than seven years
of service with the Fire Department; is that
correct?

A Yes, 25 years.
Q You joined in 1996; is that right?
A Yes, May of '96.
Q Could you just give us a brief chronology from May of '96 to the current time at Engine 50 of your assignments?

A When $I$ came out of the Academy, I was at Engine 18 for about 11 years from '96 to 2007. And then from that point on $I$ was at Engine 50 to current. I was a couple years I transferred over to Truck 18 and then got put on second shift but I was there my whole career basically.

Q Are you currently taking any medications to treat your condition?

A Yes. I am taking Qvar, it is an inhaler. I take that twice a day. And I also have Albuterol for a rescue inhaler when needed.

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

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

A No.
MR. PINELLI: Thank you. That is all the at questions I have of the witness.

CHAIRMAN FORTUNA: Trustees, any questions?

Okay, hearing none.
MR. PINELLI: I call Dr. Peters.
(Witness previously 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 Sir please state your name.
A Michael I. Peters.
Q You're a physician; is that correct?
A Yes, it is.
Q A copy of your qualifications as a
physician are attached to the Board Exhibits?
A Yes.

Q Do you perform a function to this Fund?
A Yes, I do.
Q As a consultant, do you review medical records, interview applicants and report to the DEBBIE TYRRELL REPORTING SERVICE

Board?
A Yes.

Q Did you follow that procedure with Mr.
Rybakowski?
A Yes, I did.
Q Did you file a written report that is marked as Board Exhibit Number 2?

A Yes.
Q Doctor, in your interview of him, did he provide you information that was consistent with the medical records you reviewed?

A Yes, it was.
Q Could you briefly summarize for us what the records indicated with respect to his current condition?

A Yes. Firefighter Rybakowski, on August 26 th of 2020, had a near fainting spell while pulling ceiling. He was seen at the hospital and had a negative cardiac evaluation but his pulmonary function tests in December of '20 showed moderate obstructive lung disease which would be consistent with an asthma COPD picture.

His pulmonologist has advised him that any exposure to high humidity or particles in the
air could precipitate an exacerbation. That it wouldn't be safe for him to function as a

Firefighter. And he's also requiring
bronchodilator and steroid inhalers.
Q Doctor, do you concur with his doctor's findings that he should not be performing duties with the Fire Department?

A Yes, I do.
MR. PINELLI: Thank you. That is all the at questions $I$ have.

CHAIRMAN FORTUNA: Trustees, any
questions for the doctor?
Hearing none, Vince.
MR. PINELLI: That completes the record.
MEMBER MURPHY: I'd like to make a motion to grant the benefits requested by Firefighter Rybakowski.

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

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


CHAIRMAN FORTUNA: Trustee Soni.

MEMBER SONI: Yes.

CHAIRMAN FORTUNA: Trustee Tebbens.

MEMBER TEBBENS: 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 would like to make a motion to adopt those Findings of Fact and Conclusions of Law in this matter.

MEMBER SHERIDAN: Second.

CHAIRMAN FORTUNA: There's a motion to adopt the Findings of Fact by Trustee Murphy. Seconded by Trustee Sheridan.

Trustee Murphy.

MEMBER MURPHY: Yes.

CHAIRMAN FORTUNA: Trustee Sheridan.

MEMBER SHERIDAN: Yes.

CHAIRMAN FORTUNA: Trustee

Conyears-Ervin.
MEMBER CONYEARS-ERVIN: Yes.

CHAIRMAN FORTUNA: Trustee Soni.

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MEMBER SONI: Yes.
CHAIRMAN FORTUNA: Trustee Tebbens.

MEMBER TEBBENS: 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.

Good luck to you.
MR. RYBAKOWSKI: Thank you, sir.
MEMBER MURPHY: Mr. President, the next agenda item concerns Shan Igess, whose application for disability benefits was heard last month.

At that time the Board voted to deny Mr. Igess' application for Duty Disability benefits.

Counsel, has sent around proposed Findings of Fact and Conclusions of Law in this matter reflecting the Board's decision.

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.

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MEMBER SHERIDAN: Second.
CHAIRMAN FORTUNA: There is a motion by
Trustee Murphy to adopt Findings of Fact. Seconded by Trustee Sheridan.

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

Conyears-Ervin.
Trustee Soni.
MEMBER SONI: Yes.
CHAIRMAN FORTUNA: Trustee McPhillips.
Trustee Tebbens.
MEMBER TEBBENS: Yes.
CHAIRMAN FORTUNA: And $I$ am a yes.
Motion carries.
MEMBER MURPHY: Mr. President, moving on
to Approval of Board Physician Reviews of
Disability Recipients. I would like to move to
approve those physician recommendations for reviews.

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
Conyears-Ervin.
Trustee Soni.
MEMBER SONI: Yes.
CHAIRMAN FORTUNA: Trustee McPhillips.
Trustee Tebbens.
MEMBER TEBBENS: Yes.
CHAIRMAN FORTUNA: And I am a yes.
Motion carries.
MEMBER MURPHY: Mr. President, moving on
to $B$, we have a discussion of the medical
evaluation for Member 14829 .
I believe Kelly was going to make a presentation on this.

MR. WELLER: I think this is just a perfunctory request because it requires a Functional Capacity Evaluation which is an additional cost to the Board.

MS. BURNS: I think what happened on this DEBBIE TYRRELL REPORTING SERVICE-
matter is one of our doctors is recommending that this individual may need an FCE. The City has declined to provide that $F C E$ so staff wanted to bring it to the Board's attention.

MEMBER MURPHY: Based on the doctor's
recommendation, $I$ would like to make a motion to approve sending Member 14829 for a medical
evaluation to determine whether the disability has ceased.

MEMBER SONI: Second.
CHAIRMAN FORTUNA: There is a motion by
Trustee Murphy. Seconded by Trustee Soni.
Trustee Murphy.
MEMBER MURPHY: Yes.
CHAIRMAN FORTUNA: Trustee Sheridan.
MEMBER SHERIDAN: Yes.
CHAIRMAN FORTUNA: Trustee
Conyears-Ervin.
Trustee Soni.
MEMBER SONI: Yes.
CHAIRMAN FORTUNA: Trustee Tebbens.
MEMBER TEBBENS: Yes.
CHAIRMAN FORTUNA: I am a yes.
Motion carries.

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MEMBER MURPHY: Mr. President, next we have Investments. I would like to turn this over to Lorna for the Investment Report.

MS. SCOTT: We did have an Investment Committee meeting on August 31 st. And good news that meeting was recorded so if you weren't able to attend and would like a recording, please let us know.

Chris is still pulling up the report.
Again, that education session, the
Investment Committee meeting was recorded and it would count towards Trustee education hours.

So, again, if would you like the recording, please let us know.

The other thing $I$ would add is as Callan wraps up its Asset Liability Study the goal is to present the results at the October meeting, if the agenda permits.

So, if there isn't room in that October agenda, we may have an Investment Committee meeting at the end of October to review the Asset Liability Study. Again, just for Callan's planning, just to be aware.

Here is the Investment Report. Looking DEBBIE TYRRELL REPORTING SERVICE-
at the Investment agenda $I$ have really two things to cover. It is pretty short. We are going to look at performance and then our cash position. Starting with performance, so next slide, this slide shows the state of the market thus far as of August 31 st and these are the eight month index returns for the asset classes where the Fund is invested.

Thus far 2021 is shaping up to be a really, really good year and these are some really nice returns.

Some themes you can see in this slide, commodities are up the most up 23 percent and we have REITS coming in second. U.S. equities on the last slide of the chart are outperforming our non-U.S. equities, which are in the middle of the chart. Within U.S. equities, value stocks have a slight lead over gross stocks and you can see large cap is outperforming small cap.

Those are kind of the themes of the market. The other one is fixed income and that is represented by the U.S. aggregate and that is down for the year and that is on inflation fears and rising interest rates.

Against that backdrop, looking at Fund performance, that is the next slide, so the Fund rose another 1.9 percent in August. That is bringing the year-to-date return for 2021 up 13.3 percent this year. Outperforming the benchmark which is up 12.1 percent.

So far this year it is again a very, very solid year. Our long return numbers look good, too, as the fund is up 10.4 over ten years. Again, all good.

Let's take a few minutes to talk about the year-to-date outperformance. The next slide is attribution which explains how we were outperforming.

Again, we are up above the benchmark by 1.3 percent. Most of that outperformance is coming from management selection and execution. That's the value added above the benchmark from active management and style tilts.

That outperformance is being offset a little bit by asset allocation and that is having slightly different weights in our target that we are aware of and we managed through that.

The next slide provides additional detail
on our outperformance for the year.

Looking at column three, we can see the Fund is up 13.3. Column four the benchmark is up 12.1 and it is looking at that last column where you can really see what is contributing to the outperformance. You can specifically see it is global ex-US. It is strong performance from our active managers there and that is Brandes and LSV specifically. Both are value oriented managers and their outperformance versus the benchmark is really contributing to the outperformance of the Fund for the year. So, that's performance.

Next slide looks at our MWDBE allocation.

No changes here. As we have discussed, we are under target for our emerging manager allocation but overall we're exceeding our targets on our total MWDBE allocation.

This last chart, the next chart, looks at the trend in total fund assets over time. At the far right, you can see a nice upward turn. You can see as of right now we are at the same total assets as we were in May of 2011.

The difference now, and that is looking ahead, is that we shouldn't have any more asset
reductions due to benefit payments. If anything, we are going to be seeing contributions.

Contributions coupled with positive performance should keep that line going up.

The next couple of charts have more detail specifics on returns and $I$ am going to leave these for your review.

We will turn it over to Jackie and look at the cash.

MR. VLAHOS: As of September, we have a balance as of September 10 th approximately in Chase of $\$ 28.4$ million. We are still anticipating one more salary contribution before the end of month of \$1.8 million bringing us to a total available cash of $\$ 30.2$ million or $\$ 30.3$ million. We have our benefit checks for the month of September is $\$ 32.1$ million. That is a little bit higher than normal just because we do have those retro amounts included in there for benefits for this month.

With our outstanding checks and our office payables brings us to a total of \$34.3 million for expenditures for this month.

So after we pay all that, we're going to need a little cash. We will be a little bit short.

It is leaving us with a shortage of approximately \$4 million.

If you go to the next slide, Chris. So, as for September, we basically got the delay for the tax receipts that are due $I$ believe October 1st is when the people have to pay them before they are considered late.

So, as of September, our tax receipts are kind of trickling in not as quick as I like them to. I am hoping by the end of the month we get the $\$ 4$ million from tax receipts and then we won't have to do a drawdown.

As of right now, we have to go based on information we have. So with that being said, with October, we're looking at a larger amount in tax receipts, if people pay what is owed on time.

Leaving us with, as long as everything comes in the way it is supposed to, that we should only have to draw down the $\$ 4.3$ million this month and just do a timing. Basically because usually in December and January no tax receipts come in that we might have an anticipated $\$ 3.4$ million approximately that we might have to do in January.

MEMBER SONI: Jackie, I have one
question. This is Reshma.
So normally when do you need to do the draw down by? I think it is about five or six days before the end of the month but $I$ wanted to verify. MS. VLAHOS: Yes, it all depends on where we are getting the cash from. Obviously, if we are getting the cash from a manager, we would need like that five to six days like you are speaking about probably to give them time just in case they are not taking from cash, if they have to sell something. But if we do have it Northern Trust, like in a cash account, then we only actually need a few days to do the wire.

Lorna can talk more about that as far as I know that she does have a rebalancing template. I don't know what our cash looks like for Northern.

Reshma, are you anticipating anything before the end of the month?

MEMBER SONI: Looking at the historical data, whenever there is a due date, like here the due date is October 1st, usually the escrow companies, if they are holding escrow for property, start sending in the funds two weeks before.

Cook County would start seeing the funds
now. Like the payments being made now. And we would normally receive them probably by next week. Maybe around the 22nd or so. I know it is a bit tight on time but what we can do is when we're starting to see those funds coming through, obviously, we send the funds over in a day, but just to give you a heads up if we get any notification so you know what is coming over.

MS. VLAHOS: Reshma, you spoke about the escrows for it being October 1st. Were they notified then this year it was October 1st or maybe it was last year were they not notified? Were they still thinking it was the original due date just because even though we had that October 1st due date it seems like the cash still came in in August. A lot of it did. Do you know if maybe like the escrows didn't know last year that there was an extension?

MEMBER SONI: Last year? I think last year what it was the date was still August 1 st but people had a grace period of two months so a lot of the companies were not exactly sure what that meant and they were sending the funds. This year we received the date being set at October 1st.

MR. VLAHOS: Thanks. That makes perfect sense then. Great.

MS. SCOTT: Looking at rebalancing, this sheet shows the value as of September 9 th. If you scroll to the bottom of the page, you can see we have cash at Northern of $\$ 14.3$ million and Jackie needs $\$ 4.3$ million. And so the plan is to transfer that $\$ 4.3$ million as it is needed. We do not need to sell securities for this. We can be very flexible on whether we transfer this $\$ 4.3$ million out or not. We don't have to do that until the last business day of the month. So there is really room to actually not do this transfer or do this transfer. It doesn't really impact us much at all because the cash is available at Northern.

Let's take a few minutes to look at our asset allocation versus the targets. The last column shows our variance versus the target.

Within equities, looking at the difference within equities, we are above target in public equities and that is offset by being under target in private, with a slight overweight to equities. Then we are under target in real assets and liquid diversifying and that is offset by being
above target in cash.
Again, these differences are small. We are not expecting big performance differences versus the benchmark due to the asset allocation differences. In general summary, we are broadly in range.

Again, no motion is needed as we have the cash available and we're not selling securities.

That kind of sums everything up. We covered performance. We looked at cash and asset allocation. With that, $I$ conclude the Investment Report.

CHAIRMAN FORTUNA: Any questions?
Hearing no questions, thank you, very much.

MEMBER MURPHY: Mr. President, I would like to move to Item 7, Administrative Expenses for Board Review. I would like to make a motion to approve the Administrative Expenses as they were presented.

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

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MEMBER MURPHY: Yes.
CHAIRMAN FORTUNA: Trustee Sheridan.
MEMBER SHERIDAN: Yes.
CHAIRMAN FORTUNA: Trustee Soni.
MEMBER SONI: Yes.
CHAIRMAN FORTUNA: Trustee Tebbens.
MEMBER TEBBENS: Yes.
CHAIRMAN FORTUNA: And $I$ am a yes.
Motion carries.
MEMBER MURPHY: Moving on to the
Executive Director's Report, Kelly.
MR. KELLER: So we are having a great
summer. Things are moving along. The legislature has pushed out quite a few pieces of legislation for us to contemplate and we will talk a little bit about that as I move through my report.

The first thing $I$ want to do since it is the first agenda item is talk about the training log that we passed back in July.

Lorna has provided me with some updates that I think are important to include. This is just essentially a re-vote to update the training log and it includes the Callan College products. One is the 26 th through 28 th, which is a virtual
offering. Also offering some version of that in-person on December 1st and 2nd. Lorna has the specifics on that, if anybody wants to look at it.

They are included in our service contract with Callan. The cost of attending those are included in our service contract.

The other piece that was provided to me is one I am not familiar with but I looked at the agenda and it looks pretty good so I am comfortable with adding it for you to contemplate. That is sponsored by ValueEdge Advisors the 2021 public fund forum out in San Diego.

It is a good agenda. If somebody wants to consider it, take a look at it, and we'll make that happen.

With that, Mary Pat, I think all I need here is just a motion to update the training log accordingly.

MS. BURNS: Yes, sir.
MEMBER MURPHY: I would like to make a motion to approve the revised Trustee education and training opportunities as presented and to approve all related expenditures consistent with Fund policies.

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.

MR. KELLER: Thank you.
The second piece of this is just more an update. I have been asked to make sure that we have a training log that is available to certify that the eight hours of training was done for each of the Trustees through 2021.

I have also been told that Covid does not change any of that so we do have to get our eight hours in.

There are some mandatory ones that $I$ am going to be pushing out. I know the Trustees that
sit on multiple boards are probably going to have this documented. You just need to let me know accordingly.

I am going to have a tab set up for each of you. As you do this training or I push out training, just send me back the certifications and I will complete the logs.

Lorna mentioned that we have had two investment seminars. All of that time that Trustees spent in those two educational sessions I am logging and we're keeping that. As you reach your goal for eight hours by the end of year, we will keep you updated. I probably will have something to you in the next week or so as $I$ work through that template and get it pushed out. If you're going to attend something, let me know.

CHAIRMAN FORTUNA: Thank you very much.
MEMBER MURPHY: Moving on to Legal
Update. Mary Pat, is there anything?
MS. BURNS: No, sir, there is nothing to update.

MEMBER MURPHY: I'd like make a motion to adjourn.

MEMBER SONI: Second.

> 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: Trustee Tebbens.
MEMBER TEBBENS: Yes.
CHAIRMAN FORTUNA: And $I$ am a yes.
Motion carries.
Thank you, very much, everyone. See you
next month.
(WHICH WERE ALL THE PROCEEDINGS
IN THE ABOVE-ENTITLED MEETING
AT THIS DATE AND TIME.)

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STATE OF ILLINOIS )
                                    ) SS.
COUNTY OF DU PAGE )
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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.

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\begin{aligned}
& \frac{\text { Dover Zonal }}{\text { DEBBIE TYRRELL, SR }} \\
& \text { License NO. 084-001078 }
\end{aligned}
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|  | $\begin{aligned} & \text { 19th [3]-27:2, 46:10, } \\ & 46: 15 \end{aligned}$ | 4 | $\begin{gathered} \text { accessory [4]-22:13, } \\ 25: 3,32: 2,32: 4 \end{gathered}$ | $\begin{aligned} & \text { 86:3 } \\ & \text { adrenalin }{ }_{[1]} \text { - } \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: |
| $\begin{aligned} & \hline \text { '19 [2] - 65:23, 66:7 } \\ & \text { '20[6] -31:21, 66:11, } \\ & 66: 14,66: 17,66: 21, \\ & 81: 20 \\ & \text { '21[3] - 67:7, 67:13, } \\ & 67: 19 \\ & \text { '96 [3] - 79:5, 79:7, } \\ & 79: 10 \end{aligned}$ | $\begin{gathered} \text { 1st }[14]-56: 14,58: 4, \\ 58: 18,62: 22,63: 6, \\ 69: 3,94: 5,95: 21, \\ 96: 10,96: 11,96: 14, \\ 96: 20,96: 24,100: 2 \end{gathered}$ | $\begin{aligned} & 4[3]-17: 7,94: 2, \\ & 94: 11 \\ & \text { 4.3[4]-94:19, 97:7, } \\ & 97: 8,97: 10 \\ & \text { 46 [1] -21:24 } \\ & \text { 4th }[1]-29: 8 \end{aligned}$ | accordance [1] - 4:2 <br> according $[1]$ - 45:16 <br> accordingly $[2]$ - <br> 100:18, 102:3 <br> account ${ }_{[1]}-95: 12$ <br> Accountant $[1]$ - 2:17 | adults [1] - 70:20 <br> advance ${ }_{[1]}$ - 60:1 <br> advise [2] - 17:24, <br> 76:5 <br> advised [2] - 48:3, 81:23 |
|  | 2 |  | achieved [1] - 51:15 | Advisors [1] - 100: |
|  | $\begin{aligned} & 2[3]-30: 19,65: 14, \\ & 81: 7 \\ & 2(c) 4[1]-35: 10 \end{aligned}$ | 5 | Act [6]-3:17, 3:19, | affidavit ${ }_{[1]}$ - 46:3 <br> aforesaid [1]-104:12 |
| 0 |  | $\begin{aligned} & 50[3]-78: 1,79: 7, \\ & 79: 11 \end{aligned}$ | 35:10 acted $[1]-3: 19$ | Agenda ${ }_{[1]}$ - 6:14 agenda [7]-85:15 |
| 01123 [1] - 16:11 | 2.3 [1]-20:19 | 5th [4]-19:23, 21:18, | action [1]-36:11 | 89:18, 89:20, 90 |
| 06885 [1] - 11:22 | $\begin{aligned} & 20[2]-1: 12,47: 8 \\ & 2007[2]-24: 7,79: 10 \end{aligned}$ | 28:15, 31:18 | actions [1] - 33:13 | 99:18, 100:9, 100:13 |
| $\begin{aligned} & 084-001078 \\ & \text { 104:18 } \end{aligned}$ |  | 6 | activated ${ }_{[1]}-69: 12$ | aggregate [1] - 90:22 |
| 0905 [1] - 11:2 | $\begin{aligned} & 2011[1]-92: 22 \\ & 2014[1]-45: 7 \\ & 2015[1]-24: 8 \\ & 2019[3]-46: 5,49: 5, \\ & 63: 1 \end{aligned}$ | 6 | [] - 91:18, 92:8 | ago [3]-27:15, 56 62:23 |
| 09058[2] - 9:12, 13:19 |  | $\begin{aligned} & 6[1]-43: 18 \\ & 616123_{[1]}-7: 21 \end{aligned}$ | $2: 7,2: 11$ | $\begin{gathered} \text { ahead }[3]-37: 9, \\ 52: 23,92: 24 \end{gathered}$ |
| 1 |  | 6:30 [1] - 22:1 | 8:8, 28:23, | air [1]-82:1 |
| $\begin{aligned} & 1[10]-20: 3,21: 13 \\ & 43: 14,44: 1,44: 5, \\ & 45: 22,55: 4,78: 3, \\ & 78: 12,78: 16 \end{aligned}$ | $\begin{aligned} & 2020 \text { [8] - 20:22, } \\ & 21: 18,28: 16,31: 18, \\ & 45: 22,55: 1,55: 5, \\ & 81: 17 \end{aligned}$ | 7 | 79:21, 79:24 | $55: 14,55: 19$ |
|  |  | $\begin{aligned} & 7[1]-98: 17 \\ & 78[3]-42: 15,45 \end{aligned}$ | added [4]-20:8, 42:8, | 71:15, 79:18 |
| $\begin{aligned} & 1.3[1]-91: 16 \\ & 1.8[1]-93: 14 \\ & 1.9[1]-91: 3 \\ & 10[6]-43: 14,44: 1, \\ & 44: 5,78: 3,78: 12, \\ & 78: 16 \end{aligned}$ | $\begin{aligned} & 2021[14]-1: 14,3: 2, \\ & 6: 19,6: 20,6: 22,7: 1, \\ & 7: 2,24: 24,45: 18, \\ & 46: 2,90: 9,91: 4, \\ & 100: 11,101: 19 \end{aligned}$ | 46:8 | addendum [1] - 12:18 | allergins [1]-57:22 |
|  |  | 7th [1]-25:21 | Addendum [2] - 12:20 | allergist [3]-52:15, |
|  |  |  | Addendums [1] - | 61:8, 68:3 |
|  |  | 8 | 12:24 | alleviate [1] - 32:1 |
|  | 20th [2]-26:11, 60:13 | 88 [1] - 66:24 | adding [1] - 100:10 <br> addition [1] - 48:2 | $\begin{gathered} \text { allocation [7]-91:21, } \\ 92: 13,92: 15,92: 17, \end{gathered}$ |
| $\begin{aligned} & 10.4[1]-91: 9 \\ & 100[1]-53: 19 \\ & 101-0640[2]-3: 17, \\ & 3: 22 \end{aligned}$ | 21st ${ }_{[1]}$ - $31: 21$ | 8:30[1] - 1:15 | additional [3]-43:20, | 97:17, 98:4, 98:11 |
|  | 22nd [1] - 96:3 |  | 87:23, 91:24 | allowed [1] - 26:13 |
|  | $\begin{aligned} & 23_{[1]}-90: 13 \\ & 23_{\text {rd }}^{[1]}-23: 2 \end{aligned}$ | 9 | additions [1]-20:7 | allows [1] - 3:17 |
|  | $25_{[1]}$ - 79:3 |  | address [3] - 4:15, | $\text { ALSO }{ }_{[1]}-2: 15$ |
| 10332[2]-9:12, 11:23 | 26th [3] - 47:24, 81:17,99:24 | 9th [1] - 97:4 | $\begin{gathered} \text { 4:20, } 37: 16 \\ \text { addressed }[4]- \end{gathered}$ | altered ${ }_{[1]}$ - 32:23 <br> Alyssa[1]-15:13 |
| 10:30 [1] - 29:8 |  |  | 63:1, 63:5, 63:10 | amount [2]-22:6, |
| $\begin{aligned} & \text { 10th [1] - 93:11 } \\ & 11\end{aligned}{ }_{[1]}-79: 10$ | $27 \text { [2] - 46:4, 49:5 }$ | A | Adeyemi [1] - 53:6 | 94:15 |
|  | $\text { 27th [2] }-49: 16,56: 21$ | a.m [1] - 1:15 | adjourn [2]-102:23, | amounts [1]-93:18 |
| $\begin{aligned} & 12[2]-20: 4,21: 13 \\ & 12.1_{[2]}-91: 6,92: 4 \end{aligned}$ | 28.4[1]-93:12 | able [12] - 24:14, | 103:2 | AND ${ }_{[3]}$ - 1:3, 2:13, |
|  | $\begin{aligned} & \text { 28th }[1]-99: 24 \\ & \text { 2nd }[1]-100: 2 \end{aligned}$ | 24:22, 25:10, 25:11, | administered [2] - | 103:21 |
| 13.3[2]-91:4, 92:3 |  | $\begin{aligned} & 28: 9,30: 22,37: 2, \\ & 55: 13,63: 9,69: 20, \\ & 71: 7,89: 6 \end{aligned}$ | $23: 8,50: 18$ <br> Administrate [1] | angiogram [1] - 67:6 <br> ankle $[14]$ - 22:4, |
| 14 [1] - 45:18 | 3 |  | 6:17 | $23: 20,24: 3,24: 5,$ |
| $14.3{ }_{[1]}-97: 6$ |  | ABOVE-[1] - 103:20above-entitled ${ }_{[1]}$ - | Administrative ${ }_{[4]}$ | 24:12, 24:23, 28:15, |
| $14442{ }_{[1]}-14: 16$ $14684{ }_{[1]}-7: 21$ | $3_{[1]}-16: 7$ $3.4[1]-94: 22$ |  | 16:8, 16:9, 98:17, | $31: 13,31: 16,31: 19,$ |
| $14684[1]-7: 21$ $14829[2]-87: 17,88: 7$ | $3.4[1]-94: 22$ $\mathbf{3 0}[2]-49: 1,49: 8$ | 1:11 | 98:19 | 31:23, 32:20, 33:20, |
| 15 [2] - 1:14, 3:2 | 30.2 [1]-93:15 | ABOVE-ENTITLED [1] | 1:3, 42:7, 43:21, | ANNA ${ }_{[1]}-2: 9$ |
| 15173 [1]-11:2 | 30.3[1]-93:15 | orasion [1] - 22:2 | 44:1, 78:7, 78:11 | Annuitant ${ }_{[1]}$ - 2:4 |
| $\begin{gathered} 160[5]-23: 23,36: 18 \\ 38: 7,38: 9,42: 8 \end{gathered}$ | $\begin{aligned} & \mathbf{3 0 0}_{[1]}-1: 12 \\ & \mathbf{3 1}[2]-6: 22,7: 2 \end{aligned}$ | abrasions [1] - 47:17 | admit ${ }_{[1]}-21: 8$ <br> admitted [8]-21:10, | Annuities [2] - 7:20, 9:11 |
| $17574{ }_{[1]}-8: 14$ | 31st [2] - 89:5, 90:6 | absolutely [6] - 42:10, <br> $48 \cdot 22,52 \cdot 7,54: 15$ | 21:14, 23:6, 44:3, | ANNUITY $_{[1]}-1: 3$ |
| $17620{ }_{[1]}$ - 10:7 | 32.1 [1]-93:16 | $56: 2,59: 1$ | 44:6, 45:17, 78:14, | Annuity ${ }_{[1]}-8: 13$ |
| $\begin{gathered} 18[5]-6: 19,6: 20,7: 1, \\ 79: 10,79: 13 \end{gathered}$ | $\begin{aligned} & 34.3[1]-93: 21 \\ & 36[2]-59: 24,6 \end{aligned}$ | Academy [1] - 79:9 | 78:17 | answer [2] - 38:20, |
| 19065[1]-10:7 | 37[1]-51:1 | access [2]-65:12, 66:5 | $\begin{gathered} \text { adopt } 88-40: 24, \\ 41: 4,74: 12,74: 16, \end{gathered}$ | 63:16 ${ }^{\text {answering [1] - 6:11 }}$ |
| 1996[1] - 79:4 | 3rd [1]-23:8 |  | 84:11, 84:15, 85:23, |  |





| 79:21 | equities [7] - 90:14, | 80:12 | face [5] - 46:22, 47:4, | firefighter [4] - 34:7, |
| :---: | :---: | :---: | :---: | :---: |
| Earned [1] - 8:13 | 90:16, 90:17, 97:19, | examine [3] - 30:12, | 47:8, 56:23, 65:22 | 45:3, 59:22, 60:2 |
| $\begin{aligned} & \text { education }[3]-89: 10, \\ & 89: 12,100: 21 \end{aligned}$ | $\begin{aligned} & 97: 20,97: 21,97: 23 \\ & \text { ER }[2]-22: 8,66: 1 \end{aligned}$ | $30: 23,65: 1$ | Fact [17]-41:1, 41:4, | Firefighter [12]-45:8, 45:10, 65:21, 68:13, |
| educational [1] - | ERVIN $[27]-2: 8,3: 10$, | $30: 1,44: 22,64: 11$ | :12, 74:16, 75:8, | :7, 70:18, 72:1 |
| 102:10 | :13, 8:7, 8:24, 9:13, | 77:14, 80:11 | 5:13, 84:8, 84:12, | 77:22, 81:16, 82:3, |
| efforts [1] - 59:17 | 9:22, 10:17, 11:3, | exceeding ${ }_{[1]}-92: 16$ | 84:15, 85:6, 85:11, | 82 |
| EGA [1] - 68:22 | 1:13, 12:9, 13:10, | except $[1]-65: 9$ | 85:20, 85:24, 86:3 | fireman [2]-51:15, |
| EGPA [2] - 54:1, 68:11 | 14:8, 14:18, 15:4, | excise ${ }_{[1]}$ - 32:10 | fact [2] - 5:8, 54:24 | 59:23 |
| eight $[6]-22: 16,59: 3$, | 15:24, 16:23, 35:22, | excuse [2]-22:20, | factor ${ }_{[1]}-69: 9$ | FIREMEN'S ${ }_{[1]}-1: 3$ |
| 90:6, 101:18, | 39:15, 40:12, 41:12, |  | fainting ${ }_{[1]}-81: 17$ | first [17] - 6:16, 17:12, |
| 101:21, 102:12 | 3:3, 73:24, 74:24 | execution [1] - 91:17 | fall [1] - 24:19 | 18:2, 19:11, 19:2 |
| either [3]-28:20, | 83:4, 83:24, 84:23 | executive ${ }_{[1]}-35: 14$ | falling [1]-32:16 | 29:24, 44:21, 54:4, |
| 51:13, 59:21 | $\begin{aligned} & \text { Ervin } 288-3: 9,7: 12, \\ & 8: 6,8: 23,9: 21, \end{aligned}$ | Executive [8]-2:15, | $\text { false }[3]-55: 8,55: 14,$ | $64: 10,66: 11,67: 13,$ <br> 69:17, 76:7, 77:13, |
| elevated [1] - 67:16 email [3]-37:2, 37:10, | 10:16, 11:6, 11:12, | $\begin{aligned} & 2: 16,3: 24,6: 8, \\ & 36: 10,36: 11,36: 13, \end{aligned}$ | 55:18 | 80:10, 99:17, 99:18 |
| 37:15 | 12:8, 13:9, 14:7, | 99:11 | 100:8 | fist [1] - 47:4 |
| emergency [3] - | 14:21, 15:3, 15:23 | exercises [1] - 25:23 | far 99$]-51: 9,62: 18$, | fists [1] - 46:21 |
| 27:16, 47:11, 47:21 | 6:22, 35:21, 39:14, | exertion [1] - 34:6 | 70:3, 90:5, 90:9, | fit [2]-57:16, 68:14 |
| emerging ${ }_{[1]}$ - 92:15 | 40:11, 41:11, 73:2, | Exhibit [5] - 20:19, | 91:7, 92:20, 95:14 | fits [1] - 70:18 |
| $\begin{aligned} & \text { EMT [3] - 17:19, 19:20, } \\ & 45: 10 \end{aligned}$ | $\begin{aligned} & 73: 23,74: 23,83: 3, \\ & 83: 23,84: 22,86: 10, \end{aligned}$ | $\begin{aligned} & 30: 19,43: 18,65: 14, \\ & 81: 7 \end{aligned}$ | FCE [2] - 88:2, 88:3 <br> fears [1]-90:23 | $\begin{aligned} & \text { five }[4]-18: 6,76: 11 \\ & 95: 3,95: 8 \end{aligned}$ |
| end [6] - 89:21, 93:13, | $\begin{gathered} \text { 87:7, } 88: 18 \\ \text { escrow [2] - } 95: 21 \end{gathered}$ | exhibit [2]-21:1, | February [6] - 24:24, | fixed [1] - 90:21 |
| $\begin{aligned} & 94: 10,95: 4,95: 18 \text {, } \\ & \text { 102:12 } \end{aligned}$ | $\begin{aligned} & \text { escrow [2] - } 95: 21 \\ & 95: 22 \end{aligned}$ | exhibits [7]-20:1, | $\begin{aligned} & \text { 25:6, 47:24, 63:1, } \\ & 67: 7,67: 13 \end{aligned}$ | flexible [1] - 97:10 flush [3]-58:11, |
| ended [2] - 52:22, | escrows [2] - 96:10, | $20: 12,36: 18,42: 9,$ | fell [2]-22:21, 23:20 | 58:15, 58:16 |
| 52:23 | 96:17 | 43:17, 43:21, 78:14 | felt [3]-22:4, 58:23, | follow [4]-30:15, |
| ending [2] - 7:21, | $\begin{gathered} \text { essentially [4] - 60:20, } \\ \text { 69:11, 69:24, 99:22 } \end{gathered}$ | Exhibits [13]-20:3, 20:8, 21:8, 21:13 | 68:22 | $47: 19,56: 17,81: 3$ |
|  | Eugene ${ }_{[1]}-15: 13$ |  | few [5]-25:22, 91:11, |  |
| engaged [6]-28:23, | evaluate [ ${ }_{[1]}$ - 29:10 | 5:16, 64:19, 78:3, | fighter ${ }_{[1]}$ - 70:5 | $24: 15,25: 6,26: 1$ |
| 29:1, 62:6, 62:8, | evaluating [1] - 65:23 | 78:12, 78:16, 80:19 | fighting ${ }_{[1]}-71$ | follows [6] - 19:12, |
| 79:21, 79:23 | evaluation [3]-81:19, | expect [1]-71:6 | figure [6]-51:18, | 30:1, 44:22, 64:11, |
| engine [2]-31:18, | 87:17, 88:8 | expecting [1] - 98:3 | 51:20, 53:1, 53:6 | 77:14, 80:11 |
| 78:1 | Evaluation [1] - 87:22 | expenditures [2] - | 55:24 | foot [8]-22:2, 22:5, |
| Engine ${ }_{[7]}-21: 24$, | evening [1]-49:2 | 93:22, 100:23 | figured [1] - 56: | 23:12, 26:5, 27:4 |
| 42:15, 45:12, 46:8, | event [1]-23:24 | Expenses [2] - 98:17, | file [5] - 13:21, 20:24, | 27:8, 28:10, 29:11 |
| 79:7, 79:10, 79:11 | eventually [6] - 23:5, | 8:1 | 30:18, 65:13, $81: 6$ | FOR [1] - 2:12 |
| Engineer [3]-17:20, | 24:21, 34:16, 53:4, | experienced [4] | filed ${ }_{[1]}$ - 45:18 | foregoing [1] - 104:11 |
| 19:20, 39:5 | 54:16, 61:18 | 22:6, 25:24, 49:15, | files [1] - 20:9 | form [2] - 54:12, 54:16 |
| engineer [1] - 31:15 | evergreen [1] - 33:24 | 52:9 | filled [2] - 54:12, 54:17 | Formula [1] - 7:20 |
| ENT [6] - 52:16, 65:24, | evidence [16]-18:1, | experiencing [3] | filter [1] - 57:21 | forth [1] - 12:19 |
| 66:4, 68:2, 68:3, | 18:3, 18:16, 21:14, | 49:14, 57:17, 69:19 | finally [2] - 57:3, 59:2 | FORTUNA [190] - 2:3, |
| 70:13 | 32:8, 35:7, 35:11, | explained [1] - 57:19 | findings [1]-82:6 | 3:1, 3:15, 4:21, 4:24, |
| ENTITLED $_{[1]}-103: 20$ | 43:12, 44:6, 45:17, | explains [1] - 91:13 | Findings [18]-40:21, | 6:1, 6:4, 6:12, 7:5, |
| entitled [1] - 1:11 | 65:10, 72:9, 76:6, | explicitly [1] - 28:12 | $40: 24,41: 4,41: 19$ | 7:9, 7:11, 7:14, 7:16, |
| environmental [1] - | 76:9, 76:20, 78:17 | exposure [1] - 81:24 | $41: 24,74: 9,74: 12 \text {, }$ | 7:23, 8:3, 8:5, 8:8, |
| 70:24 | ex [1] - 92:7 | ended [1] - 75:23 | 74:16, 75:8, 75:13, | 8:10, 8:16, 8:20, |
| eosinophil [1] - 67:15 | ex-US [1] - 92:7 | tension [1] - 96:18 | 8:8, 84:11, 84:15, | 8:22, 9:1, 9:3, 9:8, |
| eosinophilia [2] - | exacerbation [2] - | $\mathbf{v e}_{[1]}-51: 19$ | 85:6, 85:11, 85:20, | 9:14, 9:18, 9:20 |
| 67:14, 68:16 | :12, 82:1 | 29:4 | 85:23, 86:3 | 9:23, 10:1, 10:3 |
| eosinophilic [8] | xacerbations [1] | ra [1] - 32:10 | fine [1] - $37: 24$ | 10:9, 10:13, 10:15 |
| 49:22, 57:22, 60:15, | 67:4 | $\text { tremely }[4]-47: S$ | finished ${ }_{[1]}$ - 71:21 | 10:18, 10:20, 10:22, |
| 68:23, 69:4, 69:15, | exact ${ }_{[1]}-56: 10$ | 49:6, 50:24, 57:23 | Fire [11]-19:18, | 11:4, 11:9, 11:11, |
| 70:1, 71:10 | exactly [4]-22:21, | $\text { eye }[1]-65: 22$ | $33: 16,34: 13,34: 19,$ | 11:14, 11:16, 11:18, |
| Eosinophilic [1] - | $53: 2,53: 7,96: 22$ | eyes [1] - 47:9 | 36:18, 45:5, 69:21, | $\begin{aligned} & 12: 1,12: 5,12: 7, \\ & 12: 10,12: 12,12 \end{aligned}$ |
| eosinophils [4] - | EXAMINATION ${ }^{7]}$ | F | 82:7 | 13:2, 13:6, 13:8, |
| 67:21, 69:10, 69:11, | 19:13, 30:2, 44:23, |  | fire [5]-23:19, 55:5, | 13:11, 13:13, 13:15, |
| 70:21 | 62:3, 64:12, 77:15, | Face [1] - 40:21 | 55:8, 55:9, 71:7 | 13:24, 14:4, 14:6, |


| 14:9, 14:11, 14:13, | 70:5, 71:6, 71:7 | guys [2] - 5:24, 48:10 | 69:3 | 16, 49:19 |
| :---: | :---: | :---: | :---: | :---: |
| 14:19, 14:24, 15:2, |  |  | hopeful ${ }_{[1]}$ - 61:17 | 56:22, 65:20 |
| 15:5, 15:7, 15:9, | function [6] - 30:8, | H | hopefully $[2]-61: 19$, | include [1] - 99:21 |
| 16:1, 16:3, 16:5, | :20, 82:2 | H-o-w-e [1] - 19:17 | , | 93:19, 100:4, 100 |
| $16: 15,16: 19,16: 21,$ <br> 16:24, 17:2, 17:4 | Functional ${ }_{[1]}-87: 22$ | $\begin{aligned} & \text { Hamid [4]-27:1, 27:3, } \\ & 29: 5,33: 4 \end{aligned}$ | Hospital [5]-23:4, 23:6, 23:7, 38:14, 47:12 | includes [1] - 99:23 including [4]-18:24, 20:8, 68:10, 70:9 |
| 21:10, 25:20, 29: | Fund [13]-2:17, 3:23, |  |  |  |
| 29:19, 35:1, 35:5, | 5:8, 17:23, 64:22 | $\begin{aligned} & \text { hand }[2]-44: 12 \text {, } \\ & 44: 13 \end{aligned}$ | $\begin{aligned} & \text { 47:12 } \\ & \text { hospital }_{[1]}-81: 18 \end{aligned}$ | $\begin{gathered} \text { income [4] - 28:23, } \\ 62: 6,79: 21,90: 21 \end{gathered}$ |
| 35:13, 35:18, 35:20 | :3, 80:21, 90:7 | $\begin{aligned} & \text { 44:13 } \\ & \text { hands [2] - 19:8, } \end{aligned}$ | hospital [1] - 81:18 hot [1] - 23:3 |  |
| 35:23, 36:1, 36:3, | 1, 91:2, 92:3 | 77: |  | inconsistent [2] - |
| 36:5, 36:7, 39:1, | 92:11, 100:23 | $\text { haystack }{ }_{[1]}-52: 11$heads [1] - 96:7 | hours [5]-46:10 | $\begin{gathered} 31: 9,34: 9 \\ \text { index }[1]-90: 7 \end{gathered}$ |
| 39:7, 39:11, 39:13, | FUND ${ }_{[1]}-1: 3$ |  | 89:12, 101:18 |  |
| 39:16, 39:18, 39:21, | fund [4]-30:9, 91:9 | heal [2] - 48:19, 62:15 | 101:22, 102:1 | index [1] - 90:7 <br> indicate [3]-17:14, 46:4, 59:6 |
| 40:3, 40:8, 40:10, | 92:19, 100:12 | healed $[1]-62: 19$ | Howe [14]-17:12 |  |
| $\begin{aligned} & 40: 13,40: 15,40: 18, \\ & 41: 3,41: 8,41: 10, \end{aligned}$ | Fund's [3]-3:23, 4:5, | heals [1] - 34:1 | $\begin{aligned} & \text { 17:14, 17:20, 17:21, } \\ & \text { 19:7, 19:15, 19:17, } \end{aligned}$ |  |
| 41:3, 41:8, 41:10, | 18:24 | healthy [2] - 48:17 |  |  |
| 41:13, 41:15, 41:17, $42: 22,44: 3,61: 22$, | funds [5] - 95:23 | 9:1 | 21:16, 30:16, 31:15, | $\begin{gathered} \text { 55:18, 81:14 } \\ \text { indicates [2] - 38:13, } \end{gathered}$ |
| 42:22, 44:3, 61:22, | :24, 96:5, 96 | $\begin{aligned} & \text { hear }[3]-18: 3,43: 4, \\ & 76: 8 \end{aligned}$ | $\begin{aligned} & 36: 15,36: 17,39: 5 \\ & 42: 4 \end{aligned}$ | $\begin{aligned} & 55: 3 \\ & \text { indicating }[1]-47: 24 \end{aligned}$ |
| 63:24, 72:1, 72:16, | 96:23 |  |  |  |
| 72:19, 72:23, 73:1, | fungal ${ }_{[2]}-57: 12$, | heard [2]-22:4, 85:16 <br> hearing [15]-6:12, | howe [1] - 42 | indicating [1] - 47:24 <br> individual $\left.{ }_{[1]}\right]$ - 88:2 |
| $73: 4,73: 6,73: 9$, $73: 15,73: 20,73: 22$, | 67:10 |  | HOWE [13]-17:15, | individual [1] - 88:2 <br> infection [5]-23:12, |
| 73:15, 73:20, 73 | furloughs [1] - 48:24 | hearing [15]-6:12, 17:12, 17:18, 17:23, | $\begin{aligned} & \text { 18:8, 18:13, 18:19, } \\ & \text { 19:5, 19:10, 36:16, } \end{aligned}$ | $\begin{aligned} & 24: 21,57: 7,57: 12, \\ & 57: 13 \end{aligned}$ |
| :1, 74:3, 74:6, | fused [1] - 25:4 | 18:11, 20:2, 20:5, |  |  |
| $\begin{aligned} & 74: 15,74: 20,74: 22, \\ & 75: 1,75: 3,75: 6, \end{aligned}$ | future [2]-27:9, 61:6 | $\begin{aligned} & 38: 4,42: 24,64: 2, \\ & 72: 3,76: 2,80: 6, \\ & 82: 13,98: 14 \end{aligned}$ |  | $\begin{aligned} & \text { infections [2]-49:21, } \\ & \text { 67:10 } \end{aligned}$ |
| $\begin{aligned} & 75: 18,78: 14,80: 4 \\ & 82: 11,82: 19,82: 24 \end{aligned}$ | G |  | $\begin{gathered} 36: 23,37: 3,37: 14, \\ 37: 17,37: 21,42: 10 \\ \text { humidity }[1]-81: 24 \\ \text { hypothesis }[1]-71: 11 \end{gathered}$ | $\begin{aligned} & \text { infectious [2]-23:14, } \\ & 52: 16 \end{aligned}$ |
| 83:2, 83:5, 83:7, |  | hearings [1] - 75:23 |  | $\begin{aligned} & \text { inflammation [1] - } \\ & 68: 19 \end{aligned}$ |
| $\begin{aligned} & \text { 83:9, 83:15, 83:20, } \\ & \text { 83:22, 84:1, 84:3, } \end{aligned}$ | gait [2] - 32:23, 33: | 57:24 |  |  |
| 84:5, 84:14, 84:19, | generally ${ }_{[1]}$ - 65: | $\text { held }[2]-1: 12,47: 5$ |  | inflammatory [1] 67:22 |
| 4:24, | generates [1] - 70:10 | Ip [1] - 31:2 | identifies [1] - 5:17 | inflation [1] - 90:23 |
| 86:9, 86:13, 86:16 | genetics [1] - 70:23 | [1] - 3 | identify [2]-5:11, | $\begin{gathered} \text { information }[4]-5: 15, \\ 65: 7,81: 10,94: 14 \end{gathered}$ |
| 86:24, 87:4, 87:6, | given [7] - 19:2, 23:13, | -19:1 | 337 |  |
| 87:10, 87:13, 88:11, | 23, 69:17, 77:6 | 4:21, 64:10 | ss [1] - 85:15 | $\begin{gathered} \text { inhaler }[3]-70: 3, \\ 79: 17,79: 19 \end{gathered}$ |
| $88: 15,88: 17,88: 21,$ | 04:10, 104:13 | 77:13, 80:10 | Igess' [1] - 85:18 |  |
| 88:23, 98:13, $98: 2$ | glad [1] - 42:10 | erman [1]-15:13 | Illinois [2]-1:14, | inhalers [2] - 67:3,82:4 |
| 99:2, 99:4, 99:6, | glasses [2] - 46:23 | hes [1]-85:19 |  |  |
| 99:8, 101:2, 101:6, | global [1]-92:7 | high [2]-51:4, 81:24 | 104:9 | $\begin{gathered} \text { initial [5] - 33:2, 47:20, } \\ 48: 20,49: 7,70: 8 \end{gathered}$ |
| 101:8, 101:10, | $\text { goal }[4]-60: 4,61: 20$ | highrise $[3]-55: 8$, | illiterate [1] - 50:16 | injection [1] - 33:5 <br> injure [1] - 28:14 |
| 101:12, 102:17, | $89: 16,102: 12$ | $55: 9,66: 22$ | $32: 18,32: 22,33: 6$ |  |
| 103:10, 103:12, | god [1] - 55:14 | himself [2]-5:9, 5:17 | immobilized [2] - | injure [1]-28:14 <br> injured [2] - 24:19, |
| 103:14 | grace [1] - 96:21 | hindfoot [2]-32:23, | $28: 20,32: 14$ | 33:20 |
| Fortuna [3] - $3: 14$ | grade [1]-51:5 | 34:22 | $\begin{aligned} & \text { immune }_{[1]}-61: 12 \\ & \text { impact }[1]-97: 14 \end{aligned}$ | $\begin{aligned} & \text { injuries [4]-24:4, } \\ & \text { 24:6, 24:11, 24:16 } \end{aligned}$ |
| 25:18, 71:19 | grant [11]-18:17 | red [1] - 50:3 |  |  |
| forum [1] - 100:12 | 39:4, 39:8, 41:21, 72:14, 72:17, 75:10, | historical [1] - 95:19 <br> History [1] - 20:20 | impingement [3]- | $\begin{aligned} & \text { injury [15] - 21:17, } \\ & \text { 21:23, 31:14, 31:17, } \end{aligned}$ |
| forward [1] - 24:18 | 76:21, 82:16, 82:20, | history $[6]-31: 5$, | important [3]-32:19, | 31:20, 32:15, 33:2, <br> 33:3, 38:12, 38:13, |
| $54: 7,58: 11,92: 3$ | 85:8 | 31:15, 34:9, 65:11 |  |  |
| fracture $[3]-22: 14$, | great [3] - 51:8, 97:2 | 65:18, 68:14 | improve [1] - 49:3 | $\begin{aligned} & 38: 15,62: 19,69: 15, \\ & 70: 8 \end{aligned}$ |
| $32: 7,66: 3$ | 99:12 | [1] | improvement [1] -26:20 |  |
| fractures $[5]-47: 17$ | gross [1] - 90:1 | ter ${ }_{[1]}-23: 9$ |  | $\begin{aligned} & \text { inside [2] - 31:19, } \\ & 31: 23 \end{aligned}$ |
| $48: 2,62: 11,62: 20$ | ground [1]-22:3 | (1) | IN [2] - 1:7, 103:20 |  |
|  | group [1] - 20:1 | [1] - 95:2 | in-person [1]-100:2 <br> incident [15]-23:18, | instead [2] - 58:18, |
| frequently ${ }_{[1]}-70: 4$ | $\begin{aligned} & \text { Guardianship }[1] \text {. } \\ & 13: 18 \end{aligned}$ | Holmes [4]-22:10, 26:14, 26:18, 26:2 | $\begin{gathered} \text { incident }[15]-23: 18 \text {, } \\ 24: 1,24: 4,38: 16, \end{gathered}$ | $\begin{aligned} & \text { 58:19 } \\ & \text { insurance }[1]-5: 20 \end{aligned}$ |
| fresh [1] - 48:16 | guess | me [1] - 23:11 | $38: 17,38: 22,46: 4,$ | intend [1] - 44:8 <br> interest ${ }^{11]}$ - 90:24 |
| fuil [6] - 34.18, 47.7, | guy [2]-48:17, 49:18 | honest [1] - 63:16 | 48:17, 49:3, 49:7, |  |



| 53:16, 79:15 | 74:5, 74:8, 74:14, | Minimum [1] - 7:20 | 39:22, 40:19, 41:18, | multitude [5] - 53:16, |
| :---: | :---: | :---: | :---: | :---: |
| medium [1]-68:19 | 74:19, 74:21, 74:24, | minor [1]-22:24 | 73:10, 74:7, 75:7, | 54:22, 55:9, 58:12, |
| Meeting [4] - 4:13, | $75: 2,75: 5,75: 16,$ <br> 82:15, 82:18, 82:23, | $\text { minutes }[7]-5: 3 \text {, }$ | $83: 10,84: 6,85: 5,$ | 61:11 |
| $6: 18,6: 20,6: 21$ <br> MEETING [2]-1:7, | $\begin{aligned} & \text { 82:15, 82:18, 82:23, } \\ & 83: 1,83: 4,83: 6, \end{aligned}$ | $\begin{aligned} & 6: 19,6: 22,7: 1,47: 8, \\ & 91: 11,97: 16 \end{aligned}$ | $\begin{aligned} & 86: 17,87: 14,88: 24, \\ & 99: 9,101: 13,103: 15 \end{aligned}$ | $\begin{gathered} \text { Murphy [56] - } 6: 13 \\ 7: 6,7: 7,7: 24,8: 1 \end{gathered}$ |
| 103:20 | 83:8, 83:11, 83:14, | Minutes [2]-6:18, | move [12]-4:10, 11:1, | 8:17, 8:18, 9:15, |
| meeting [12] - 1:11, | 83:19, 83:21, 83:24, | 6:24 | 11:21, 12:22, 21:7, | 9:16, 10:10, 10:11, |
| 3:2, 3:17, 4:1, 4:3, | 84:2, 84:4, 84:7, | missed [1] - 27:15 | 42:6, 42:14, 44:1, | 11:5, 11:7, 12:2, |
| 7:2, 7:3, 89:5, 89:6, | 84:13, 84:18, 84:20, | missing [2] - 57:5 | 78:11, 86:20, 98:17, | 12:3, 13:4, 14:1, |
| 89:11, 89:17, 89:20 | 84:23, 85:1, 85:3, | 68:17 | 99: | 4:2, 14:20, 14:2 |
| Meetings [2] - 4:2, | 85:14, 86:1, 86:6, | mobile [1] - 22:9 | moving [10] - 7:18, | 15:16, 15:18, 16:16, |
| 35:10 | 86:8, 86:12, 86:15, | mode [1]-27:10 | 9:9, 11:20, 17:6 | 16:17, 35:14, 35:16, |
| meetings [1] - 4:7 | 86:18, 86:23, 87:3, | moderate [1] - 81:20 | 24:18, 86:18, 87:15, | 38:23, 39:8, 39:9, |
| MELISSA [1] - 2:8 | 87:5, 87:9, 87:12, | moment [2]-23:18, | 99:10, 99:13, 102:18 | 40:4, 40:6, 41:4, |
| member [1] - 5:8 | 15, 88:5, 88: | 27:18 | MR [104] - 2:14, 4:19, | 41:6, 72:21, 73:16 |
| MEMBER [213] - 3:4, <br> 3:7, 3:8, 3:10, 3:12 | 88:14, 88:16, 88:20, 88:22, 89:1, 94:24, | momentarily ${ }_{[1]}$ - 37:8 | $\begin{aligned} & \text { 4:23, 5:4, 17:10, } \\ & \text { 17:15, 17:16, 18:8, } \end{aligned}$ | 73:18, 74:16, 74:18, 82:20, 82:22, 83:16, |
| $\begin{aligned} & 3: 7,3: 8,3: 10,3: 12, \\ & 3: 13,3: 14,6: 2,6: 15, \end{aligned}$ | 95:19, 96:19, 98:16, | money [1] - 5:19 | 18:9, 18:13, 18:14, | 83:18, 84:15, 84:17, |
| 7:4, 7:8, 7:10, 7:13, | 98:21, 99:1, 99:3, | month [16]-4:7, | 18:19, 18:20, 19:5, | 86:3, 86:5, 87:1, |
| 7:15, 7:18, 7:22, 8:2, | 99:5, 99:7, 99:10, | 12:18, 26:13, 26:14, | 19:6, 19:14, 21:6, | 87:2, 88:12, 88:13, |
| 8:4, 8:7, 8:9, 8:12, | 100:20, 101:1, | 85:16, 90:6, 93:13, | 21:12, 21:15, 26:3, | 98:23, 98:24, 101:3, |
| 8:15, 8:19, 8:21, | 101:5, 101:7, 101:9, | 93:16, 93:19, 93:22, | 29:14, 29:20, 30:3, | 101:4, 103:2, 103:4 |
| 8:24, 9:2, 9:5, 9:9, | 101:11, 102:18, | 4:10, 94:19, 95:4, | 34:23, 35:6, 36:13, | MURPHY [68] - 2:6, |
| 9:13, 9:17, 9:19, | 102:22, 102:24 | 95:18, 97:12, 103:17 | 36:16, 36:17, 36:23, | 3:4, 3:8, 3:12, 3:14, |
| 9:22, 9:24, 10:2, | 103:5, 103:7, 103:9, | months [6] - 28:19, | :1, 37:3, 37:7, | $6: 15,7: 8,7: 18,8: 2$, |
| 10:5, 10:8, 10:12, | 103:11, 103:13 | $58: 12,59: 3,59: 11$ | 7:14, 37:15, 37:17, | 8:12, 8:19, 9:9, 9:17, |
| 10:14, 10:17, 10:19, | Member [16] - 7:20, | 63:12, 96:21 | 7:18, 37:21, 37:23, | 10:5, 10:12, 10:24, |
| 10:21, 10:24, 11:3, | 7:21, 8:14, 9:12, | morning [13] - 3:10, | 38:8, 42:6, 42:10, | 11:8, 11:20, 12:4, |
| 11:8, 11:10, 11:13, | 10:7, 11:2, 11:22, <br> 11:23, 13:19, 14:16, | 4:18, 9:5, 9:8, 17:10, | 42:12, 42:16, 42:18, | 12:16, 13:5, 13:17, |
| 11:24, 12:4, 12:6, | 16:10, 87:17, 88:7 | 17:15, 17:21, 22:1, | $43: 5,43: 6,43: 9,$ | 15:11, 15:19, 16:7, |
| 12:9, 12:11, 12:13, | MEMBERS ${ }_{[1]}-2: 2$ | $9,75: 2$ | 43:11, 43:16, 43:19, | 6:18, 17:6, 35:8, |
| 12:16, 13:1, 13:5, | members [5] - 4:14, | most [6]-33:22, 52:8, | 43:23, 43:24, 44:7, | 35:17, 39:3, 39:10, |
| 13:7, 13:10, 13:12, | 18:22, 23:21, 31:13, | $68: 24,70: 13,90: 13,$ | 44:10, 44:11, 44:15, | 39:23, 40:7, 40:20, |
| 13:14, 13:17, 13:23, | 77:2 | 91:16 | 44:18, 44:19, 44:24, | 41:7, 42:14, 72:13, |
| 14:3, 14:5, 14:8, | mentioned [5] - 32:13, | mother [1]-50:15 | 61:21, 62:1, 62:4 | 2:22, 73:11, 73:19, |
| 14:10, 14:12, 14:15, | 66:16, 68:2, 69:12, | motion [55]-6:23, | 63:21, 64:3, 64:5, | 74:8, 74:19, 75:16, |
| 14:18, 14:23, 15:1, | 102: | 7:5, 7:19, 7:23, 8:13, | 64:6, 64:13, 71:2 | 2:15, 82:23, 83:11, |
| 15:4, 15:6, 15:8, | metal [2]-60:11, | $8: 16,9: 10,9: 14,$ | 72:4, 72:6, 72:8, | 83:19, 84:7, 84:18, |
| 15:11, 15:14, 15:19, | 63:14 | $\text { :6, 10:9, } 11:$ | 72:10, 72:11, 75:15, | 5:14, 86:6, 86:18, |
| 15:21, 15:24, 16:2, | michael [2] - 30:5, | 2:1, 13:2, 13:22, | 75:19, 75:21, 75:22, | 87:3, 87:15, 88:5, |
| 16:4, 16:7, 16:14, | 80:15 | 3:24, 14:17, 14:19, | , $13,76: 14,76: 17$, | 8:14, 89:1, 98:16, |
| 16:18, 16:20, 16:23, | Michael [1] - 64:15 | $5: 12,15: 15,16: 9,$ | 76:18, 76:23, 76:24, | 99:1, 99:10, 100:20, |
| 17:1, 17:3, 17:6, | MICHAEL [4]-2:18, | 16:15, 35:9, 35:13, | 7:7, 77:8, 77:16, | 01:5, 102:18, |
| 25:16, 29:18, 35:3, | 29:23, 64:9, 80:9 | 38:24, 39:4, 39:7, | 78:10, 78:18, 78:19, | 102:22, 103:5 |
| 35:8, 35:12, 35:17, | micro [4]-47:17, |  | 0:2, 80:7, 80:13, | mute [1] - 37:23 |
| 35:19, 35:22, 35:24, | 62:11, 62:20, $65: 11$ | $41: 3,72: 14,72: 16,$ | 2:9, 82:14, 85:13, | MWDBE [2]-92:13, |
| 36:2, 36:4, 36:6, | middle [1]-90:16 | $3: 12,73: 15,74: 11$ | 7:20, 93:10, 96:9, | 92:17 |
| 39:3, 39:6, 39:10, | midst [1] - 52:8 | $4: 15,82: 15,82: 19,$ | 97:1, 99:12, 101:14 | MYSLINSKI ${ }_{[1]}$ - $2: 18$ |
| 39:12, 39:15, 39:17, | Midwest [1] - 22:11 | 83:12, 83:15, 84:11, | MRI [4] - 22:12, 26:11, |  |
| $\begin{aligned} & 39: 20,39: 23,40: 2, \\ & 40: 7,40: 9,40: 12, \end{aligned}$ | $\begin{aligned} & \operatorname{might}[2]-94: 22, \\ & 94: 23 \end{aligned}$ | 84:14, 85:23, 86:2, | $\begin{gathered} 31: 21,32: 8 \\ \text { MS }_{[14]}-2: 13,5: 2, \end{gathered}$ | N |
| 40:14, 40:17, 40:20, | million [14] - 93:12 | $98: 7,98: 18,98: 22,$ | 6:3, 6:7, 38:5, 38:23, | name [8]-4:22, 19:16, |
| 41:2, 41:7, 41:9, | $93: 14,93: 15,93: 17,$ | 100:17, 100:21, | 42:2, 42:13, 87:24, | 30:4, 45:1, 64:14 |
| 41:12, 41:14, 41:16, | 93:22, 94:2, 94:11, | 101:2, 102:22, 103:1 | 89:4, 95:5, 97:3, | 77:17, 80:1 |
| 42:14, 71:17, 72:13, | 94:19, 94:22, 97:6, | Motion [28] - 7:17, | 100:19, 102:20 | names [1] - 23:22 |
| 72:18, 72:22, 72:24, | 97:7, 97:8, 97:10 | 11, 9:4, 10:4, | mucous [1]-68:15 | narrow [1] - 56:9 |
| 73:3, 73:5, 73:8, | Milton [1] - 15:13 | 10:23, 11:19, 12:15, | mucus [1] - 60:22 | nasal [7] - 57:19, |
| 73:11, 73:14, 73:19, | mind [2]-36:23, | 13:16, 14:14, 15:10, | multiple [4] - 66:8, | 57:20, 58:17, 60:12, |
| 73:21, 73:24, 74:2, | 59:16 | 16:6, 17:5, 36:8, | 67:1, 67:24, 102:1 | 62:12, 66:2, 69:15 |



| ```point [8]-24:21, 25:10, 26:17, 34:16, 47:15, 53:12, 64:4, 79:11 police [1]-46:10 policies [2]-73:13, 100:24 policy [2]-40:1, 83:13 pops [1] - 22:4 portion [1]-26:1 portray [1]-27:21 position [1] - 90:3 positive \({ }_{[1]}\) - 93:3 possibilities [1] - 67:8 possible [2] - 59:18, 68:10 post [2]-20:21, 22:9 post-mobile [1] - 22:9 posted [1]-4:1 postponed [1]-23:13 potential \({ }_{[1]}\) - 29:11 pounding \({ }_{[1]}\) - 55:12 pounds [1] - 51:1 Power [1]-13:20 precipitate \({ }_{[1]}\) - 82:1 Prednisone [4]- 53:18, 58:10, 58:18, 58:19 preliminary \([2]-18: 1\), 76:6 prep [1] - 71:20 prepared [1]-4:4 prescribed [1] - 53:17 presence [1] - 67:21 PRESENT [1] - 2:15 present [11] - 3:7, 3:11, 3:22, 4:9, 18:15, 35:7, 42:18, 43:3, 72:9, 76:19, 89:17 presentation [2] - 70:19, 87:19 presented [2] - 98:20, 100:22 presently [1] - 34:14 President [18] - 2:3, 7:18, 8:12, 9:9, 17:6, 25:17, 35:8, 39:3, 39:23, 71:19, 72:13, 73:11, 83:11, 85:14, 86:18, 87:15, 89:1, 98:16 press [2] - 4:18, 6:5 pretty [4]-22:20, 23:9, 90:2, 100:9 previous [1] - 24:6 previously [6] - 29:22, 40:20, 64:8, 74:8, 80:8, 84:7 private [1] - 97:22``` | ```pro [1]-51:14 problem [5] - 27:9, 32:20, 51:18, 55:19, 61:18 problems [2]-32:21, 57:4 procedure [3]-20:23, 30:15, 81:3 procedures [3] - 18:20, 19:4, 76:24 proceed [11] - 5:1, 6:13, 17:17, 18:11, 19:7, 38:24, 44:8, 44:16, 44:19, 76:16, 77:9 proceeding [1] - 4:4 PROCEEDINGS [2] - 1:10, 103:19 proceedings [2] - 104:10, 104:13 process [1] - 59:12 products [1]-99:23 professional [1] - 59:22 prognosis [2]-58:3, 59:16 progress [1] - 51:10 progressing \({ }_{[1]}\) - 27:6 proof [4]-18:15, 18:18, 76:19, 76:22 proper \({ }_{[1]}\) - 13:21 property [1] - 95:22 proposed [3] - 74:9, 84:8, 85:19 proven [1]-71:13 provide [3] - 38:20, 81:10, 88:3 provided [5] - 34:10, 65:7, 71:14, 99:20, 100:7 provides [1] - 91:24 prudent [1]-4:8 PT [1] - 33:6 Public [4]-3:17, 3:21, 4:10, 4:11 public [9]-4:14, 4:17, 6:3, 6:5, 6:9, 6:12, 97:21, 100:11 publication [1]-5:11 pulling \([2]-81: 18\), 89:9 pulmonary [5] - 50:4, 52:5, 54:20, 66:13, 81:19 pulmonologist \([8]\) - 52:4, 52:7, 52:10, 52:20, 52:21, 54:9, 54:13, 81:23 pulmonology [1] - 66:17``` | ```pulse [1]-66:23 punched [2]-56:22, 65:22 Pursuant [1] - 16:8 pursuant [1]-35:9 push [1] - 102:5 pushed [2]-99:14, 102:15 pushing [1]-101:24 put [3]-5:11, 5:15, 79:13 puts [1]-5:17```Q <br> qualification $[1]-21: 2$ <br> qualifications $[2]-$ <br> $64: 18,80: 18$ <br> Quane $_{[2]}-4: 23,5: 2$ <br> QUANE $[3]-4: 19$, <br> $4: 23,5: 4$ <br> questions $[29]-18: 21$, <br> 18:23, 29:15, 29:17, <br> 29:18, 29:19, 34:24, <br> 35:2, 35:3, 38:20, <br> 39:2, 54:22, 61:23, <br> $61: 24,62: 2,63: 22$, <br> $64: 1,71: 23,72: 2$, <br> $72: 5,72: 7,77: 1$, <br> $77: 3,80: 3,80: 5$, <br> 82:10, 82:12, 98:13, <br> 98:14 <br> quick $[3]-36: 24$, <br> $71: 20,94: 9$ <br> quickest $[1]-52: 21$ <br> quite $[3]-49: 13$, <br> $65: 17,99: 14$ <br> quorum $[1]-3: 16$ <br> Qvar $[1]-79: 17$ <br> R <br> raise [4] - 19:8, 44:11, <br> 44:12, 77:9 <br> range [1] -98:6 <br> rank [2]-19:18, 77:20 <br> rate [1] - 57:24 <br> rates [2] - 5:21, 90:24 <br> rather $[1]-68: 23$ <br> ray [1] - 66:3 <br> rays [1]-22:8 <br> re [1] - 99:22 <br> re-vote [1] - 99:22 <br> reach [1]-102:11 <br> reaction [3]-32:23, <br> 34:22, 70:11 <br> reading [1] - 66:24 <br> ready [6] - 17:9, 17:16, 19:6, 38:24, 44:15, 77:8 | ```real [4] - 36:24, 55:19, 71:19, 97:23 realize [1] - 57:2 realized [1] - 55:15 really [10] - 32:9, 47:9, 90:1, 90:10, 92:5, 92:10, 97:12, 97:14 reason [4] - 32:13, 68:12, 68:21,70:14 reasonable [2] - 4:11, 32:10 reasoning[1] - 70:12 reasons[1] - 32:14 rebalancing [2]- 95:15, 97:3 Recalculations [4] - 12:17, 12:18, 12:19, 12:23 receipts [5] - 94:5, 94:8, 94:11, 94:16, 94:21 receive[10] - 18:6, 20:4, 20:9, 43:15, 43:16, 46:9, 47:14, 76:12, 78:2, 96:2 received [5] - 20:2, 26:11, 43:13, 43:17, 96:24 recently [4] - 33:10, 49:22, 53:21,69:18 recess[1] - 38:4 Recipients [1] - 86:20 recollection [1] - 50:13 recommendation [2]- 13:22, 88:6 recommendations [1] - 86:21 recommending [2] - 48:14, 88:1 reconstructive [1] - 48:7 record [24] - 3:22, 17:24, 18:9, 19:15, 20:15, 25:16, 36:10, 36:21, 38:2, 42:3, 42:4, 42:13, 42:21, 42:24, 43:10, 43:22, 45:2, 45:13, 65:10, 72:11, 76:1, 77:18, 78:7, 82:14 recorded [3] - 4:3, 89:6, 89:11 recording [2] - 89:7, 89:14 records [18] - 30:12, 31:10, 48:6, 50:9, 50:11, 50:22, 52:14, 53:8, 53:23, 54:11, 56:13, 59:6, 65:1,``` | ```65:8, 66:6, 80:24, 81:11, 81:14 recovered [1] - 32:20 recovery [4] - 57:1, 58:2, 71:6, 71:9 red [1] - 47:9 reductions [1]-93:1 reexam [6] - 39:24, 40:4, 73:12, 73:16, 83:12, 83:16 refer [2]-25:15, 56:7 reference \({ }_{[1]}\) - 50:22 references [2]-50:10, 53:22 referred [4]-22:10, 26:24, 56:6, 56:11 referring \({ }_{[1]}-52: 18\) reflect [4]-20:24, 42:13, 42:24, 76:1 reflecting [1] - 85:21 reflects [1]-42:3 refractory [4] - 67:23, 68:16, 69:24, 70:20 Refunds [2] - 10:5, 10:6 regarding [3] - 26:21, 31:8, 38:7 Regular [3]-4:12, 6:18, 6:19 rehab [2]-26:1, 58:7 reinjure \({ }_{[1]}\) - 28:15 REITS \({ }_{[1]}\) - 90:14 related [6] - 5:7, 22:13, 31:17, 32:22, 71:12, 100:23 released [1]-26:19 Relief [1] - 19:23 remained \([1]\) - 23:8 remote [1] - 4:7 Removals [3]-15:11, 15:12, 15:16 remove [1]-25:3 removed [1]-60:12 renew [3]-5:5, 5:16, 5:23 repair [5] - 20:22, 23:12, 24:12, 25:2, 69:1 repeat [1]-50:11 Report [4]-89:3, 89:24, 98:12, 99:11 REPORT \({ }_{[1]}-1: 10\) report [13]-30:12, 30:18, 36:18, 38:11, 38:12, 51:24, 53:23, 65:2, 65:13, 80:24, 81:6, 89:9, 99:16 reported [3]-22:7, 38:17, 104:9 reportedly [1] - 66:4``` |
| :---: | :---: | :---: | :---: | :---: |



13:12, 14:10, 15:6,
16:2, 16:14, 17:1,
35:24, 39:17, 40:2,
40:14, 41:14, 73:5,
73:14, 74:2, 75:2,
83:6, 83:14, 84:2,
85:1, 86:12, 86:23, 87:9, 88:10, 88:20,
94:24, 95:19, 96:19, 99:5, 101:9, 102:24, 103:9
Soni [35] - 3:8, 9:23,
10:10, 10:18, 11:14, 12:2, 12:10, 13:11, 14:9, 15:5, 16:1,
16:16, 16:24, 35:23,
39:16, 40:5, 40:13,
41:13, 73:4, 73:17,
$74: 1,75: 1,83: 5$,
83:17, 84:1, 84:24,
86:11, 87:1, 87:8,
88:12, 88:19, 99:4,
101:8, 103:3, 103:8
soon [5] - 37:19,
59:18, 65:24, 66:4,
75:14
sorry [2]-63:4, 71:17
sort [1] - 59:5
sounds [2] - 32:19,
55:2
South [2]-1:12, 23:7
space [1] - 4:9
span [1] - 49:24
spare [1] - 22:2
speaking [1] - 95:8
specialists [1] - 67:17
specializes [1] - 48:7
specialties [1] - 52:1
specific [3] - 67:15,
69:7, 70:11
specifically [5] -
68:15, 68:18, 71:1,
92:6, 92:9
specifics [2] - 93:6,
100:3
spell $[2]-19: 16,81: 17$
spent [2]-5:19,
102:10
sponsored [1] -
100:11
sporting [3]-29:1,
62:8, 79:23
sports [1] - 51:10
sprains [2] - 24:11, 31:16
spring [1] - 31:24
spur [1]-27:7
SS ${ }_{[1]}$ - 104:1
St [2] - 47:12, 66:2
stabilize [1] - 31:23



