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BEFORE
THE RETIREMENT BOARD
FIREMEN'S ANNUITY AND BENEFIT FUND OF CHICAGO

IN THE MATTER OF)
MEETING NO. 1094)

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 January 26, 2022, commencing at the
hour of 8:00 a.m.

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APPEARANCES

BOARD MEMBERS:

DANIEL FORTUNA, President and
Annuitant Trustee

ROBERT TEBBENS, Active Trustee

WILLIAM MURPHY, Secretary and Active Trustee

ANTHONY MARTIN, 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

MICHAEL I. PETERS, M.D., Board Physician

1 CHAIRMAN FORTUNA: I hereby convene this
2 Board of Trustees meeting for January 26, 2022.

3 Please, call the roll.

4 MS. BURNS: Trustee Tebbens.

5 MEMBER TEBBENS: Here.

6 MS. BURNS: Trustee Sheridan.

7 MEMBER SHERIDAN: Here.

8 MS. BURNS: Trustee Murphy.

9 MEMBER MURPHY: Here.

10 MS. BURNS: Trustee Martin.

11 MEMBER MARTIN: Here.

12 MS. FORTUNA: President Fortuna.

13 CHAIRMAN FORTUNA: Here.

14 MS. BURNS: Trustee Valencia.

15 MEMBER VALENCIA: Here.

16 MS. BURNS: Sir, you have a quorum.

17 CHAIRMAN FORTUNA: Public Act 101-0640

18 allows this meeting to be conducted by audio and

19 video conference. The Act requires a roll call

20 vote on each matter acted upon.

21 Further consistent with Public Act

22 101-0640, I am physically present at the Fund as is

23 the Board Secretary, several Trustees, and the

24 Executive Director. We have posted a notice of

1 this meeting in accordance with the Open Meetings
2 Act and the meeting is being recorded. A
3 transcript of the proceedings will be prepared and
4 ultimately, after approval, will be made available
5 on the Fund's website.

6 Consistent with Public Act 91-0715 and
7 reasonable constraints determined by the Board of
8 Trustees, at each regular meeting of the Board or
9 its committees that is open to the public, members
10 of the public may request a brief time to address
11 the Board on any relevant matters within its
12 jurisdiction.

13 Are there any requests for public comment
14 today?

15 MR. WELLER: For anyone wishing to make
16 public comment, please hit star six to unmute.

17 MR. QUANE: This is Pat Quane. I would
18 like to address the Board.

19 CHAIRMAN FORTUNA: Mr. Quane, please do.

20 MR. QUANE: A number of months ago I
21 addressed this Board about a Pension Board Trustee
22 that was putting out his own newsletters. Since
23 that time, this Pension Board Trustee is now a
24 former Board Trustee.

1 My concern in the recent newsletter that
2 he released via Facebook it also contains audio
3 recordings from what appears to be an Executive
4 Session.

5 My concern is did this member obtain
6 those records through the proper channels or this
7 member may have recorded this meeting himself or
8 taken it in some form.

9 My concern is obviously we had attorneys
10 in the room. They are being advised if any
11 attorney/client privilege was breached during that
12 time.

13 Thank you for the consideration there and
14 I trust you guys will protect us. Thank you.

15 CHAIRMAN FORTUNA: Thank you, very much
16 for your comments.

17 Anyone else?

18 MR. WELLER: Anyone else for public
19 comment?

20 Mr. President, there is no other public
21 comment.

22 CHAIRMAN FORTUNA: Before we get into
23 today's business, I would like to ask for a moment
24 of silence to honor our active member MaShawn

1 Plummer.

2 On behalf of the Fund, we would like to
3 express our gratitude for Firefighter Plummer.
4 Also, we want to convey our condolences to his
5 family. We will never forget his contribution nor
6 his sacrifice.

7 (Brief moment of silence.)

8 CHAIRMAN FORTUNA: Thank you.

9 The first matter this morning will be
10 committee assignments. A list of the chairs and
11 the members have been handed out to the Trustees
12 and staff.

13 If there is any objection to your
14 assignment, please get a hold of me sometime this
15 week and we can make some adjustments.

16 I am going to turn things over to
17 Secretary Murphy.

18 MEMBER MURPHY: Thank you, Mr. President.

19 First of all, I would like to turn to the
20 Approval of Administrative Items. A, Approval of
21 the Minutes of the audio meeting of the December
22 13, 2021 Investment Committee, December 15, 2021
23 board and the January 19, 2022 Budget Committee
24 meeting, open and closed minutes and the regular

1 audio meeting transcript for December 13, 2021 and
2 December 15, 2021.

3 I'd like to make a motion to approve the
4 open and closed minutes of the December 13, 2021 as
5 well as January 19, 2022 and the audio transcripts
6 for the December and the December 15, 2021 meetings
7 and keep those closed session minutes for all the
8 regular meetings closed.

9 MEMBER MARTIN: Second.

10 CHAIRMAN FORTUNA: There is a motion by
11 Trustee Murphy. Seconded by Trustee Martin.

12 Trustee Murphy.

13 MEMBER MURPHY: Yes.

14 CHAIRMAN FORTUNA: Trustee Sheridan.

15 MEMBER SHERIDAN: Yes.

16 CHAIRMAN FORTUNA: Trustee Martin

17 MEMBER MARTIN: Yes.

18 CHAIRMAN FORTUNA: Trustee Tebbens.

19 MEMBER TEBBENS: Yes.

20 CHAIRMAN FORTUNA: Trustee Valencia.

21 MEMBER VALENCIA: Yes.

22 CHAIRMAN FORTUNA: And I am a yes.

23 Motion carries.

24 MEMBER MURPHY: Moving on to B, Minimum

1 Formula Annuities, I would like to make a motion to
2 approve Minimum Formula Annuities starting with
3 Member 15681 and ending with Member 14524.

4 MEMBER SHERIDAN: Second.

5 CHAIRMAN FORTUNA: There's a motion by
6 Trustee Murphy. Seconded by Trustee Sheridan.

7 Trustee Murphy.

8 MEMBER MURPHY: Yes.

9 CHAIRMAN FORTUNA: Trustee Sheridan.

10 MEMBER SHERIDAN: Yes.

11 CHAIRMAN FORTUNA: Trustee Martin

12 MEMBER MARTIN: Yes.

13 CHAIRMAN FORTUNA: Trustee Tebbens.

14 MEMBER TEBBENS: Yes.

15 CHAIRMAN FORTUNA: Trustee Valencia.

16 MEMBER VALENCIA: Yes.

17 CHAIRMAN FORTUNA: And I am a yes.

18 Motion carries.

19 MEMBER MURPHY: Moving on to Survivor
20 Annuities and Widow's Annuities. I would like to
21 make a motion to approve Widow's Annuities starting
22 with Member 8369 through Member 10129.

23 MEMBER VALENCIA: Second.

24 CHAIRMAN FORTUNA: There is a motion by

1 Trustee Murphy. Seconded by Trustee Valencia.

2 Trustee Murphy.

3 MEMBER MURPHY: Yes.

4 CHAIRMAN FORTUNA: Trustee Sheridan.

5 MEMBER SHERIDAN: Yes.

6 CHAIRMAN FORTUNA: Trustee Martin

7 MEMBER MARTIN: Yes.

8 CHAIRMAN FORTUNA: Trustee Tebbens.

9 MEMBER TEBBENS: Yes.

10 CHAIRMAN FORTUNA: Trustee Valencia.

11 MEMBER VALENCIA: Yes.

12 CHAIRMAN FORTUNA: And I am a yes.

13 Motion carries.

14 MEMBER MURPHY: Under D, I would like to
15 make a motion to approve the Refund for Member
16 14229.

17 MEMBER MARTIN: Second.

18 CHAIRMAN FORTUNA: There's a motion by
19 Trustee Murphy. Seconded by Trustee Martin.

20 Trustee Murphy.

21 MEMBER MURPHY: Yes.

22 CHAIRMAN FORTUNA: Trustee Sheridan.

23 MEMBER SHERIDAN: Yes.

24 CHAIRMAN FORTUNA: Trustee Martin

1 MEMBER MARTIN: Yes.

2 CHAIRMAN FORTUNA: Trustee Tebbens.

3 MEMBER TEBBENS: Yes.

4 CHAIRMAN FORTUNA: Trustee Valencia.

5 MEMBER VALENCIA: Yes.

6 CHAIRMAN FORTUNA: And I am a yes.

7 Motion carries.

8 MEMBER MURPHY: Next on the agenda, Item
9 E, Death Benefits. I would like to make a motion
10 to approve starting with Member 08369 through
11 Member 10129.

12 MEMBER TEBBENS: Second.

13 CHAIRMAN FORTUNA: There is a motion by
14 Trustee Murphy. Seconded by Tebbens.

15 Trustee Murphy.

16 MEMBER MURPHY: Yes.

17 CHAIRMAN FORTUNA: Trustee Sheridan.

18 MEMBER SHERIDAN: Yes.

19 CHAIRMAN FORTUNA: Trustee Martin

20 MEMBER MARTIN: Yes.

21 CHAIRMAN FORTUNA: Trustee Tebbens.

22 MEMBER TEBBENS: Yes.

23 CHAIRMAN FORTUNA: Trustee Valencia.

24 MEMBER VALENCIA: Yes.

1 CHAIRMAN FORTUNA: And I am a yes.
2 Motion carries.
3 MEMBER MURPHY: Moving on to F, I'd like
4 to make a motion to approve Partial Payments
5 beginning with Member 08369 and continuing through
6 to Member 07253.
7 MEMBER SHERIDAN: Second.
8 CHAIRMAN FORTUNA: There is a motion by
9 Trustee Murphy. Seconded by Trustee Sheridan.
10 Trustee Murphy.
11 MEMBER MURPHY: Yes.
12 CHAIRMAN FORTUNA: Trustee Sheridan.
13 MEMBER SHERIDAN: Yes.
14 CHAIRMAN FORTUNA: Trustee Martin
15 MEMBER MARTIN: Yes.
16 CHAIRMAN FORTUNA: Trustee Tebbens.
17 MEMBER TEBBENS: Yes.
18 CHAIRMAN FORTUNA: Trustee Valencia.
19 MEMBER VALENCIA: Yes.
20 CHAIRMAN FORTUNA: And I am a yes.
21 Motion carries.
22 MEMBER MURPHY: Under G, Benefit
23 Recalculations, there are none this month.
24 Moving on to H, Guardianship, there is

1 one this month for Member 06669. I'd like to make
2 a motion to grant the guardianship to the son of
3 this member, based on staff's confirmation that all
4 paperwork required by the Fund has been received.

5 MEMBER VALENCIA: Second.

6 CHAIRMAN FORTUNA: There is a motion by
7 Trustee Murphy. Seconded by Trustee Valencia.

8 Trustee Murphy.

9 MEMBER MURPHY: Yes.

10 CHAIRMAN FORTUNA: Trustee Sheridan.

11 MEMBER SHERIDAN: Yes.

12 CHAIRMAN FORTUNA: Trustee Martin

13 MEMBER MARTIN: Yes.

14 CHAIRMAN FORTUNA: Trustee Tebbens.

15 MEMBER TEBBENS: Yes.

16 CHAIRMAN FORTUNA: Trustee Valencia.

17 MEMBER VALENCIA: Yes.

18 CHAIRMAN FORTUNA: And I am a yes.

19 Motion carries.

20 MEMBER MURPHY: Under Reside Out of
21 State, there are two requests for members for
22 approval to reside out of state. I would like to
23 make a motion to grant the request to reside out of
24 state for Member 15650 and Member 14994.

1 MEMBER MARTIN: Second.

2 CHAIRMAN FORTUNA: There is a motion by
3 Trustee Murphy. Seconded by Trustee Martin.

4 Trustee Murphy.

5 MEMBER MURPHY: Yes.

6 CHAIRMAN FORTUNA: Trustee Sheridan.

7 MEMBER SHERIDAN: Yes.

8 CHAIRMAN FORTUNA: Trustee Martin

9 MEMBER MARTIN: Yes.

10 CHAIRMAN FORTUNA: Trustee Tebbens.

11 MEMBER TEBBENS: Yes.

12 CHAIRMAN FORTUNA: Trustee Valencia.

13 MEMBER VALENCIA: Yes.

14 CHAIRMAN FORTUNA: And I am a yes.

15 Motion carries.

16 MEMBER MURPHY: Under I, Removals. I
17 would like to make a motion to approve the Removals
18 starting with William Blake and ending with Joseph
19 Sheridan.

20 MEMBER TEBBENS: Second.

21 CHAIRMAN FORTUNA: There is a motion for
22 Removals by Trustee Murphy. Seconded by Trustee
23 Tebbens.

24 Trustee Murphy.

1 MEMBER MURPHY: Yes.

2 CHAIRMAN FORTUNA: Trustee Sheridan.

3 MEMBER SHERIDAN: Yes.

4 CHAIRMAN FORTUNA: Trustee Martin

5 MEMBER MARTIN: Yes.

6 CHAIRMAN FORTUNA: Trustee Tebbens.

7 MEMBER TEBBENS: Yes.

8 CHAIRMAN FORTUNA: Trustee Valencia.

9 MEMBER VALENCIA: Yes.

10 CHAIRMAN FORTUNA: And I am a yes.

11 Motion carries.

12 MEMBER MURPHY: Moving on to Requests for
13 Approval of Payments Pursuant to Administrative and
14 Court Orders. I would like to make a motion to
15 approve the QILDRO order listed in the docket for
16 Member 011684, based on the staff's confirmation
17 that all paperwork required by the Fund to process
18 said orders have been received.

19 MEMBER SHERIDAN: Second.

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

22 Trustee Murphy.

23 MEMBER MURPHY: Yes.

24 CHAIRMAN FORTUNA: Trustee Sheridan.

1 MEMBER SHERIDAN: Yes.

2 CHAIRMAN FORTUNA: Trustee Martin

3 MEMBER MARTIN: Yes.

4 CHAIRMAN FORTUNA: Trustee Tebbens.

5 MEMBER TEBBENS: Yes.

6 CHAIRMAN FORTUNA: Trustee Valencia.

7 MEMBER VALENCIA: Yes.

8 CHAIRMAN FORTUNA: And I am a yes.

9 Motion carries.

10 MEMBER MURPHY: Moving on to
11 consideration for approval of disability
12 applications.

13 MS. BURNS: Vince, are you ready to
14 proceed?

15 MR. PINELLI: I am ready.

16 There was a request made. The attorney
17 is the same attorney for both applicants, Ms.
18 Sigler and Mr. Hesslau. I believe they are all on
19 the line. He's made the request if we could begin
20 with Ms. Sigler's matter first, if the Board has no
21 objection to that. Just reverse the order. Those
22 are the only two hearings.

23 MS. BURNS: Secretary Murphy, do you mind
24 if we start with the Sigler matter to accommodate

1 counsel?

2 MEMBER MURPHY: No objection.

3 MS. BURNS: Vince, with that we'll start
4 with Firefighter Denise Sigler.

5 MR. PINELLI: Let the record reflect this
6 is an application for a Duty Disability Benefit
7 being made by Denise Sigler who is present. She's
8 represented by counsel.

9 Counsel, could you please identify
10 yourself for the record?

11 MR. MARCONI: Jerry Marconi on behalf of
12 the applicant Denise Sigler.

13 MR. PINELLI: Thank you. Before we
14 proceed with evidence, I'd like to make sure we get
15 the Board Exhibits entered.

16 Counsel, you should have been provided a
17 copy of Board Exhibits 1 through 11, which were
18 distributed by staff to Ms. Sigler. Did you
19 receive a copy of those?

20 MR. MARCONI: I did and I believe that
21 Ms. Sigler also received those and has reviewed
22 those.

23 MR. PINELLI: Do you have any objection
24 to their admission into the record?

1 MR. MARCONI: None.

2 MR. PINELLI: Thank you.

3 Mr. Chairman, I move for admission of
4 Board Exhibits 1 through 11, without objection from
5 the applicant.

6 CHAIRMAN FORTUNA: Admitted without
7 objection.

8 (Board Exhibits 1 through 11 were
9 admitted into evidence.)

10 MR. PINELLI: Thank you.

11 Counsel, we are ready to proceed. Do you
12 have any witnesses that you wish to call?

13 MR. MARCONI: Denise Sigler.

14 MR. PINELLI: All right. Then I would
15 ask Ms. Sigler, and also Dr. Peters, he's going to
16 testify, would you both please raise your right
17 hands?

18 (Witnesses sworn.)

19 MR. PINELLI: Counsel, we are ready to
20 proceed, if you wish to call Ms. Sigler.

21 MR. MARCONI: Thank you.

22 DENISE SIGLER

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

EXAMINATION

BY MR. MARCONI:

1
2
3 Q Can you state your name and spell your
4 name?

5 A Denise Sigler. D-e-n-i-s-e S-i-g-l-e-r.

6 Q Are you currently employed with the
7 Chicago Fire Department?

8 A I am.

9 Q And your application indicates I believe
10 that you began on July 17, 2000, is that correct?

11 A Correct.

12 Q And what was your last assignment before
13 going on layup?

14 A Engine 79.

15 Q It looks like you submitted an
16 application along with an affidavit, is that
17 correct?

18 A Correct.

19 Q And have you reviewed that affidavit
20 before testifying today?

21 A I have.

22 Q Is that true and accurate and pretty much
23 describes all the symptoms you started experiencing
24 before you went on layup?

1 A Yes.

2 Q Now as far as the records are concerned,
3 did you read Dr. Peters' report and did you read
4 through all of these exhibits?

5 A I did.

6 Q On page -- it looks like 10.29, there was
7 an indication in there, and I think the facts on
8 that page got transferred over to Dr. Peters'
9 report, it indicates that you tested positive I
10 believe back on September 1, 2020.

11 A That is correct.

12 Q Did you see that in the records?

13 A Yes, I do.

14 Q Is that accurate?

15 A No, it is not.

16 Q And back on September 1, 2020, did you in
17 fact receive notification that you tested negative
18 for Covid?

19 A Yes.

20 Q I'm sorry, I didn't mean to interrupt
21 you.

22 A That is the day I testified negative on
23 September 1, 2020.

24 Q Why did you go and get a test?

1 A My daughter tested positive so I was
2 exposed and it was required by the Fire Department
3 to have a negative test to come back to work.

4 Q Were you experiencing any symptoms?

5 A I was experiencing no symptoms at the
6 time.

7 Q And, again, the test that you took, which
8 was mandated by the Chicago Fire Department,
9 indicated that you were negative for Covid back in
10 September, is that correct?

11 A Correct.

12 Q Is it your understanding that in this
13 particular case the City or the Fire Department
14 classified this as a duty related exposure, is that
15 correct? I'm sorry, moving into December of 2020,
16 did the Department classify it as a duty exposure?

17 A Yes.

18 Q And there is some documents in the
19 records. I believe there is a spreadsheet. I
20 don't know if you were working on an ambulance or
21 handling ambulance calls but you had been exposed I
22 think on November 30th and a couple times just
23 prior to November 30th, is that correct?

24 A Correct.

1 Q Now before being exposed, how would you
2 describe your health?

3 A I was in very good health. No problems
4 at all.

5 Q And other than the very heavy work as a
6 Firefighter Paramedic, were you involved in any
7 outside activities which required you to be in good
8 health?

9 A I am a yoga instructor. I used to teach
10 yoga to the candidates at the Academy and avid
11 without.

12 Q You worked out on a regular basis?

13 A Correct.

14 Q Before you got Covid, you were in very
15 good shape, is that correct?

16 A That is correct.

17 Q Now I can tell from talking to you today,
18 it seems like you have a cough and you have some
19 hoarseness in your voice. Is this an everyday
20 occurrence?

21 A Yes, it is.

22 Q I know that the exhibits contain your
23 treatment. Just briefly, since you tested
24 positive, have you constantly been in treatment up

1 until today?

2 A Yes, I have.

3 Q Primarily who are you treating with up
4 until today?

5 A I was seeing a pulmonologist from Rush
6 Dr. Balk and an ENT specialist from Rush Dr.
7 Husain.

8 Q And we talked about your voice today. Is
9 it Dr. Inna Husain?

10 A Correct.

11 Q And she was trying to figure out why you
12 have the hoarseness, the difficulty talking, and
13 maybe the coughing, is that correct?

14 A Correct.

15 Q Were you also working with a
16 cardiologist?

17 A Yes, I was.

18 Q Why?

19 A For palpitations I was having.

20 Q Had you ever had palpitations prior to
21 Covid?

22 A No.

23 Q Okay. There was some heart issues I
24 think that were back prior to this but those

1 resolved, is that correct?

2 A That is correct.

3 Q Are you classified as a Covid long
4 hauler?

5 A Yes.

6 Q Now at some point was there a
7 determination made by your team locally here to
8 refer you to the Mayo Clinic in Minnesota?

9 A Yes. Dr. Husain, the ENT, has referred
10 me to the Mayo Clinic. She actually called and had
11 them setup Mayo Clinic to call me and contact me.

12 Q What is your understanding about your
13 treatment or the proposed treatment at Mayo Clinic?
14 Who are you treating with and is it part of a
15 program?

16 A There is a Dr. Greg Vanichkachorn, who is
17 doing a long hauler treatment there, and it is a
18 multidisciplinary kind of case-by-case by the
19 symptoms that you present with.

20 Q It is your understanding that Dr.
21 Vanichkachorn would kind of be the lead and then he
22 would refer you to other specialists within Mayo to
23 treat these other issues?

24 A Correct.

1 Q And have you started your treatment at
2 Mayo Clinic yet?

3 A I have not because there is an insurance
4 issue now so I am -- I have been waiting for this
5 meeting today to get the insurance issues worked
6 out to figure out how I can attend there.

7 Q Okay. Not that's it's probably relative
8 to your disability, but just quickly right now
9 you're on your husband's insurance, is that
10 correct?

11 A Correct. And also under the --

12 Q Your husband is a firefighter, is that
13 correct?

14 A Correct. In Elk Grove Village.

15 Q Right now the treatment you have been
16 receiving was pursuant to your husband's insurance,
17 is that correct?

18 A It was -- once it became a duty injury,
19 it was under the Workmen's Comp.

20 Q So now there is the issue you have to
21 figure out who is going to pay for the treatment at
22 Mayo, is that correct?

23 A Correct.

24 Q Once that insurance issue is worked out,

1 which will hopefully be very soon, maybe in the
2 next week, then you will begin your treatment at
3 Mayo Clinic, is that correct?

4 A Correct.

5 Q Is it your desire to return to work as
6 quick as you can?

7 A Yes.

8 Q Are you on the lieutenant's list?

9 A I am on the lieutenant's list.

10 Q Is that one of your goals in your career
11 is to hopefully eventually be promoted when you get
12 back to work?

13 A Absolutely. This is not the way I wanted
14 to retire.

15 Q And are you still hopeful that Mayo
16 Clinic could provide the treatment necessary which
17 would allow you to resolve your symptoms and return
18 to work?

19 A I am very hopeful. I am hoping that this
20 doctor has information that can help me.

21 MR. MARCONI: Vince, I don't have
22 anything else.

23 CHAIRMAN FORTUNA: Trustees, any
24 questions?

1 Hearing none.

2 MR. PINELLI: Thank you.

3 EXAMINATION

4 BY MR. PINELLI:

5 Q Ms. Sigler, I just have a few questions
6 for you as well.

7 Just going back to the onset, from the
8 records it looks like you began experiencing the
9 symptoms on December 13th of 2020 and then you
10 tested positive the next day, is that right?

11 A That is correct.

12 Q So prior to the 13th, were you on shift
13 or what was your work --

14 A Yes.

15 Q -- experience prior to that? You were on
16 shift?

17 A I was on shift regularly before that. My
18 last day at the firehouse was the 12th and then I
19 began having symptoms on the 13th, which was a
20 Sunday, and I went the next day Monday to be
21 tested.

22 Q And do you know where your exposure was?
23 In other words, was it from a patient or was it
24 from at the firehouse, if you know?

1 A At the time there were nobody else at my
2 firehouse that was positive so it was from a
3 patient. We were having several a day positive
4 patients at that time.

5 Q You were treating them as part of your
6 duties, is that correct?

7 A Correct. I was the paramedic on the
8 engine.

9 Q With respect to your current condition
10 today, it looked from the records you're taking
11 certain medications to address your symptoms, is
12 that right?

13 A Correct. To help with the cough.

14 Q It indicated you're taking -- are you
15 using an inhaler regularly?

16 A I have not been using the inhaler as much
17 anymore because it wasn't really doing much anymore
18 once the pneumonia in my lungs cleared up but I
19 have been using the Gabapentin.

20 Q Are these symptoms that you are
21 experiencing causing you to experience fatigue and
22 tiredness and so forth?

23 A Yes, they are. Fatigue is very much at
24 the top of the list.

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

3 A No.

4 Q Have you engaged in any sporting
5 activities, including the yoga and whatnot?

6 A I have done mild yoga, which was
7 recommended by my doctors, for some movement.

8 Q But you do that on your own at home, I
9 take it?

10 A Correct. Videos. Right.

11 MR. PINELLI: Thank you. That is all the
12 questions I have.

13 THE WITNESS: Thank you.

14 CHAIRMAN FORTUNA: Any questions?

15 Thank you, Vince.

16 MR. PINELLI: Counsel, is it okay if I
17 call Dr. Peters to testify or do you wish to
18 present evidence at this time?

19 MR. MARCONI: We would rest. You can
20 call Dr. Peters.

21 MR. PINELLI: Thank you.

22 (Witness previously sworn.)

23 MICHAEL I. PETERS, M.D.

24 a witness herein, having been first duly sworn, was

1 examined and testified as follows:

2 EXAMINATION

3 BY MR. PINELLI:

4 Q Doctor, state your name for the record.

5 A Michael I. Peters.

6 Q And you are a physician; is that correct?

7 A Yes.

8 Q A copy of your qualifications are
9 attached to the Board Exhibits?

10 A Yes.

11 Q And do you perform a function for this
12 fund as a consultant?

13 A Yes.

14 Q In that capacity, do you review medical
15 records, either examine or interview applicants and
16 prepare a written report for the Board?

17 A Yes, I do.

18 Q Did you follow that procedure with
19 respect to Ms. Sigler?

20 A Yes, I did.

21 Q And is a copy of your written report
22 marked as Board Exhibit Number 2?

23 A Yes.

24 Q Doctor, due to the current Covid

1 pandemic, did you interview the applicant rather
2 than examine her?

3 A Yes, I interviewed her by telephone.

4 Q Based upon your interview, was the
5 information that she provided to you about her
6 condition and her history consistent or
7 inconsistent with the medical records that you
8 examined?

9 A The history was consistent. The question
10 of her having Covid before the duty Covid, that
11 information of a positive test in September 1, 2020
12 came from her CFD Medical notes. It sounds like
13 she didn't really test positive according to her
14 report.

15 Q With respect to the December exposure and
16 subsequent treatment and whatnot, was she
17 consistent with what the record showed?

18 A Yes. Everything she reported was
19 consistent with the record.

20 Q Doctor, could you briefly summarize for
21 us what your findings were with respect to your
22 review of the records and interview of Ms. Sigler?

23 A Yes. Ms. Sigler had a documented duty
24 exposure for COVID-19 likely from a patient.

1 Developed acute infection but then developed
2 post-Covid and chronic cough, which has affected
3 her vocal cords, inability to speak.

4 There are two likely etiologies from
5 that. First is the chronic cough can cause muscle
6 tension around the vocal cords, which makes it hard
7 for her to speak.

8 The second is there has been documented
9 case reports of -- we know that COVID-19 acute
10 infection can affect nerves throughout the body.
11 There is growing evidence that the nerve involved
12 with the vocal cords moving properly can be vocally
13 infected by the Covid virus and cause long-term
14 problems.

15 So it's likely one or both of those
16 things are causing her persistent hoarseness and
17 cough and difficulty speaking.

18 Q And then there was some indication, too,
19 she has some respiratory issues. Is that breathing
20 issues or what did you see in the record with
21 respect to that?

22 A She has some evidence of interstitial
23 lung disease, which is the post-Covid lung damage.

24 Q Given what you just found and said, as

1 well as her testimony regarding her symptoms
2 causing her fatigue, as well as these other issues,
3 do you believe she could perform her duties as a
4 paramedic with the Fire Department?

5 A No, not safely.

6 Q Do you have any recommendations to the
7 Board as far as either reexamination or case
8 management?

9 A I think that it is too soon to tell
10 whether her vocal cord involvement will reverse.
11 If the cough goes away, then it's likely that she
12 will have improvement over time, but I think it is
13 too soon to make any prediction about whether that
14 is likely to happen. I think getting a specialty
15 evaluation by a Covid clinic is a good start. But
16 I don't think there is enough cases of this yet to
17 determine how long this will last. I think she
18 should be reexamined according to the usual
19 reexamination process which would be done for
20 somebody like her.

21 Q All right.

22 A I don't think there is an advantage to
23 doing it sooner is what I am trying to say.

24 MR. PINELLI: Thank you, doctor, that is

1 all the questions I have.

2 Counsel, do you have any questions of the
3 doctor?

4 MR. MARCONI: I just have a couple to
5 follow up with what Dr. Peters said regarding the
6 specialty evaluation.

7 EXAMINATION

8 BY DR. PETERS:

9 Q Dr. Peters, is there any anything in the
10 records to indicate why she was referred to Mayo or
11 is it just because Mayo has a good reputation for
12 working with long haulers?

13 A Why she was specifically referred to
14 Mayo?

15 Q Yes. I mean, I just don't know why she
16 couldn't be treated locally as opposed to sending
17 her to Minneapolis to be treated at the Mayo
18 Clinic.

19 A Again, this is all new, but I am seeing
20 two different patterns in terms of how people with
21 chronic Covid symptoms are treated. Either they
22 receive care through their local physician from
23 multiple subspecialty referrals, that is one common
24 pattern. The other is going to a dedicated Covid

1 clinic locally, and there are some, but I have also
2 seen people who are going to Mayo.

3 Q At Mayo, is that a clinic or is that just
4 a multidisciplinary approach treating these long
5 haul Covid patients?

6 A They call themselves a clinic. My
7 assumption, and I don't know this for a fact
8 because I haven't visited there, but my assumption
9 is that when the doctor coordinating the care at
10 the Covid Clinic in Mayo refers to other
11 specialists within Mayo, that they are going to
12 different offices.

13 Q Do you know this -- I can't even
14 pronounce his name. She said it was a Dr.
15 Vanichkachorn.

16 A I don't know him personally.

17 Q Does he seem to be the lead guy at Mayo
18 as far as referring them out to other specialists
19 within Mayo?

20 A I have seen him in that role. He appears
21 to be the person who coordinates care.

22 Q So you don't disagree with the referral
23 to Mayo I guess is what I am getting at?

24 A I don't have an opinion regarding whether

1 she should go to Mayo. I do think she should
2 continue to get some specialty care, if she's not
3 getting the answers or the care she needs. She
4 should definitely go to a place that sees lots of
5 cases like hers. Whether that be a local
6 specialist or a local Covid Clinic or Mayo. Mayo
7 has an excellent reputation. I wouldn't disagree
8 with it.

9 Q I think Northwestern, who you are
10 associated with, they also have a Covid Clinic I
11 think?

12 A Yes, they do.

13 MR. MARCONI: I don't have any other
14 questions for Dr. Peters.

15 MR. PINELLI: Okay. Do you rest then?

16 MR. MARCONI: I do.

17 CHAIRMAN FORTUNA: Any questions for Dr.
18 Peters?

19 No questions from the Trustees.

20 MR. PINELLI: Counsel rests so therefore
21 the evidence is concluded.

22 MEMBER MURPHY: I would like to make a
23 motion to grant the benefits requested by
24 Firefighter Sigler.

1 MEMBER MARTIN: Second.

2 CHAIRMAN FORTUNA: There's a motion to
3 grant by Trustee Murphy. Seconded by Trustee
4 Martin.

5 Trustee Murphy.

6 MEMBER MURPHY: Yes.

7 CHAIRMAN FORTUNA: Trustee Sheridan.

8 MEMBER SHERIDAN: Yes.

9 CHAIRMAN FORTUNA: Trustee Martin

10 MEMBER MARTIN: Yes.

11 CHAIRMAN FORTUNA: Trustee Tebbens.

12 MEMBER TEBBENS: Yes.

13 CHAIRMAN FORTUNA: And I am a yes.

14 Motion carries.

15 MEMBER MURPHY: I would like to make a
16 motion for reexam consistent with the Board's
17 policies.

18 MEMBER TEBBENS: Second.

19 MEMBER SONI: Excuse me. This is Trustee
20 Soni. Sorry about that. I had joined and I'd like
21 to vote yes as well.

22 CHAIRMAN FORTUNA: Trustee Soni is a yes.

23 There is a motion for reexam by Trustee
24 Murphy. Seconded by Trustee Tebbens.

1 Trustee Murphy.

2 MEMBER MURPHY: Yes.

3 CHAIRMAN FORTUNA: Trustee Sheridan.

4 MEMBER SHERIDAN: Yes.

5 CHAIRMAN FORTUNA: Trustee Soni.

6 MEMBER SONI: Yes.

7 CHAIRMAN FORTUNA: Trustee Martin

8 MEMBER MARTIN: Yes.

9 CHAIRMAN FORTUNA: Trustee Tebbens.

10 MEMBER TEBBENS: Yes.

11 CHAIRMAN FORTUNA: And I am a yes.

12 Motion carries.

13 MEMBER MURPHY: Counsel has previously
14 sent around proposed Findings of Fact and
15 Conclusions of Law. After having had a chance to
16 review the Findings of Fact and the Conclusions of
17 Law, I would like to make a motion to adopt the
18 Findings of Fact and Conclusions of Law in this
19 matter.

20 MEMBER SHERIDAN: Second.

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

23 Trustee Murphy.

24 MEMBER MURPHY: Yes.

1 CHAIRMAN FORTUNA: Trustee Sheridan.

2 MEMBER SHERIDAN: Yes.

3 CHAIRMAN FORTUNA: Trustee Soni.

4 MEMBER SONI: Yes.

5 CHAIRMAN FORTUNA: Trustee Martin

6 MEMBER MARTIN: Yes.

7 CHAIRMAN FORTUNA: Trustee Tebbens.

8 MEMBER TEBBENS: Yes.

9 CHAIRMAN FORTUNA: And I am a yes.

10 Motion carries.

11 Denise, can you hear me?

12 MS. SIGLER: Yes, I can.

13 CHAIRMAN FORTUNA: Based on the Findings
14 of Fact and Conclusions of Law made by the
15 Trustees, the Trustees have voted to grant you the
16 benefit you have requested.

17 You will be notified by mail of the
18 Findings of Fact and the Board's decision.

19 Denise, best of luck to you.

20 MS. SIGLER: Thank you.

21 MEMBER MURPHY: Mr. President, moving on
22 to our next applicant, Daniel Hesslau, Paramedic in
23 Charge, Ambulance 22.

24 CHAIRMAN FORTUNA: Moving forward, Vince.

1 MR. PINELLI: Thank you, Mr. Chairman.

2 Let the record reflect this is a hearing
3 on the application for a Duty Disability Benefit
4 made by Daniel Hessler.

5 Mr. Hessler, are you on the line, sir?

6 MR. HESSLAU: Yes, Daniel Hessler
7 present.

8 MR. PINELLI: Mr. Hessler is represented
9 by counsel. Counsel, could you identify yourself
10 for the record, please?

11 MR. MARCONI: Jerry Marconi on behalf of
12 the applicant.

13 MR. PINELLI: Thank you.

14 Before we begin evidence, I'd like to get
15 the Board Exhibits addressed. Counsel, did you and
16 Mr. Hessler receive a copy of Board Exhibits 1
17 through 12?

18 MR. MARCONI: I did receive a copy and I
19 believe Mr. Hessler received a copy as well.

20 MR. PINELLI: Do you have any objection
21 to their admission into the record in this matter?

22 MR. MARCONI: I do not.

23 MR. PINELLI: Thank you.

24 Mr. Chairman, I move for admission of

1 Board Exhibits 1 through 12, without objection from
2 the applicant.

3 CHAIRMAN FORTUNA: Admitted without
4 objection.

5 (Board Exhibits 1 through 12 were
6 admitted into evidence.)

7 MR. PINELLI: Thank you.

8 Counsel, do you intend to call Mr.
9 Hesslau to testify?

10 MR. MARCONI: I do.

11 MR. PINELLI: Sir, could you please raise
12 your right hand and I would also ask Dr. Peters,
13 who will also testify, to raise his right hand.

14 (Witnesses in sworn.)

15 MR. PINELLI: Thank you. Then we are
16 ready to proceed. Counsel, do you wish to call
17 your first witness?

18 MR. MARCONI: Yes, sir.

19 DANIEL HESSLAU
20 a witness herein, having been first duly sworn, was
21 examined and testified as follows:

22 EXAMINATION

23 BY MR. MARCONI:

24 Q Daniel, please state your name, if you

1 could spell your name for the court reporter or
2 tape recorder.

3 A It is Daniel Hesslau. D-a-n-i-e-l
4 Hesslau H-e-s-s-l-a-u.

5 Q Mr. Hesslau, you are employed by the
6 Chicago Fire Department, is that correct?

7 A Yes, sir.

8 Q Your application indicates I believe you
9 have been employed since March 1st of 2017, is that
10 correct?

11 A Yes, sir.

12 Q Prior to joining the Chicago Fire
13 Department, did you have other experience either as
14 a paramedic or a firefighter or anything dealing
15 with fire service?

16 A Yes, sir. I worked for the Cicero
17 Illinois contract on their ambulance and I also
18 worked as a Firefighter Paramedic for the Gary
19 Indiana Fire Department prior to being hired by
20 Chicago.

21 Q How many years did you do that prior to
22 joining Chicago?

23 A I have been in EMS since 2010, sir.

24 Q In addition to your regular duties as a

1 Paramedic within Chicago, do you do anything else?
2 Any training or anything like that?

3 A I was reached out to by the lead
4 instructor at Malcolm X, Maggie Murphy, who had me
5 be one of the preceptors for Region 11 for her
6 paramedic students when they go for their infield
7 training.

8 Q Just for the non-firefighters and the
9 Board, what is a preceptor?

10 A A preceptor is essentially an in the
11 field teacher so I would go and take the
12 information that the students would have learned
13 within a classroom setting and teach them how to
14 apply it into the real world setting.

15 Q How long have you been a preceptor or
16 instructor out in the field?

17 A Since I took the promotion to PIC was
18 when I was offered it and went to the workshop a
19 couple of years back. Fairly quickly it was
20 offered within like a year and a half of me
21 actually getting through the Academy.

22 Q Now when you started this process, you
23 submitted an application, along with an affidavit,
24 correct?

1 A Yes, sir.

2 Q Your affidavit is fairly lengthy. I am
3 assuming you reviewed that before today, is that
4 correct?

5 A Yes, I have, sir.

6 Q Does that pretty much set out the initial
7 symptoms and problems you experienced after you
8 tested positive for Covid?

9 A Yes, sir.

10 Q Who do you live with?

11 A My wife and my two children, Nancy and
12 Amelia, five and six.

13 Q Correct me if I am wrong but I don't
14 think any of them have ever tested positive for
15 Covid, is that correct?

16 A No, thank god. No. My wife is a Type I
17 diabetic and we were extremely cautious, especially
18 when I was contagious.

19 Q Your affidavit indicates you went on
20 layup on I believe November 1, 2020, is that
21 correct?

22 A That is correct, sir.

23 Q And did the Department classify this as a
24 duty exposure?

1 A Yes, sir.

2 Q Were you working -- were you on shift
3 when you started experiencing the symptoms and when
4 you went to a hospital?

5 A Yes, I was on shift. I reported for duty
6 and I did my job accordingly where I took my
7 temperature, my partner's temperature, documented
8 everything in the journal according to the
9 protocol, and I felt fine. And then come the
10 afternoon, we had a respiratory arrest I believe is
11 what the run was. We get to the University of
12 Chicago off of Cottage Grove where I recognized one
13 of the nurses behind the desk.

14 I kind of didn't feel so great so I asked
15 if I could have one of their temperature -- their
16 thermometers and it read at 103 or 104 and I was
17 getting pretty short of breath.

18 On that day, I was on a trade or an
19 overtime day because it wasn't my normal chief. It
20 was a Chief David Ernst who sent me home that day.

21 I had no issues in the morning. It just
22 kind of hit me quite literally like a bag of bricks
23 during the call and then I did something about it
24 afterwards.

1 Q Let's talk about your assignment that day
2 and your assignment before you went on layup.

3 Where were you assigned?

4 A I am assigned to Ambulance 22 in the 23rd
5 Battalion 459 EMS.

6 Q For the non-firefighters on the Board,
7 can you briefly describe Ambulance 22? Basically,
8 how active it is, where it is located, so on and so
9 forth.

10 A Ambulance 22 is one of the busiest
11 ambulances on the south side of Chicago. I know
12 that there are others that are busier but on my
13 ambulance it is completely not uncommon to have 20
14 plus runs a shift. Six of those being after
15 midnight. We run hard on 22. The entire 23rd
16 Battalion is a very busy district.

17 But 22, just to put it into perspective,
18 there are open spots on that ambulance on a regular
19 basis because no one wants to work there.

20 It is a hard ambulance but I took a lot
21 of pride in being on that ambulance and working
22 with the men and women that worked with me.

23 Q I apologize if I didn't hear you about
24 the length of the shifts. Are those 24-hour

1 shifts?

2 A Yes, sir, they are 24-hour shifts.

3 Q When you started having difficulty
4 breathing and the fever, I am assuming that was it,
5 that you then reported to Medical and tested
6 positive, is that correct?

7 A Yes. The very next day I went to the
8 drive-thru forest preserve on the north side Covid
9 testing clinic and I got swabbed that day and then
10 later on that week I tested positive at which point
11 I contacted Medical. Well, I contacted Medical on
12 the 2nd regardless. I didn't know what had
13 happened, that I had been laid up while on shift,
14 and then I let them know as soon as I got the
15 positive test result which was later that week.

16 Q Now, what did you do initially? I am
17 assuming you quarantined because of the issues that
18 you raised about your wife and your young children?

19 A Yeah. I was lucky enough that I have a
20 bathroom in my basement and I essentially came home
21 that day and went down in the basement and I didn't
22 leave my basement for over 40 days because of my
23 active symptoms and the fear of giving it to my
24 family.

1 I had a fever over 100 degrees for just
2 over 30 days, which is what a lot of the physicians
3 are saying is why I am having these issues
4 afterwards, the erratic temperature for so long.

5 I literally lived in my basement. My
6 wife would pass food down in a basket. It was
7 undoubtedly the worse time of my life I think.

8 Q According to the records, though, you did
9 have to leave a couple times because it indicates
10 that you were admitted into the hospital, is that
11 correct?

12 A Yes. I was taken out of the basement to
13 go to the hospital. That is correct, sir.

14 Q Did you go via ambulance or did somebody
15 drive you?

16 A The first time -- no, it was via
17 ambulance. I believe that my chief had called out
18 an at-home check team. I forgot what they call
19 them. An at-home Covid team that would come to the
20 house and they recommended me go and they called an
21 ambulance to take me to the hospital where I went
22 to Lutheran.

23 Q The first time, correct me if I am wrong,
24 was around November 9th?

1 A Yes, sir.

2 Q Why did you go to the hospital?

3 A They were saying initially that they
4 didn't feel comfortable leaving me by myself in the
5 basement due to my breathing issues at the time and
6 just my extreme fatigue, excessive dizziness. They
7 wanted me to go be evaluated by the emergency room
8 staff.

9 Q Did you get admitted on that trip or did
10 you go back home?

11 A No, I went back home. I was advised by
12 the team at Lutheran that I did in fact have Covid
13 and that I could stay. And it would be up to me in
14 the sense of I could either become more sick by
15 staying at the hospital because at that time Covid
16 was really rocking and rolling. Or, I could be a
17 danger to other people by being there so I opted to
18 go where I would be most secluded which was back in
19 my hole in the basement.

20 Q So you go back home. You seclude in your
21 basement, correct?

22 A Yes, sir.

23 Q And then the records indicate you had
24 another trip to Lutheran General on February 9th is

1 that fair to say?

2 A Yes, sir.

3 Q Via ambulance or did you drive yourself?

4 A The one in February was I got driven to
5 the hospital.

6 Q Why?

7 A That was I was in my home with my wife
8 and I experienced a -- one of my many at the time
9 syncopal episodes where I dropped. After I
10 dropped, my wife was reporting that I was like
11 slurring my words together, that I was acting
12 extremely confused and I didn't remember any of
13 that occurring. And when I reached out to my
14 doctor, which the cardiologist at that time who I
15 was working with was Dr. Sawlani from Lutheran
16 General, he advised that I go to the hospital and
17 he had me as a direct admit, which was my first
18 stay at Lutheran on the actual floor.

19 Q Just so we're clear, what do you mean by
20 a drop?

21 A I don't really know how to describe it,
22 except for it is -- I would be standing and then I
23 would just hit the floor. I don't remember
24 falling. I don't remember being on the floor. I

1 don't remember any of that. This would happen like
2 three to five times a week. I have hurt myself by
3 falling. I am not a petite individual and just my
4 body hitting the floor is -- my wife unfortunately
5 tried to catch me a few times and I would fall on
6 top of her.

7 There have been a few times where people
8 were always stopping by to help with things around
9 the house because I wasn't able to help with
10 anything. Some of my buddies would stop by. There
11 was one occasion, thankfully only one, in front of
12 my friends because it was, you know, demoralizing.
13 But he was able to catch me before I hit the floor.

14 It is just like my brain turns off and I
15 just -- it is like a syncopal episode. I just
16 fall. I don't know.

17 Q Was some of this caught on video?

18 A Yeah. Yes, not even on purpose. I was
19 in my son's bedroom folding a blanket or putting
20 his clothes away. We got one of those baby cameras
21 in there and it caught me dropping.

22 My wife had always kind of explained to
23 me what it was like. Or, my mom, who was
24 essentially my bona fide babysitter because I

1 couldn't be left alone with my own kids.

2 When I saw it, it really kind of became
3 very real that this is what was happening to me.

4 It did get -- yeah.

5 Q So locally here you had a team of
6 treating doctors, fair to say?

7 A Yes, sir.

8 Q And those doctors, you have read through
9 the Board's evidence packet, are contained in
10 there, correct?

11 A Yes, sir.

12 Q Dr. Michael Fisher was your primary care
13 physician, correct?

14 A Yes, sir.

15 Q And then you had a Dr. Omar, who was a
16 gastroenterologist?

17 A Yes, Dr. Hina Omar.

18 Q Dr. Hamdallah?

19 A Dr. Hamdallah, the neurologist from
20 Lutheran General.

21 Q And I think there was a Dr. Fisher?

22 A Yes. Dr. Fisher is my primary.

23 Q Dr. Miller?

24 A Dr. Miller, the electrophysiologist at

1 Lutheran General.

2 Q So, locally early on, I will say in the
3 first six months, a lot of testing being done, a
4 lot of trips to the doctors, is that correct?

5 A That is correct, sir.

6 Q At that time what were your main issues?
7 What was causing you to be unable to function
8 normally at home?

9 A During that time period when these
10 episodes started happening, it was the actual
11 episode itself. I wasn't allowed to drive for
12 obvious reasons. I wasn't -- didn't feel
13 comfortable being alone with my children. Thank
14 goodness my mom was retired and she was able to
15 come and help me with the kids at home. And it was
16 the dropping. You know. The nightmare of what if
17 I had one of these at the top of the stairs and go
18 down. What if I fall on top of my kids. It was
19 horrible because I had no control over it and no
20 one was able to give me an answer as to why this
21 was happening.

22 Q Were your local doctors able to resolve
23 most or some of these issues?

24 A I mean, the issues that were resolved or

1 essentially assisted was -- a big one was my blood
2 pressure. I have never had high blood pressure
3 before. They put me on a whole slew of different
4 meds for high blood pressure.

5 But I really didn't start seeing any
6 improvement in my lifestyle and in my day-to-day
7 operations before I was seen over at the Mayo
8 Clinic.

9 Q Let's talk about the Mayo Clinic. How do
10 you get there?

11 A Since I wasn't allowed to drive, my wife
12 would drive me. She would get time off approved
13 from her work. Or my father would drive me. My
14 brother-in-law or my father-in-law. They would
15 literally take turns driving me up there and
16 staying with me because I couldn't be left alone
17 and the clinic is a -- it is a clinic based
18 setting where there is just -- there is many
19 different specialties there and the entire
20 surrounding area is built around the Mayo Clinic so
21 they have various different connected hotels
22 essentially I suppose. It is all connected to the
23 Mayo Clinic like underground and everything. So
24 they would be with me the entire time and that's

1 how I would get around.

2 Q That was a poorly worded question. I
3 didn't mean physically. I mean, did you get
4 referred there? Did your doctors call up there and
5 set it up?

6 A I'm sorry. I apologize, sir. Dr.
7 Hamdallah was the initial person who said -- or not
8 initial, he was one of the doctors and the final
9 doctor actually who said this is where I think you
10 should go. My primary care physician Dr. Fisher
11 also believed that is where I should go. Dr.
12 Miller, the electrophysiologist, stated that he
13 believed that I should go to the Mayo Clinic to get
14 the treatment from there and to see what -- I
15 believe his words were "what the minds of Mayo have
16 to say". And then Dr. Hina Omar, my GI specialist,
17 when I had brought up to her the idea of me going
18 there she said that she also agrees with that as
19 well.

20 Q Did you see several different specialists
21 within the Mayo network?

22 A Yes, sir.

23 Q Did you have kind of a main like
24 occupational doctor who was kind of the point

1 person?

2 A Yeah, that was the head of the Covid
3 department, Dr. Vanichkachorn. Dr. Van is what he
4 asked me to call him.

5 Q You referred to him as Dr. Van, is that
6 correct?

7 A Yes, sir.

8 Q Would he make referrals then to other
9 specialists to work on these issues that you were
10 having?

11 A Yes, sir.

12 Q Can you tell the Board when you got to
13 Mayo did you see some instant, almost instant,
14 improvement in some of your symptoms?

15 A Once I went through the sleep studies,
16 yeah, absolutely. After the sleep study, which was
17 the last thing I did at Mayo Clinic, there was
18 marked improvement. "Instant" being your word,
19 yeah.

20 Q I mean, there was some success early on,
21 correct?

22 A Oh, yeah. Being there, trying out
23 different kinds of medication, seeing different
24 doctors. At least ruling things out, it was --

1 there was improvement, yes.

2 Q Prior to going to Mayo, prior to getting
3 the Covid, had you ever had any problems with
4 sleep?

5 A Never, no.

6 Q Any problems working at 24-hour shifts on
7 Ambulance 22?

8 A Never, no. I would work 24 hours on 24
9 hours off pretty much consistently, especially
10 during Covid when just the need for manpower was at
11 an extreme high. Every other day 24-hour shifts.

12 Q In the records, it indicates that you
13 were prescribed or given, I don't know what the
14 word is, a CPAP machine, is that correct?

15 A Yes, sir.

16 Q What is a CPAP machine?

17 A It essentially oxygenates an individual
18 who might have a sleeping disorder while they are
19 asleep.

20 Q Had you ever used a CPAP machine prior to
21 getting Covid?

22 A No, sir.

23 Q Did you see an improvement with your
24 syncope or fainting episodes after starting using

1 the CPAP machine?

2 A Yes, sir. That was the start of me not
3 experiencing them was being on the CPAP. My last
4 syncopal episode was last year.

5 Q Just so I am clear, the fainting spell is
6 that synonymous with what you refer to as a drop?

7 A Yeah. I mean, some doctors are calling
8 it a drop, some doctors are calling it syncope,
9 some doctors are calling it a fainting spell. But
10 it is all the same I believe is what I am kind of
11 gathering from their descriptions of what it is.

12 Q The records indicate you worked with a
13 cardiologist there, is that correct?

14 A I did work with a cardiologist there when
15 I first got to the Mayo Clinic, yes.

16 Q Okay. And that your cardiology issues
17 have either seemed to resolve or at least be less
18 frequent?

19 A They have definitely helped. They are
20 for sure less frequent, which I am very thankful
21 for.

22 Q When you do have a cardiac issue, what is
23 it? Is it palpitations?

24 A I get like a substernal chest pain,

1 sometimes my teeth hurt which is really weird, but
2 my pulse will drop. Blood pressure will increase.

3 Q And then in the records it indicates, and
4 I think Dr. Peters is on the line, but it refers to
5 a junctional rhythm. Was that a temporary
6 condition?

7 A Well, when I was at the cardiac rehab,
8 and I believe it was in May -- not May, I'm sorry.
9 I am trying to pull up my notes here. I was at
10 cardiac rehab and prior to me actually starting the
11 physical therapy itself, they put you on the
12 monitor and they are checking all your vital signs.

13 They noticed that my -- what they were
14 saying is that my T-waves were disappearing. It
15 looks like I went into a junctional rhythm. And
16 they wouldn't let me actually exercise that day.
17 In fact, they were actually trying to initially
18 send me off to the emergency room. Thankfully, the
19 nurse that was working there had been my nurse at
20 cardiac rehab from my first day and she knows my
21 history and everything and understands it. It
22 really wouldn't have benefited me, especially since
23 it went away after a handful of minutes.

24 But they said that the T-waves

1 disappeared and that my pulse rate had dropped
2 making it look like a junctional rhythm. One of
3 the nurses there would say junctional to me.

4 Q You're still -- I guess to bring you
5 up-to-date then. You have had a lot of this
6 treatment at Mayo Clinic, is that correct?

7 A Yes, sir.

8 Q Is it absolutely necessary that you use
9 the CPAP machine today?

10 A Yeah. There have been a few instances
11 where I might roll in my sleep or I don't have a
12 good seal on the mask. You know, these things are
13 done with Velcro on the sides of your face. The
14 next day I am shot. I mean, the first time it
15 happened it was terrifying because I thought that I
16 was right back at Ground Zero again.

17 My blood pressure could be upwards to 190
18 to 200 systolic. I feel extremely dizzy. I can't
19 walk straight without having to hold onto a wall
20 like I am an old man. The body is rocking and
21 rolling. My headache is out of control and I am
22 assuming the headache is because of increased blood
23 pressure and my whole day is done.

24 My wife has had to call off work before,

1 if my mom couldn't come and help with the kids and
2 me quite frankly.

3 It is -- if I don't have it, it is not
4 like I feel groggy the next day. It is like I am
5 back in my basement. You know, it is like an
6 immediate reset, yeah.

7 Q As far as the CPAP machine, I know that
8 -- I can't remember if it is in Dr. Peters' report
9 or all over the records. I think you were
10 diagnosed with dysautonomia? Did I say that right?

11 A Yes. Dr. Hamdallah is -- it is
12 dysautonomia, dysautonomic functions, and a couple
13 of other names for it but that is what my
14 neurologist is saying.

15 Q What is your lay opinion as how that is
16 related to the breathing issues that you are having
17 causing you to wear the CPAP?

18 A The initial connection with it was when I
19 was working with Dr. Van was there was a study that
20 was done about -- the title "The Resolution of
21 Syncope with Treatment of Sleep Apnea".

22 They are trying to -- they have noticed
23 that with previous cases of people who have these
24 syncopal drop episodes, whatever it is you would

1 like to call it, it improved with the treatment of
2 the sleeping disorder and pretty much they were
3 just trying to check off all the boxes. When they
4 checked off that box, I haven't fallen since.

5 But I know that if I don't have that on
6 my face -- I have even considered having to put a
7 generator in the house because god forbid we lose
8 power. It is a very scary thing for me.

9 Q This is a current issue or current
10 condition that you are experiencing, correct?

11 A Yes, sir.

12 Q Just so we're clear, once you had the
13 sleep study, you haven't had the fainting episodes?

14 A Correct. Since then I have been placed
15 on a case study basis.

16 Q Let's talk about work and your
17 assignment. At any time, and I don't know if you
18 are familiar with this, was there any -- I will
19 call it a Functional Capacity Evaluation to
20 determine whether or not you could work a 24-hour
21 shift where you could be active the entire 24
22 hours?

23 A No, I don't think I ever went through a
24 functional test. The majority of my stuff with

1 Medical was just talking for the most part and like
2 physically evaluating like blood pressure and lung
3 sounds, et cetera.

4 Q Have you tried to reach out within the
5 Department to see if you could be placed anywhere
6 where you wouldn't be working at least for a while
7 in a 24-hour shift where you would be required to
8 be constantly busy and your sleep would be
9 interrupted constantly?

10 A I have. This job is a job that I wanted
11 since I was a kid. This is my dream job. I would
12 do anything to get back to work. I am being told I
13 can't.

14 Q Did you reach out to see at least if you
15 can come back for the timebeing in a place that
16 might be I guess safe?

17 A I was told that I wasn't able to get
18 those positions because they are biddable positions
19 and I wouldn't be able to put in for it due to my
20 circumstances. And that in order to get off of
21 extended medical, I had to be released to my
22 previously assigned duty, which was Ambulance 22.
23 Or, in all reality, I probably would get put down
24 in the Field Division South relief pool.

1 Q So your doctor, I will call him Dr. Van,
2 it is easier to pronounce, he has some records in
3 there, for the timebeing he's not releasing you due
4 to safety concerns of you returning to an
5 ambulance. I am assuming you read those reports in
6 the records?

7 A Yes, sir.

8 Q So, being an experienced paramedic, being
9 experienced in the health field, whatever, and
10 obviously firsthand having all of these various
11 symptoms and treatments and stuff like that, do you
12 feel it is safe for you right now to go back to
13 your old assignment on Ambulance 22?

14 A No. That is hard for me to say but no.

15 Q Why?

16 A I feel like I would be a detriment to my
17 team and my patients.

18 Q What is the basis for that concern?

19 A You know, the examples that were given to
20 me from Dr. Van, because I wasn't seeing this when
21 I was initially talking with him. I wasn't
22 thinking about anyone else but myself.

23 He is like you are carrying a 90-year old
24 woman down the stairs who just needs to get their

1 feeding tube replaced and all of a sudden you have
2 one of these episodes because you haven't had your
3 CPAP machine on the correct way or something
4 happened because you were at work and you couldn't
5 get the therapies that you needed. Now you go down
6 the stairs and you hurt your partner and everyone
7 else that is there.

8 Or, I mean, I wouldn't want me to respond
9 to my mother having an issue, a 911 right now,
10 because of the risk involved with it. That is me
11 saying that outloud. Anybody that knows me knows
12 being a paramedic is everything to me and that I
13 don't think that it is safe for me to be doing what
14 I love to do.

15 Q That being said and considering all the
16 unknowns that are associated with Covid, I mean,
17 what is your plan? Is your plan -- I mean, you're
18 still at Mayo, correct?

19 A Yes, sir.

20 Q And you still communicate with Dr. Van on
21 occasion, if there is any issues?

22 A Yeah. I am on a case study basis with
23 Dr. Van so he is going to notify me if they find
24 anything that's not just a Band-Aid. The CPAP at

1 home essentially is a Band-Aid for me, I suppose.
2 It's just a for now thing so I am on it with a PRN
3 basis where he is going to reach out when something
4 happens or I reach out where I need help with
5 something.

6 Q It is not your intent -- your intent is
7 to get back to work as soon as you can do it safely
8 or there is a position offered where you are not at
9 least initially placed on a very busy ambulance
10 working 24 hour shifts?

11 A Yeah. I am 32 years old and that is my
12 dream job. So, yeah, I want to go back to work.

13 Q How long have you been on a no pay
14 status?

15 A I haven't been paid since October.

16 Q That's not anything due to the Pension
17 Board, that is due to some paperwork screw up
18 within the Department, is that correct?

19 A Yeah. Yes. Somebody at HR -- I was
20 advised by --

21 Q We don't have to blame anybody. The
22 bottom line is for whatever reason you have been on
23 no pay since October?

24 A That is true, yes.

1 MR. PINELLI: Counsel, I don't mean to
2 cut you off, but I don't think that is necessarily
3 relevant.

4 MR. MARCONI: I agree. It is just
5 unusual and people usually don't go on no pay that
6 long and I don't want to blame anybody or anything
7 like that. We made the point. I am off it.

8 I don't have any other questions for Mr.
9 Hessler.

10 CHAIRMAN FORTUNA: Any questions?

11 MEMBER CONYEARS-ERVIN: Mr. President, I
12 just wanted you to know Treasurer Conyears-Ervin is
13 here.

14 CHAIRMAN FORTUNA: Thank you.

15 MEMBER CONYEARS-ERVIN: I heard the full
16 testimony, I just wanted you to know, for the
17 voting.

18 CHAIRMAN FORTUNA: Very good.

19 Trustees, any questions?

20 MEMBER MARTIN: When was the last syncope
21 episode for clarification?

22 MR. HESSLAU: My last syncopal episode, I
23 am pulling it up right now, sir, May 14th of last
24 year.

1 MEMBER MARTIN: Thank you.

2 CHAIRMAN FORTUNA: Any other questions?

3 Hearing none, Vince.

4 MR. PINELLI: Thank you.

5 EXAMINATION

6 BY MR. PINELLI:

7 Q Mr. Hesslau, I have a few questions for
8 you as well.

9 You mentioned that for a period of time
10 you were not driving a car. Are you driving a car
11 now?

12 A Yes.

13 Q If I understood your testimony, you said
14 prior to the Covid diagnosis you had never been
15 diagnosed with sleep apnea, is that correct?

16 A That is correct.

17 Q But did you have any difficulty sleeping
18 prior to the Covid incident? In other words, did
19 you have issues waking up, things like that?

20 A No, sir.

21 Q None of that started until the Covid
22 diagnosis is that what you are saying?

23 A Yes, sir.

24 Q You are also saying that it is regulated

1 or it is treated through the CPAP, the sleep apnea?

2 A Yes, sir.

3 Q So, basically, you use the CPAP, what, at
4 night or when you sleep? When do you use it?

5 A Yes, sir, at night when I go to bed it
6 goes on my face.

7 Q Do you know if the CFD allows for the use
8 of a CPAP while you're on shift or on-duty?

9 A I believe they do but I think currently
10 with Covid there is like special accommodations
11 that need to be made for people on CPAP since it --
12 I don't know the science behind it. But they are
13 saying you can't have a CPAP in general population
14 bunk rooms or anywhere where multiple people are at
15 due to the Covid issue.

16 Q It sounds like your concern is that if
17 you don't use the CPAP the fainting episodes might
18 reoccur, that is what you are concerned about,
19 right?

20 A Yes. At the absolute minimum, feeling
21 the way where my pressure is extremely elevated. I
22 can't really walk very far without feeling
23 excessively fatigued. And I don't know how I would
24 be able to function as a 911 paramedic for the City

1 of Chicago, if I can't even get to the ambulance in
2 a proper pull out time to get to someone who needs
3 help.

4 MR. PINELLI: Counsel, I am directing you
5 to Group Board Exhibit 6.A.

6 BY MR. PINELLI:

7 Q These are notes from Advocate but they
8 reference a study that was done when you were at
9 Mayo in May of '21. There is a reference in the
10 notes that said that, "The patient was walking back
11 to bed from the bathroom. He took a few steps
12 normally. Then seemed to slow down. His body
13 leaned forward with an initial slow movement
14 followed by collapse down". That sounds like one
15 of the episodes you're talking about, right, what
16 would happen to you?

17 A I believe you're talking about when I was
18 in the epilepsy unit when they were trying to rule
19 out epilepsy at the Mayo Clinic.

20 Q Then it says, "The patient remained limp
21 in the sling for several seconds and per nursing
22 report was holding his breath". Did you recall
23 that episode?

24 A I don't recall any of the episodes, sir.

1 I know dropping. I know for sure dropping. I
2 dropped there and that is where they found that it
3 was not epilepsy related. The holding of the
4 breath thing I did not know that was a thing, to be
5 honest with you.

6 This is a gigantic document. I have had
7 so many different medical records over this time
8 period here.

9 My wife and those who have seen me go
10 down said that it doesn't appear like I am
11 breathing when I go down but I don't know about
12 holding my breath. That is what you are asking
13 about, sir?

14 Q Yes, that was what I was asking about.
15 You don't have a recollection that you held your
16 breath at that incident is that what you are
17 saying?

18 A No. No, I don't remember any of my
19 incidents. I go from standing to floor, you know.

20 Q And then just to conclude here, other
21 than your concern about possibly fainting again or
22 having these episodes in the future, basically, you
23 feel like you would be able to go back to work?

24 A Yes, sir. I would love for one day to be

1 able to be told that I can return to my duties.

2 Q Now, since you went on layup, have you
3 engaged in any activities by which you earn income
4 or money?

5 A No. No.

6 Q Have you engaged in any sporting
7 activities?

8 A No.

9 Q Are you taking any medications prescribed
10 by a physician for any condition?

11 A Yes, sir.

12 Q What are you taking?

13 A I am taking Metoprolol for my high blood
14 pressure and Amitriptyline for neuropathy.

15 MR. PINELLI: Thank you. That is all the
16 questions I have.

17 CHAIRMAN FORTUNA: Trustees, any
18 questions?

19 Hearing none.

20 MR. PINELLI: Counsel, do you have any
21 brief follow up on that?

22 MR. MARCONI: No, Vince.

23 MR. PINELLI: Thank you. Do you have any
24 other witnesses before I proceed to call Dr. Peters

1 to testify?

2 MR. MARCONI: No, I do not.

3 MR. PINELLI: Do you have any objection
4 to me calling Dr. Peters?

5 MR. MARCONI: No.

6 MR. PINELLI: Thank you.

7 (Witness previously sworn.)

8 MICHAEL I. PETERS, M.D.

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

11 EXAMINATION

12 BY MR. PINELLI:

13 Q Dr. Peters, would you please state your
14 name?

15 A Michael I. Peters.

16 Q You're a physician, is that correct?

17 A Yes.

18 Q And is a copy of your qualifications as a
19 physician attached to the Board exhibits?

20 A Yes.

21 Q Do you perform a function as a consultant
22 to this fund?

23 A Yes.

24 Q In that capacity, do you review medical

1 records, either examine or interview applicants and
2 report to the Board?

3 A Yes, I do.

4 Q Did you follow that procedure with
5 respect to this applicant?

6 A Yes.

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

9 A Yes, I did.

10 Q Doctor, due to the current pandemic
11 conditions, did you interview him rather than
12 examine him?

13 A I interviewed him by telephone.

14 Q Was the information that he provided to
15 you in your interview consistent or inconsistent
16 with the medical records you reviewed?

17 A I think his understanding of his
18 conditions is not always consistent with what the
19 specialists at Mayo concluded.

20 Q Putting aside his understanding as he
21 expressed it to you, did the information he
22 provided about his medical history, though, seem to
23 be accurate?

24 A Yes.

1 Q Let's talk about Mayo because I know
2 there was a lot of different testing. And so to
3 keep it to the point, in your report you state,
4 "All of his post-Covid symptoms have either
5 resolved, been controlled with treatment, or were
6 ultimately diagnosed as functional".

7 So let's talk about what are the
8 treatments that are controlling any symptoms he's
9 having?

10 A If you refer to the bottom of my Board
11 letter, I summarize the new complaints that he
12 developed post-Covid.

13 Q Okay.

14 A So, to start with hypertension, his
15 hypertension has been controlled and it is
16 documented in his cardiac rehab. I included that
17 in my letter.

18 He did not have episodes of hypertensive
19 emergency during that time. I did not see any
20 documentation that his blood pressure was either --
21 that he was either in shock and hypotensive or
22 having blood pressure that was significantly
23 elevated enough to cause organ symptoms and that
24 has all been controlled with one medication

1 Metoprolol.

2 Next he has been having ongoing
3 intermittent chest pain. He's had an extensive
4 cardiac evaluation for ischemic disease or coronary
5 disease and that has been negative.

6 And then he had a documented, and I did
7 see the rhythm strip from cardiac rehab, on August
8 23rd of '21, he had what is called an accelerated
9 junctional rhythm during rehab. It lasted ten
10 seconds. It was not associated with hypotension.
11 The rate was in the 70's, that is why it is called
12 accelerated because the normal junctional rhythm
13 would be in the 40's to 50's. But that was
14 evaluated at least by telephone by a cardiologist
15 from Mayo who did not express concern about that
16 and advised if it occurred again that he should
17 have a long -- you know, a 30-day cardiac event
18 monitor to look for any arrhythmia.

19 Along the lines of arrhythmia, that was
20 evaluated as a possible cause of his multiple
21 fainting spells, syncopal events. And even with
22 the monitor at Mayo, when he wore a prolonged
23 monitor and he had an event, there was no abnormal
24 rhythm.

1 Next is myocarditis, which is
2 inflammation of the heart muscle, that is sometimes
3 seen with acute Covid infection.

4 During his hospital admission in
5 February, February of 2021, he had possible area of
6 myocarditis seen on his cardiac MRI. This again
7 was repeated and it was unchanged on a subsequent
8 cardiac MRI. Cardiologists from Mayo did not think
9 this was a clinically significant myocarditis. In
10 other words, he didn't have heart failure or
11 permanent damage to the heart muscle function as
12 measured by an echocardiogram.

13 And then he was admitted. There was a
14 question of a stroke or TIA, a transient ischemic
15 event. He was admitted to Lutheran with facial
16 weakness and slurred speech. All of his neuro
17 imaging, CT angiogram of the head and neck, MRI,
18 MRA of the head and neck, which were repeated, were
19 negative for any area of stroke within the brain.

20 The neurologist concluded that this was
21 unlikely to represent a TIA or a stroke. One
22 neurologist from Mayo thought it could possibly be
23 related to a migraine because it was often followed
24 by a headache.

1 And then the syncopal episodes, the
2 fainting spells, which were numerous by his report,
3 without warning he just dropped. One of them was
4 captured as he mentioned on a home camera. The
5 home video was reviewed by a neurologist at Mayo.
6 It was advised that he wear a long -- for an
7 extended period of time, he wear an EEG monitor,
8 which is to look for any seizure activity within
9 the brain, and to wear a cardiac monitor to look
10 for any abnormal rhythm as the cause of syncope.

11 This was done at Mayo and he had one
12 episode that was witnessed by the staff there. He
13 was wearing restraints so he didn't actually hit
14 the ground but he did pass out. So there is three
15 things. The nurse reported that he was holding his
16 breath.

17 The EEG and cardiac event monitors were
18 all negative. There was no seizure activity. No
19 abnormal rhythm.

20 The conclusion from the specialists at
21 Mayo was that these were not cardiac or neurologic
22 in their cause but rather likely to be functional.
23 Meaning there was no medical explanation but rather
24 a psychological explanation was more likely.

1 And then the diagnosis of dysautonomia,
2 this is abnormal function of the autonomic nervous
3 system. This is the part of the nervous system
4 that is not under our control.

5 For example, when you stand up, there is
6 blood pooling in your legs. The body has to
7 compensate for that otherwise you would faint, feel
8 dizzy, so your arteries and veins in your leg
9 constrict. Force blood back up to the heart. The
10 heart beats faster and more vigorously for a period
11 of time. That is the normal autonomic response so
12 that the brain remains perfused with blood and you
13 don't pass out.

14 This was considered as a possible cause
15 of his multiple syncopal episodes. But he had a
16 tilt table test, which is a specific test for
17 looking for any abnormal response of your pulse and
18 blood pressure with changes in body position.

19 Even though he subjectively reported that
20 he was feeling lightheaded, that he might faint,
21 seven minutes into the study, it was really
22 negative.

23 In addition at Mayo, they did very
24 specific chemical tests for dysautonomia which were

1 also all negative.

2 Then later in his course he developed
3 constipation or changes in bowel habits. He was
4 determined to have abnormal muscular function for
5 the muscles that are involved with defecation.
6 They weren't working as well as they should
7 possibly causing his constipation.

8 The conclusion from the physicians at
9 Mayo was that this could be related to work stress
10 or possibly anxiety from having Covid. Either way
11 he required physical therapy specific to pubic
12 floor dysfunction. And at least by his report when
13 I spoke to him, it sounds like that therapy was
14 effective and that he's having normal bowel
15 movements on a regular schedule as opposed to once
16 a week.

17 And then sleep apnea. He underwent a
18 sleep study at Mayo that showed mild obstructive
19 sleep apnea. That is the upper airway would close
20 off when he was lying flat and sleeping.

21 As he expressed, it was his opinion, to
22 the Mayo physicians, that this could be related to
23 Covid. It could also be the cause of his syncope.
24 The physicians at Mayo specifically stated that

1 they did not agree, you know, that the sleep apnea
2 was the cause.

3 It was also noted that he gained 30
4 pounds during all of this, which probably would be
5 a more likely explanation for upper airway
6 obstruction when you lay flat.

7 And then, you know, either way his
8 subjective sleep has improved with CPAP and by his
9 report his syncopal episodes have all resolved.

10 Again, this wouldn't make sense from a
11 medical standpoint and it wasn't the opinion of any
12 of the subspecialists at the Mayo Covid Clinic.

13 However, interestingly, Dr. Van has
14 written that he thinks that the two are connected.

15 I would say that Dr. Van's opinion does
16 not fit with the opinions of the other specialists
17 at the Mayo Clinic.

18 Q I'm sorry, let me stop you there for a
19 minute. Just focusing on the sleep apnea issue,
20 that sounds like that sleep apnea is a result of
21 some physical factor that a person has. Do you
22 know of any literature that says that Covid causes
23 sleep apnea?

24 A I think Covid can cause sleep apnea if it

1 is a neurologic central based sleep apnea. Meaning
2 it is your respiratory drive neurologically that is
3 causing it.

4 Though, when it is specifically
5 obstructive, meaning the upper airway collapses on
6 itself when you lay flat and sleep, no.

7 Q That is what he has, he has the
8 obstructive issue?

9 A Yes.

10 Q Based on what you have seen in these
11 records, does it appear to you that he doesn't have
12 or does he have a medical condition currently that
13 is preventing him from performing his duties
14 related to Covid?

15 A I don't think he has a current medical
16 condition that would prevent him from -- related to
17 Covid that would prevent him from working, no.

18 Q You mentioned Dr. Van -- I am going to
19 shorten it because I can't pronounce it. But the
20 Mayo doctor, Dr. Van, that the applicant testified
21 to at Mayo, he did indicate he believes that he
22 should not -- he placed him at MMI and he does not
23 think he can return to laborious or safety
24 sensitive duties, that is his conclusion. Did he

1 give anything in the record to support that
2 conclusion?

3 A I didn't see an opinion from him as to
4 why he thought that. He stated that opinion very
5 early on in the Mayo evaluation so it was an
6 opinion from the beginning before, you know, all of
7 the diagnoses were -- you know, all the different
8 complaints were evaluated. Dr. Van didn't think
9 that he would be safely be able to go back to work.
10 So I related that to the syncopal episodes. That
11 if he was having frequent syncopal episodes he
12 wouldn't be safely able to drive or take care of a
13 patient.

14 I don't know why he persists with that
15 opinion after the syncope was fully evaluated by
16 the other Mayo subspecialists.

17 Q Would you agree with his opinion?

18 A Well, I do have concern about him
19 returning to safety sensitive duty primarily
20 because of the functional nature of these syncopal
21 episodes. Meaning, I don't know if it will happen
22 again. From a psychological standpoint, I think
23 that needs to be further evaluated.

24 Q But the syncopal episodes I think are

1 related, at least as far as we have heard, to the
2 sleep apnea. That's the connection there to the
3 syncopal episodes or is that correct or are they
4 just of an unknown etiology?

5 A It's my opinion that neither of those
6 statements are correct. I think he's had a
7 thorough evaluation for his syncope. I think
8 experts at the Mayo Clinic have concluded that it
9 is functional. Meaning a nonmedical psychological
10 basis.

11 I think that they also clearly stated
12 that sleep apnea is not the cause of his syncope.
13 That his sleep specialists and neurologists both
14 said that's not the cause.

15 The only thing you can say is that the
16 episodes have stopped since he started using a CPAP
17 mask.

18 Q Other than that fact, there's nothing
19 else to indicate, at least what I am hearing from
20 you, that from a medical standpoint that you saw,
21 that his fainting episodes were the result of sleep
22 apnea, is that true?

23 A I am sorry, can you say that again?

24 Q Sure. Other than the fact that the

1 fainting episodes stopped after he used the CPAP,
2 as he testified to, is there any other medical
3 evidence in the record to indicate that the
4 fainting is caused by his sleep apnea, untreated
5 sleep apnea?

6 A There is no evidence -- there is no
7 medical evidence that his syncope is caused by
8 sleep apnea. There is only the fact that he
9 stopped having the episodes when he started using
10 the mask, CPAP.

11 MR. PINELLI: That is all the questions I
12 have of the doctor at this time.

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

15 Hearing none.

16 MR. PINELLI: Counsel, do you have any
17 questions?

18 MR. MARCONI: Yes, I just had a couple to
19 follow up.

20 EXAMINATION

21 BY MR. MARCONI:

22 Q Dr. Peters, I guess what I am not sure
23 about, what is this dysautonomia?

24 A A dysautonomia is malfunction of the

1 autonomic nervous system. Again, that is the part
2 of the nervous system that's not under our control.
3 Usually we are referring to responses of pulse and
4 blood pressure to changes in body position. That
5 doesn't occur normally in somebody who has
6 autonomic dysfunction.

7 Q So, my understanding from going to Dr.
8 Google is it basically -- it is part of the nervous
9 system that controls involuntary bodily functions,
10 like heartbeat, breathing and digestion. Do you
11 think that is accurate?

12 A Yes.

13 Q So could a sleep issue be caused by this
14 nervous system problem or issue?

15 A Vince asked me that question. If it was
16 a central sleep apnea caused by a neurologic
17 problem or it was a cardiovascular issue where his
18 heart rate either stopped -- his heart rate went to
19 zero, he went to asystole, or it became very
20 bradycardiac, very slow. But not obstructive which
21 is really from upper airway collapse in the back of
22 your throat.

23 Q I know you indicated that the sleep issue
24 -- I think you said the sleep issues are not

1 related to the Covid or could they be related to
2 the Covid?

3 A It's my opinion that they are not related
4 to the Covid. That was the opinion of other
5 physicians at Mayo.

6 Q I was looking at your report on 2.4 and I
7 think it is like the fourth paragraph from the
8 bottom. You indicate that Dr. Van stated, "Of
9 course, the patient did not have difficulties with
10 his GI symptoms or sleeping prior to his COVID-19
11 infection. We have seen similar symptoms in other
12 patients ranging from mild to severe. Based on the
13 timeline reported by the patient, in my medical
14 opinion, the patient's sleep issues are related to
15 his COVID-19 infection from work".

16 I am assuming that his treating physician
17 Dr. Van -- his opinion is that they are related, is
18 that fair to say?

19 A Yes. I want to clarify from the question
20 you just asked me before. When we refer to the
21 physicians at Mayo, I am not referring to Dr. Van.
22 Dr. Van's opinion that you just read doesn't fit
23 with the opinions of the other doctors at Mayo. So
24 I am referring to the subspecialists that Dr. Van

1 referred to, that he sent him to. Those physicians
2 did not think that the sleep apnea was the cause.
3 Only Dr. Van has written an opinion that you just
4 read.

5 Q Those other specialists, you are talking
6 about the cardiologist, you are talking about the
7 GI doctor, is that correct?

8 A No. I am referring to the neurologist,
9 the epileptologist, the sleep study specialists.

10 Q Okay. But it seems that once he got over
11 there and they prescribed the CPAP machine, I mean
12 he did almost instantaneously stop having the falls
13 and the syncopal episodes?

14 A That is true but the physicians at Mayo
15 also concluded that these were functional episodes.

16 Q What does that mean?

17 A Meaning under his control of a
18 psychological etiology.

19 Q Do you know if they referred him out to
20 any -- I know sometimes you will see where they
21 will refer them out to a psychiatrist or a
22 psychologist to do an evaluation to determine
23 whether or not this could be a psychological issue?

24 A I didn't see a referral to a

1 psychiatrist, no.

2 Q In terms of -- I guess in the Mayo
3 records that I have read, I didn't see anything
4 where they indicated that it could be a
5 psychological issue.

6 A I can go through my note. I have it all
7 highlighted. Whenever they refer to it as a
8 behavioral/functional, that is what they are
9 talking about.

10 I can go through that specifically. But
11 if you look for the word behavioral, like the cause
12 of syncope, we have excluded cardiovascular and
13 seizure. And we have discussed with him that it is
14 behavioral or functional, that is what they are
15 referring to.

16 Q But there has never been a behavioral
17 analysis, though, by someone who specializes in
18 whatever psychological cause or something?

19 A I didn't see that in the records.

20 Q Then you indicated that, you know, you
21 talked about the risk of his going back to work in
22 a safety sensitive position. I have seen your name
23 on a lot of IMEs in suburban cases. Where normally
24 a doctor will refer a patient out maybe for a FCE,

1 a Functional Capacity Evaluation, correct?

2 A Yes.

3 Q Do you think that would apply? I mean,
4 would that be a good idea here to determine whether
5 or not Mr. Hesslau could be tested to see if he
6 could perform the specific job or would that not
7 apply in this situation?

8 A It's my opinion that -- I haven't seen
9 evidence from a physical standpoint he's not able
10 to perform the requirements of his job. The
11 concern I expressed was because he's had a history
12 of what appears to be functional or behavioral
13 fainting spells and I am not sure why that is
14 happening but I think it should be evaluated from a
15 psychological standpoint.

16 Q That could be further treatment then,
17 correct? I mean, if he went back to Dr. Van and
18 even asked for a referral to see if that might be
19 the cause of his loss of functioning when his mask
20 falls off or when he is up too long, that is
21 something he could explore?

22 A Yes.

23 Q Is there any reason from reading the
24 records why Mayo wouldn't have done that? It

1 doesn't sound like they did.

2 A I can't guess why they didn't, except the
3 events stopped.

4 Q Okay. I think we talked about this in
5 the prior hearing. This Dr. Vanichkachorn -- he
6 is -- obviously, I am assuming he has a good
7 reputation because he is -- I don't want to say
8 leading the clinic but he's at least the point
9 person here for the care of Mr. Hesslau.

10 A I would assume -- I mean, he appears to
11 be highly qualified.

12 Q He seems to be specialized just in this
13 -- right now specialized in this long hauler Covid
14 I will call it a syndrome, long haul, whatever. He
15 specializes in this area where people are having
16 these continuing issues with Covid related illness,
17 they usually send them to Mayo or they can send
18 them to Mayo?

19 A I have seen other people referred to Mayo
20 but again there is people who often will see their
21 own specialists in the area, multiple specialists,
22 referred by their primary care physician. Or they
23 will go to one of the other post-Covid specialty
24 clinics in the Chicago area and then people often

1 go to Mayo as well.

2 Q I mean, I am assuming, and correct me if
3 I am wrong, I realize you're saying that you see
4 the word behavioral in there. You are not
5 intimating that he is malingering?

6 A The definition of maligning would be
7 doing it for gain. I am not suggesting that at
8 all. I am really not suggesting anything like
9 that. I am conveying to the Board what the
10 conclusions of the subspecialists at Mayo -- what
11 their opinion was based on all of the testing they
12 did to evaluate medical causes of syncope.

13 Q You didn't see anything in the records
14 that prior to Covid he had any sleep apnea or any
15 kind of sleeping issues prior to this?

16 A No. But I did see that he gained 30
17 pounds during Covid.

18 Q Have you seen that in other patients
19 where due to, I don't know, one or more factors
20 that there can be weight gain with post-Covid long
21 haulers?

22 A I haven't seen weight gain as a result of
23 a chronic Covid condition. I think people that
24 were homebound, you know, weren't doing their usual

1 activities. I don't think that is unusual for
2 somebody to gain weight.

3 Q It might not mean medically related to
4 Covid but due to the effects of Covid. Whether it
5 is mental, whether it is physical, staying at home,
6 like you said that could lead to some people
7 putting on weight?

8 A Yes.

9 Q I didn't see anything -- just so we're
10 clear, I didn't see anything in the records, maybe
11 I missed it, about the weight gain being the cause
12 for the sleep apnea. Was that ever a conclusion
13 from Mayo or are you doing it as a process of
14 elimination?

15 A If you can give me a few seconds to find
16 that part of the note.

17 MR. PINELLI: Counsel, while he's looking
18 for that, I assume we're getting close to the end
19 here with testimony?

20 MR. MARCONI: Yes.

21 MR. PINELLI: Okay.

22 DOCTOR PETERS: I am having trouble
23 finding the part with the 30-pound weight gain, but
24 it was made by the physicians in the context of

1 sleep apnea.

2 MR. PINELLI: Is that on Page 2.4 of your
3 report or you reference it about the middle of the
4 way down?

5 DOCTOR PETERS: Oh, I do. Okay, hold on
6 a second.

7 MR. PINELLI: The sentence starts "was
8 seen by Dr. Kammi Grayson".

9 DOCTOR PETERS: Hold on one second.

10 Yes. So he was seen by the sleep
11 specialist and part of the history was that his
12 wife had noted he was snoring more and that he had
13 gained 30 pounds.

14 I mention that because that is relevant
15 to a new diagnosis of obstructive sleep apnea. He
16 included that as relevant history so.

17 Q He definitely has a weight gain as far as
18 you know?

19 A Yes.

20 MR. MARCONI: I don't have anything
21 further, Vince.

22 MR. PINELLI: Thank you.

23 MEMBER MURPHY: I'd like to make a motion
24 to go into executive session under 2(c)4 of the

1 Open Meetings Act.

2 MEMBER MARTIN: Second.

3 CHAIRMAN FORTUNA: There is a motion to
4 go into executive session seconded by Trustee
5 Martin.

6 Trustee Murphy.

7 MEMBER MURPHY: Yes.

8 CHAIRMAN FORTUNA: Trustee Sheridan.

9 MEMBER SHERIDAN: Yes.

10 CHAIRMAN FORTUNA: Trustee
11 Conyears-Ervin.

12 MEMBER CONYEARS-ERVIN: Yes.

13 CHAIRMAN FORTUNA: Trustee Soni.

14 MEMBER SONI: Yes.

15 CHAIRMAN FORTUNA: Trustee Martin

16 MEMBER MARTIN: Yes.

17 CHAIRMAN FORTUNA: Trustee Tebbens.

18 MEMBER TEBBENS: Yes.

19 CHAIRMAN FORTUNA: And I am a yes.

20 Motion carries.

21 (Whereupon, the Board went into
22 Executive Session off the record.
23 No action was taken in Executive
24 Session.)

1 MEMBER MURPHY: Mr. President, I'd like
2 to make a motion to grant the benefits requested by
3 Paramedic in Charge Daniel Hesslau.

4 MEMBER MARTIN: Second.

5 CHAIRMAN FORTUNA: There is a motion to
6 grant by Trustee Murphy. Seconded by Trustee
7 Martin.

8 Trustee Murphy.

9 MEMBER MURPHY: No.

10 CHAIRMAN FORTUNA: Trustee Sheridan.

11 MEMBER SHERIDAN: No.

12 CHAIRMAN FORTUNA: Trustee
13 Conyears-Ervin.

14 MEMBER CONYEARS-ERVIN: No.

15 CHAIRMAN FORTUNA: Trustee Soni.

16 MEMBER SONI: No.

17 CHAIRMAN FORTUNA: Trustee Martin

18 MEMBER MARTIN: No.

19 CHAIRMAN FORTUNA: Trustee Tebbens.

20 MEMBER TEBBENS: Yes.

21 CHAIRMAN FORTUNA: I am a no.

22 Motion fails.

23 MEMBER MURPHY: I would like to make a
24 motion to deny the benefits requested.

1 MEMBER MARTIN: Second.

2 CHAIRMAN FORTUNA: There is a motion to
3 deny by Trustee Murphy. Seconded by Trustee
4 Martin.

5 Trustee Murphy.

6 MEMBER MURPHY: Yes.

7 CHAIRMAN FORTUNA: Trustee Sheridan.

8 MEMBER SHERIDAN: Yes.

9 CHAIRMAN FORTUNA: Trustee
10 Conyears-Ervin.

11 MEMBER CONYEARS-ERVIN: Yes.

12 CHAIRMAN FORTUNA: Trustee Soni.

13 MEMBER SONI: Yes.

14 CHAIRMAN FORTUNA: Trustee Martin

15 MEMBER MARTIN: Yes.

16 CHAIRMAN FORTUNA: Trustee Tebbens.

17 MEMBER TEBBENS: No.

18 CHAIRMAN FORTUNA: I am a yes.

19 MS. BURNS: That motion passes.

20 We would recommend that we prepare
21 Findings of Fact consistent with the Board's
22 direction just now. We will have those available
23 for the member and his attorney by next month for
24 adoption by the Board.

1 CHAIRMAN FORTUNA: Mr. Hessler, are you
2 on?

3 MR. HESSLAU: Yes, I am here.

4 CHAIRMAN FORTUNA: Based on the evidence
5 we have heard and considered, the Trustees have
6 voted to deny the benefit that you have requested.

7 You will be notified my mail of the
8 Findings of Fact and the Board's decision. Thank
9 you.

10 MEMBER MURPHY: Mr. President, moving on
11 to B, request for a handicapped child annuity.

12 MS. BURNS: This is scheduled for a
13 hearing today on a handicapped child annuity. This
14 woman applied for the benefit in August. She is a
15 approximately 40-year old woman, who was looking
16 for a benefit, based on her handicapped status.
17 She has bipolar disease. More accurately, she has
18 been diagnosed with bipolar disease.

19 Our Member was Robert Doyle, who died in
20 April of 2021. While this matter was pending, the
21 applicant Ms. Megan Doyle died. She died at the
22 end of the year on December 19th.

23 As a result of her death, it is our
24 opinion that her claim for a benefit abates. I

1 know that is a hard concept but what that means is
2 that her claim for a child's annuity did not
3 survive her death.

4 We base that opinion on the Illinois
5 Appellate Court's decision in the Hooker case and
6 in the Reynolds case. Both cases involved the
7 Firemen's Annuity and Benefit Fund of Chicago.

8 We also base it on the Illinois Pension
9 Code, which says that claims that Members have or
10 their beneficiaries have are not assignable. So it
11 is not like she can assign this claim to anybody
12 else to pursue on her behalf.

13 Lastly, the Illinois Survivor's Act makes
14 it very clear that this type of action doesn't
15 survive the death of the person bringing the claim.

16 So for all of those factors, as well as
17 the fact that this money, if it were granted, would
18 have been to be paid to a Special Needs trust and
19 the trust provided that nobody who was born more
20 than a day before this applicant could receive the
21 benefit, so there would be nobody the Fund would be
22 able to pay the benefits to that is connected with
23 this woman. In other words, she didn't have
24 children that we could pay the benefit to if

1 granted. That leads us to believe and to recommend
2 to you that this claim has abated and that the
3 family should be notified of this decision of the
4 Board as a final action and they will have the
5 right to take it up on appeal to the Circuit Court
6 of Cook County, if they feel like they want to
7 appeal our decision. That is our recommendation
8 from a legal perspective.

9 MEMBER MURPHY: Motion to follow
10 counsel's recommendation in this matter.

11 MEMBER MURPHY: Second.

12 CHAIRMAN FORTUNA: Motion by Trustee
13 Martin. Seconded by Trustee Murphy.

14 Trustee Murphy.

15 MEMBER MURPHY: Yes.

16 CHAIRMAN FORTUNA: Trustee Sheridan.

17 MEMBER SHERIDAN: Yes.

18 CHAIRMAN FORTUNA: Trustee

19 Conyears-Ervin.

20 MEMBER CONYEARS-ERVIN: Yes.

21 CHAIRMAN FORTUNA: Trustee Martin

22 MEMBER MARTIN: Yes.

23 CHAIRMAN FORTUNA: Trustee Tebbens.

24 MEMBER TEBBENS: Yes.

1 CHAIRMAN FORTUNA: And I am a yes.

2 Motion carries.

3 MEMBER MURPHY: Mr. President, I'd like
4 to move to Number 5. I would like to make a motion
5 to approve the Board Physician's Reviews of
6 Disability Recipients.

7 MEMBER MARTIN: Second.

8 CHAIRMAN FORTUNA: There is a motion by
9 Trustee Murphy. Seconded by Trustee Martin.

10 Trustee Murphy.

11 MEMBER MURPHY: Yes.

12 CHAIRMAN FORTUNA: Trustee Sheridan.

13 MEMBER SHERIDAN: Yes.

14 CHAIRMAN FORTUNA: Trustee
15 Conyears-Ervin.

16 MEMBER CONYEARS-ERVIN: Yes.

17 CHAIRMAN FORTUNA: Trustee Martin

18 MEMBER MARTIN: Yes.

19 CHAIRMAN FORTUNA: Trustee Tebbens.

20 MEMBER TEBBENS: Yes.

21 CHAIRMAN FORTUNA: And I am a yes.

22 Motion carries.

23 MEMBER MURPHY: Mr. President, I would
24 like to move on to 6, Investments, and I'd like to

1 turn this over to Lorna for now and have Trustee
2 Martin jump in with Lorna.

3 MS. SCOTT: My thought is that I would
4 table most of my report to the Investment Committee
5 meeting and just jump right down to the motion that
6 I need from this meeting. Does that sound good?

7 CHAIRMAN FORTUNA: Yes.

8 MS. SCOTT: The motion I need, looking at
9 the rebalancing template, Jackie is going to need
10 \$16 and a half million to cover operations this
11 month.

12 This is the allocations as of January
13 22nd. If you look down, we have cash in our
14 investment account of \$14 million. Jackie needs
15 \$16 and a half million.

16 So the recommendation is to use most of
17 that cash and to raise an additional \$3 million.
18 The plan is to take \$2 million from Keeley, which
19 is a small cap manager. What that does is reduce
20 our overweight to small cap just a little bit. And
21 then also take \$1 million from Ernest, which is a
22 fixed income manager. We are underweight here but
23 Ernest has cash available.

24 The idea is given the volatility in the

1 market just to go ahead and use the cash that we
2 have as opposed to do more trading.

3 If we look at the variance, again, these
4 targets have been updated for the new model that
5 was approved in December. So we're off target just
6 by definition of the model changing. But at the
7 same time, it's going to take a couple of RFPs to
8 get us closer to target. But in the interim, we
9 can balance towards the new target as there are
10 cash raises.

11 We are still overweight in public
12 equities, underweight private. So that is a total
13 overweight to equities offset by under target to
14 real assets and fixed income.

15 I am looking for a motion to raise up to
16 \$3 million as indicated on the rebalancing
17 template.

18 MEMBER MURPHY: Mr. President, I would
19 like to make a motion as recommended.

20 MEMBER SHERIDAN: Second.

21 CHAIRMAN FORTUNA: There's a motion by
22 Trustee Murphy. Seconded by Trustee Sheridan.

23 Trustee Murphy.

24 MEMBER MURPHY: Yes.

1 CHAIRMAN FORTUNA: Trustee Sheridan.

2 MEMBER SHERIDAN: Yes.

3 CHAIRMAN FORTUNA: Trustee

4 Conyears-Ervin.

5 MEMBER CONYEARS-ERVIN: Yes.

6 CHAIRMAN FORTUNA: Trustee Martin

7 MEMBER MARTIN: Yes.

8 CHAIRMAN FORTUNA: Trustee Tebbens.

9 MEMBER TEBBENS: Yes.

10 CHAIRMAN FORTUNA: And I am a yes.

11 Motion carries.

12 MS. SCOTT: That is all the motions for
13 investments and so I can hold off on my report.

14 There are a lot of good charts in here,
15 if you ask me when there is more time.

16 MEMBER MARTIN: Is Jackie on? Does she
17 want to say anything today?

18 MS. VLAHOS: For the investments, I am
19 just hoping basically after this month it will be
20 the last drawdown we need. Basically due to timing
21 and after this we start getting our tax receipts
22 coming in. Hopefully, if they come in as they have
23 in the past years, we shouldn't have any other
24 drawdowns needed for the remainder of the year.

1 MS. BURNS: We can move on to the
2 administrative expenses.

3 MEMBER MURPHY: I'd like to make a motion
4 to approve administrative expenses as presented.

5 MEMBER SHERIDAN: Second.

6 CHAIRMAN FORTUNA: There's a motion by
7 Trustee Murphy. Seconded by Trustee Sheridan.

8 Trustee Murphy.

9 MEMBER MURPHY: Yes.

10 CHAIRMAN FORTUNA: Trustee Sheridan.

11 MEMBER SHERIDAN: Yes.

12 CHAIRMAN FORTUNA: Trustee

13 Conyears-Ervin.

14 MEMBER CONYEARS-ERVIN: Yes.

15 CHAIRMAN FORTUNA: Trustee Martin

16 MEMBER MARTIN: Yes.

17 CHAIRMAN FORTUNA: Trustee Tebbens.

18 MEMBER TEBBENS: Yes.

19 CHAIRMAN FORTUNA: And I am a yes.

20 Motion carries.

21 MEMBER MURPHY: Mr. President, moving on
22 to Number 8, the Budget Committee report. As of
23 now I don't know if anyone has anything to add in
24 addition to what was brought up in the Budget

1 Committee minutes, which was approved earlier. Are
2 there any additions?

3 MR. WELLER: Jackie and I are available
4 to address any questions, if there are any.

5 MEMBER MURPHY: There was one
6 recommendation from the Budget Committee meeting.
7 I'd like to make a motion to adopt that
8 recommendation to adopt the 2022 Budget as
9 proposed.

10 MEMBER TEBBENS: Second.

11 CHAIRMAN FORTUNA: Motion to adopt by
12 Trustee Murphy. Seconded by Trustee Tebbens.

13 Trustee Murphy.

14 MEMBER MURPHY: Yes.

15 CHAIRMAN FORTUNA: Trustee Sheridan.

16 MEMBER SHERIDAN: Yes.

17 CHAIRMAN FORTUNA: Trustee

18 Conyears-Ervin.

19 MEMBER CONYEARS-ERVIN: Yes.

20 CHAIRMAN FORTUNA: Trustee Martin

21 MEMBER MARTIN: Yes.

22 CHAIRMAN FORTUNA: Trustee Tebbens.

23 MEMBER TEBBENS: Yes.

24 CHAIRMAN FORTUNA: And I am a yes.

1 Motion carries.

2 MEMBER MURPHY: Mr. President, moving to
3 the Executive Director's Report. Kelly, how much
4 time do you need?

5 MR. WELLER: I will go quick.

6 So with that, Mr. President wanted me to
7 express the 1099Rs for our Members will be going
8 out next week. We will be getting those out, that
9 is pending, that is just informational.

10 We have also put the Ethics Policy for
11 the FABF Board into BoardPaq. As part of that
12 Ethics Policy, there is an annual certification
13 that needs to be done. I will be working with each
14 of you to make sure that you acknowledge receipt.

15 CHAIRMAN FORTUNA: How many do we have?

16 MR. WELLER: Right now we have three in
17 and I will have two more by the end of this
18 meeting. The five that are present I will have and
19 I will work with the three who are remote to get
20 that done and report back to the Board when that is
21 completed.

22 We did have a discussion regarding the
23 term limit of our previous auditor. Through some
24 discussions with our previous auditor, we have

1 agreed to a one year term, which would have ended
2 for this year. It was recommended that we seek the
3 second RFP provider and to see if they can provide
4 the services for the second year of the audit.

5 We have done that. We secured Legacy
6 Professionals, LLC at the same rate and at the same
7 quote that they provided in their RFP.

8 Unless there is any objection that would
9 be raised by the Board, I would like to proceed
10 with signing those engagement letters and get the
11 audit started.

12 Is there anyone who disapproves?

13 MS. BURNS: Trustee Conyears-Ervin, are
14 you good with that? We had conversations and we
15 were very respectful to the vendors as you had
16 asked and they were very, very cooperative. Unless
17 you have questions, Kelly is going to execute the
18 new engagement letter.

19 MEMBER CONYEARS-ERVIN: Thank you all so
20 much. I don't have any questions or concerns. I
21 thank the team.

22 MR. WELLER: Thank you.

23 With that, Mr. President, the next order
24 in board packet is the certification of the

1 training for 2021. This letter will go on file as
2 public record. I have certified to you and you
3 have certified to the public that the Trustees have
4 met their annual training requirements for ethics.

5 CHAIRMAN FORTUNA: They are very
6 diligent.

7 MEMBER MURPHY: I would like to make a
8 motion to approve the indication of the Trustee
9 training for 2021 and direct the Executive Director
10 to take such action as required by law in relation
11 to that certification.

12 MEMBER TEBBENS: Second.

13 CHAIRMAN FORTUNA: There's a motion by
14 Trustee Murphy. Seconded by Trustee Tebbens.
15 Trustee Murphy.

16 MEMBER MURPHY: Yes.

17 CHAIRMAN FORTUNA: Trustee Sheridan.

18 MEMBER SHERIDAN: Yes.

19 CHAIRMAN FORTUNA: Trustee
20 Conyears-Ervin.

21 MEMBER CONYEARS-ERVIN: Yes.

22 CHAIRMAN FORTUNA: Trustee Martin

23 MEMBER MARTIN: Yes.

24 CHAIRMAN FORTUNA: Trustee Tebbens.

1 MEMBER TEBBENS: Yes.

2 CHAIRMAN FORTUNA: And I am a yes.

3 Motion carries.

4 MEMBER MURPHY:

5 MR. WELLER: Also, at the request of Mr.
6 President, I want to put on the agenda for approval
7 the list of approved ethics and training for 2022.

8 Most of these right now are showing to be
9 virtual but as the Omicron is beginning to I hope
10 subside some of these might become to attend
11 in-person again.

12 This is not meant to be an exhaustive
13 list. This is just meant to be a list that we will
14 add on and approve as new events appear. I would
15 like to ask for your approval.

16 CHAIRMAN FORTUNA: I know for a fact a
17 couple of NCPERS conferences have been moved to
18 virtual. I don't know if you have that.

19 MR. WELLER: I do have it noted, sir.

20 MEMBER MURPHY: Motion to approve the
21 revised list of Trustee education and training
22 opportunities pursuant to Section 1-150 of the
23 Pension Code and to approve the attendance of any
24 Trustee that attends an approved conference

1 consistent with the Board's travel reimbursement
2 policy.

3 MEMBER MARTIN: Second.

4 CHAIRMAN FORTUNA: Motion by Trustee
5 Murphy. Seconded by Trustee Martin.

6 Trustee Murphy.

7 MEMBER MURPHY: Yes.

8 CHAIRMAN FORTUNA: Trustee Sheridan.

9 MEMBER SHERIDAN: Yes.

10 CHAIRMAN FORTUNA: Trustee
11 Conyears-Ervin.

12 MEMBER CONYEARS-ERVIN: Yes.

13 CHAIRMAN FORTUNA: Trustee Martin

14 MEMBER MARTIN: Yes.

15 CHAIRMAN FORTUNA: Trustee Tebbens.

16 MEMBER TEBBENS: Yes.

17 CHAIRMAN FORTUNA: And I am a yes.

18 Motion carries.

19 MR. WELLER: My last two items will go
20 pretty quickly. The legislature update from Phelps
21 and Barry is in BoardPaq as well.

22 We have three pieces of legislation that
23 potentially could move for our consideration. You
24 can see that Phelps and Barry Legislative Report in

1 BoardPaq.

2 House Bill 3177, which essentially takes
3 back the refund language that was just passed out
4 of the Public Act that was last year acknowledging
5 that there was an error in LRB in drafting.

6 This Board has taken the position that it
7 is a reversal. Therefore, we don't have an opinion
8 on it but it has been brought up.

9 The second one is House Bill 4435, which
10 deals with MRSA, which is type of staph infection.

11 Again, I will provide more information,
12 if anybody wants more. Essentially, this just has
13 been introduced. We checked on the impact of this.
14 It will be virtually nominal so I think this Board
15 has been conveyed to me as neutral on the impact of
16 it. Just if it is necessary, it is necessary. The
17 legislature agrees with it. We don't have an
18 opinion.

19 MEMBER TEBBENS: This is presumptive for
20 65?

21 MR. WELLER: For that type of staph
22 infection that has been identified.

23 Finally, there is a bill that we are
24 watching that affects the Laborers which has to do

1 with the proxy.

2 CHAIRMAN FORTUNA: Would you explain that
3 one for me?

4 MR. WELLER: The City officials, who
5 serve on multiple boards, on some of the other
6 boards there is language that allows them to use a
7 proxy rather than to attend in-person.

8 The Laborer's are looking at their proxy
9 language as it pertains to the Treasurer. We have
10 looked at it. We don't have any opinion on it at
11 this board. I wanted to make you aware that that
12 is a conversation being had across the four City
13 funds, with the Trustees that serve on multiple
14 boards. It has been introduced into Senate Bill
15 2952.

16 MS. BURNS: Currently, the Municipal Fund
17 allows for a proxy. Laborers is trying to achieve
18 that option for their fund as well.

19 MEMBER TEBBENS: We don't have an
20 opinion?

21 MS. BURNS: We are not taking a position
22 on that, that is our recommendation.

23 If the Treasurer wants that, I am sure we
24 can talk about that.

1 MR. WELLER: At this point, I just wanted
2 the Board to be aware it is out there and there is
3 a conversation.

4 MEMBER TEBBENS: They don't have to
5 attend a meeting, to give their votes to another
6 Trustee?

7 MS. BURNS: Not to another Trustee, you
8 can never do that. They designate an individual,
9 at Municipal, Mr. Slack, the Deputy Treasurer, is
10 designated to sit for the Treasurer on the rare
11 occasion when she's not able to attend the meeting.
12 Mr. Slack can vote for the Treasurer.

13 That is a common practice. If it passes,
14 which I think it will, then we can look at what the
15 Board wants to do.

16 MR. WELLER: The President has asked me
17 where there is an overlapping City Council meeting
18 to look at ways to try to move our meeting
19 accordingly.

20 The Council has nicely posted the next
21 six months of meeting. This one was the only one
22 that overlaps until July.

23 I will come back with some conversation
24 about our recommendation for July and August, if

1 there is overlap there, which we anticipate there
2 will be.

3 It is very difficult for us to move off
4 of the third Wednesday to a Tuesday or Thursday,
5 because the other City plans box those days out.

6 CHAIRMAN FORTUNA: So everyone
7 understands, explain how they have their structure.

8 MR. WELLER: Because we have Trustees
9 that sit on multiple boards, and all of us post in
10 advance and all of us has had a tradition of having
11 these meetings on certain days, it becomes
12 difficult for us to have to move off a Wednesday.
13 Tuesdays and Thursdays for the most part are
14 blocked by the other boards.

15 For us our options are to move up, which
16 we have done. And we can see why that is relevant
17 on a day like today where there are issues to get
18 done in a short amount of time. Or, we can look at
19 perhaps meeting on a Monday or Friday.

20 I will work with Mr. President on the two
21 dates I know will be affected. We should not be
22 affected at least until July, unless something
23 changes.

24 With that, if there is no objection, I

1 will go back to the 8:30 start time. Is that
2 acceptable to everyone?

3 CHAIRMAN FORTUNA: Okay.

4 MR. WELLER: Where we have an overlap
5 that we can't move, we will continue with the eight
6 o'clock start time to accommodate the agenda that
7 we anticipate having over those meetings.

8 CHAIRMAN FORTUNA: Okay.

9 MR. WELLER: Mr. President, that
10 concludes my report.

11 MEMBER MURPHY: Motion to accept the
12 Executive Director's report.

13 MEMBER MARTIN: Second.

14 CHAIRMAN FORTUNA? Motion to accept by
15 Trustee Murphy. Seconded by Trustee Martin.

16 Trustee Murphy.

17 MEMBER MURPHY: Yes.

18 CHAIRMAN FORTUNA: Trustee Sheridan.

19 MEMBER SHERIDAN: Yes.

20 CHAIRMAN FORTUNA: Trustee
21 Conyears-Ervin.

22 MEMBER CONYEARS-ERVIN: Yes.

23 CHAIRMAN FORTUNA: Trustee Martin

24 MEMBER MARTIN: Yes.

1 CHAIRMAN FORTUNA: Trustee Tebbens.

2 MEMBER TEBBENS: Yes.

3 CHAIRMAN FORTUNA: And I am a yes.

4 Motion carries.

5 MEMBER MURPHY: Moving on to the next
6 item Legal Update. Counsel, would you please take
7 it away?

8 MS. BURNS: I am happy to report there is
9 nothing new to report. You have the case update.
10 There is one legal matter that I'd like to discuss
11 with the Trustees, if you are so inclined, and for
12 that I would recommend that we proceed in closed
13 session pursuant to Section 2(c)11 of the Open
14 Meetings Act as it may involve potential
15 litigation.

16 MEMBER MURPHY: Motion to go into closed
17 session as per counsel's advice.

18 MEMBER SHERIDAN: Second.

19 CHAIRMAN FORTUNA: Motion to go into
20 closed session by Trustee Murphy. Seconded by
21 Trustee Sheridan.

22 Trustee Murphy.

23 MEMBER MURPHY: Yes.

24 CHAIRMAN FORTUNA: Trustee Sheridan.

1 MEMBER SHERIDAN: Yes.

2 CHAIRMAN FORTUNA: Trustee

3 Conyears-Ervin.

4 MEMBER CONYEARS-ERVIN: Yes.

5 CHAIRMAN FORTUNA: Trustee Martin

6 MEMBER MARTIN: Yes.

7 CHAIRMAN FORTUNA: Trustee Tebbens.

8 MEMBER TEBBENS: Yes.

9 CHAIRMAN FORTUNA: And I am a yes.

10 Motion carries.

11 (Whereupon, the Board went into

12 Executive Session off the record.

13 No action was taken in Executive

14 Session.)

15 MEMBER MURPHY: Mr. President, do we have
16 any old business or new business?

17 Hearing none, I'd like to make a motion
18 to adjourn today's meeting.

19 MEMBER SHERIDAN: Second.

20 CHAIRMAN FORTUNA: Motion by Trustee
21 Murphy. Seconded by Trustee Sheridan.

22 All in favor?

23 (Chorus of ayes.)

24 CHAIRMAN FORTUNA: Opposed?

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Hearing none, motion carries.

Thank you.

(WHICH WERE ALL THE PROCEEDINGS
IN THE ABOVE-ENTITLED MEETING
AT THIS DATE AND TIME.)

1 STATE OF ILLINOIS)
2) SS.
3 COUNTY OF DU PAGE)
4
5

6 DEBORAH TYRRELL, being a Certified Shorthand
7 Reporter, on oath says that she is a court reporter
8 doing business in the County of DuPage and State of
9 Illinois, that she reported in shorthand the
10 proceedings given at the taking of said cause and
11 that the foregoing is a true and correct transcript
12 of her shorthand notes so taken as aforesaid; and
13 contains all the proceedings given at said cause.
14
15
16

17 *Debbie Tyrrell*

18 DEBBIE TYRRELL, CSR
19 License No. 084-001078
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\$	101:18 2(c)11 [1] - 116:13 2(c)4 [1] - 93:24 2.4 [2] - 86:6, 93:2 20 [2] - 1:12, 45:13 200 [1] - 59:18 2000 [1] - 18:10 2010 [1] - 41:23 2017 [1] - 41:9 2020 [7] - 19:10, 19:16, 19:23, 20:15, 26:9, 30:11, 43:20 2021 [10] - 6:22, 7:1, 7:2, 7:4, 7:6, 76:5, 97:20, 108:1, 108:9 2022 [6] - 1:14, 3:2, 6:23, 7:5, 105:8, 109:7 22 [9] - 38:23, 45:4, 45:7, 45:10, 45:15, 45:17, 56:7, 62:22, 63:13 22nd [1] - 101:13 23rd [3] - 45:4, 45:15, 75:8 24 [4] - 56:8, 61:21, 65:10 24-hour [6] - 45:24, 46:2, 56:6, 56:11, 61:20, 62:7 26 [2] - 1:14, 3:2 2952 [1] - 112:15 2nd [1] - 46:12	6	32:18, 44:8, 47:8 accordingly [2] - 44:6, 113:19 account [1] - 101:14 Accountant [1] - 2:18 accurate [4] - 18:22, 19:14, 73:23, 85:11 accurately [1] - 97:17 achieve [1] - 112:17 acknowledge [1] - 106:14 acknowledging [1] - 111:4 Act [9] - 3:17, 3:19, 3:21, 4:2, 4:6, 94:1, 98:13, 111:4, 116:14 acted [1] - 3:20 acting [1] - 49:11 action [5] - 94:23, 98:14, 99:4, 108:10, 117:13 active [4] - 5:24, 45:8, 46:23, 61:21 Active [4] - 2:5, 2:6, 2:7, 2:11 activities [5] - 21:7, 28:5, 71:3, 71:7, 92:1 activity [3] - 28:2, 77:8, 77:18 actual [2] - 49:18, 52:10 acute [3] - 31:1, 31:9, 76:3 add [2] - 104:23, 109:14 addition [3] - 41:24, 78:23, 104:24 additional [1] - 101:17 additions [1] - 105:2 address [4] - 4:10, 4:18, 27:11, 105:4 addressed [2] - 4:21, 39:15 adjourn [1] - 117:18 adjustments [1] - 6:15 administrative [2] - 104:2, 104:4 Administrative [2] - 6:20, 14:13 admission [5] - 16:24, 17:3, 39:21, 39:24, 76:4 admit [1] - 49:17 admitted [8] - 17:6, 17:9, 40:3, 40:6, 47:10, 48:9, 76:13, 76:15 adopt [4] - 37:17, 105:7, 105:8, 105:11	adoption [1] - 96:24 advance [1] - 114:10 advantage [1] - 32:22 advice [1] - 116:17 advised [6] - 5:10, 48:11, 49:16, 65:20, 75:16, 77:6 Advocate [1] - 69:7 affect [1] - 31:10 affected [3] - 31:2, 114:21, 114:22 affects [1] - 111:24 affidavit [5] - 18:16, 18:19, 42:23, 43:2, 43:19 aforesaid [1] - 119:12 afternoon [1] - 44:10 afterwards [2] - 44:24, 47:4 agenda [3] - 10:8, 109:6, 115:6 ago [1] - 4:20 agree [3] - 66:4, 80:1, 82:17 agreed [1] - 107:1 agrees [2] - 54:18, 111:17 ahead [1] - 102:1 Aid [2] - 64:24, 65:1 airway [4] - 79:19, 80:5, 81:5, 85:21 ALL [1] - 118:4 allocations [1] - 101:12 allow [1] - 25:17 allowed [2] - 52:11, 53:11 allows [4] - 3:18, 68:7, 112:6, 112:17 almost [2] - 55:13, 87:12 alone [3] - 51:1, 52:13, 53:16 ALSO [1] - 2:15 Ambulance [7] - 38:23, 45:4, 45:7, 45:10, 56:7, 62:22, 63:13 ambulance [14] - 20:20, 20:21, 41:17, 45:13, 45:18, 45:20, 45:21, 47:14, 47:17, 47:21, 49:3, 63:5, 65:9, 69:1 ambulances [1] - 45:11 Amelia [1] - 43:12 Amitriptyline [1] - 71:14 amount [1] - 114:18
'		7		
'21 [2] - 69:9, 75:8		70's [1] - 75:11 79 [1] - 18:14		
0		8		
011684 [1] - 14:16 06669 [1] - 12:1 07253 [1] - 11:6 08369 [2] - 10:10, 11:5 084-001078 [1] - 119:18		8 [1] - 104:22 8369 [1] - 8:22 8:00 [1] - 1:15 8:30 [1] - 115:1		
1		9		
1 [12] - 16:17, 17:4, 17:8, 19:10, 19:16, 19:23, 30:11, 39:16, 40:1, 40:5, 43:20, 101:21 1-150 [1] - 109:22 10.29 [1] - 19:6 100 [1] - 47:1 101-0640 [2] - 3:17, 3:22 10129 [2] - 8:22, 10:11 103 [1] - 44:16 104 [1] - 44:16 1094 [1] - 1:7 1099Rs [1] - 106:7 11 [4] - 16:17, 17:4, 17:8, 42:5 12 [3] - 39:17, 40:1, 40:5 12th [1] - 26:18 13 [3] - 6:22, 7:1, 7:4 13th [3] - 26:9, 26:12, 26:19 14229 [1] - 9:16 14524 [1] - 8:3 14994 [1] - 12:24 14th [1] - 66:23 15 [3] - 6:22, 7:2, 7:6 15650 [1] - 12:24 15681 [1] - 8:3 17 [1] - 18:10 19 [2] - 6:23, 7:5 190 [1] - 59:17 19th [1] - 97:22 1st [1] - 41:9		90-year [1] - 63:23 91-0715 [1] - 4:6 911 [2] - 64:9, 68:24 9th [2] - 47:24, 48:24		
2		A		
2 [3] - 29:22, 73:8,		a.m [1] - 1:15 abated [1] - 99:2 abates [1] - 97:24 able [15] - 50:9, 50:13, 52:14, 52:20, 52:22, 62:17, 62:19, 68:24, 70:23, 71:1, 82:9, 82:12, 89:9, 98:22, 113:11 abnormal [6] - 75:23, 77:10, 77:19, 78:2, 78:17, 79:4 ABOVE [1] - 118:5 above-entitled [1] - 1:11 ABOVE-ENTITLED [1] - 118:5 absolute [1] - 68:20 absolutely [3] - 25:13, 55:16, 59:8 Academy [2] - 21:10, 42:21 accelerated [2] - 75:8, 75:12 accept [2] - 115:11, 115:14 acceptable [1] - 115:2 accommodate [2] - 15:24, 115:6 accommodations [1] - 68:10 accordance [1] - 4:1 according [4] - 30:13,		
	3			
	3 [2] - 101:17, 102:16 30 [4] - 47:2, 80:3, 91:16, 93:13 30-day [1] - 75:17 30-pound [1] - 92:23 300 [1] - 1:12 30th [2] - 20:22, 20:23 3177 [1] - 111:2 32 [1] - 65:11			
	4			
	40 [1] - 46:22 40's [1] - 75:13 40-year [1] - 97:15 4435 [1] - 111:9 459 [1] - 45:5			
	5			
	5 [1] - 100:4 50's [1] - 75:13			

<p>analysis [1] - 88:17 AND [3] - 1:3, 2:13, 118:6 angiogram [1] - 76:17 ANNA [1] - 2:9 annual [2] - 106:12, 108:4 Annuitant [1] - 2:4 Annuities [5] - 8:1, 8:2, 8:20, 8:21 ANNUITY [1] - 1:3 annuity [3] - 97:11, 97:13, 98:2 Annuity [1] - 98:7 answer [1] - 52:20 answers [1] - 35:3 ANTHONY [1] - 2:7 anticipate [2] - 114:1, 115:7 anxiety [1] - 79:10 apnea [2] - 67:15, 68:1, 79:17, 79:19, 80:1, 80:19, 80:20, 80:23, 80:24, 81:1, 83:2, 83:12, 83:22, 84:4, 84:5, 84:8, 85:16, 87:2, 91:14, 92:12, 93:1, 93:15 Apnea [1] - 60:21 apologize [2] - 45:23, 54:6 appeal [2] - 99:5, 99:7 appear [3] - 70:10, 81:11, 109:14 APPEARANCES [1] - 2:1 Appellate [1] - 98:5 applicant [10] - 16:12, 17:5, 30:1, 38:22, 39:12, 40:2, 73:5, 81:20, 97:21, 98:20 applicants [3] - 15:17, 29:15, 73:1 application [6] - 16:6, 18:9, 18:16, 39:3, 41:8, 42:23 applications [1] - 15:12 applied [1] - 97:14 apply [3] - 42:14, 89:3, 89:7 approach [1] - 34:4 approval [5] - 4:4, 12:22, 15:11, 109:6, 109:15 Approval [3] - 6:20, 14:13 approve [14] - 7:3, 8:2, 8:21, 9:15, 10:10, 11:4, 13:17, 14:15,</p>	<p>100:5, 104:4, 108:8, 109:14, 109:20, 109:23 approved [5] - 53:12, 102:5, 105:1, 109:7, 109:24 April [1] - 97:20 area [6] - 53:20, 76:5, 76:19, 90:15, 90:21, 90:24 arrest [1] - 44:10 arrhythmia [2] - 75:18, 75:19 arteries [1] - 78:8 aside [1] - 73:20 asleep [1] - 56:19 assets [1] - 102:14 assign [1] - 98:11 assignable [1] - 98:10 assigned [3] - 45:3, 45:4, 62:22 assignment [6] - 6:14, 18:12, 45:1, 45:2, 61:17, 63:13 assignments [1] - 6:10 assisted [1] - 53:1 associated [3] - 35:10, 64:16, 75:10 assume [2] - 90:10, 92:18 assuming [8] - 43:3, 46:4, 46:17, 59:22, 63:5, 86:16, 90:6, 91:2 assumption [2] - 34:7, 34:8 asystole [1] - 85:19 AT [1] - 118:6 at-home [2] - 47:18, 47:19 attached [2] - 29:9, 72:19 attend [5] - 24:6, 109:10, 112:7, 113:5, 113:11 attendance [1] - 109:23 attends [1] - 109:24 attorney [3] - 15:16, 15:17, 96:23 attorney/client [1] - 5:11 ATTORNEYS [1] - 2:12 attorneys [1] - 5:9 audio [5] - 3:18, 5:2, 6:21, 7:1, 7:5 audit [2] - 107:4, 107:11</p>	<p>auditor [2] - 106:23, 106:24 August [3] - 75:7, 97:14, 113:24 autonomic [4] - 78:2, 78:11, 85:1, 85:6 available [4] - 4:4, 96:22, 101:23, 105:3 avid [1] - 21:10 aware [2] - 112:11, 113:2 eyes [1] - 117:23</p>	<p>39:11, 98:12 behavioral [5] - 88:11, 88:14, 88:16, 89:12, 91:4 behavioral/functional [1] - 88:8 behind [2] - 44:13, 68:12 believes [1] - 81:21 beneficiaries [1] - 98:10 BENEFIT [1] - 1:3 Benefit [4] - 11:22, 16:6, 39:3, 98:7 benefit [7] - 38:16, 97:6, 97:14, 97:16, 97:24, 98:21, 98:24 benefited [1] - 58:22 benefits [4] - 35:23, 95:2, 95:24, 98:22 Benefits [1] - 10:9 best [1] - 38:19 biddable [1] - 62:18 big [1] - 53:1 Bill [3] - 111:2, 111:9, 112:14 bill [1] - 111:23 bipolar [2] - 97:17, 97:18 bit [1] - 101:20 Blake [1] - 13:18 blame [2] - 65:21, 66:6 blanket [1] - 50:19 blocked [1] - 114:14 blood [15] - 53:1, 53:2, 53:4, 58:2, 59:17, 59:22, 62:2, 71:13, 74:20, 74:22, 78:6, 78:9, 78:12, 78:18, 85:4 BOARD [3] - 1:2, 2:2, 2:12 Board [47] - 2:18, 3:2, 3:23, 4:7, 4:8, 4:11, 4:18, 4:21, 4:23, 4:24, 15:20, 16:15, 16:17, 17:4, 17:8, 29:9, 29:16, 29:22, 32:7, 39:15, 39:16, 40:1, 40:5, 42:9, 45:6, 55:12, 65:17, 69:5, 72:19, 73:2, 73:8, 74:10, 91:9, 94:21, 96:24, 99:4, 100:5, 106:11, 106:20, 107:9, 111:6, 111:14, 113:2, 113:15, 117:11 board [3] - 6:23,</p>	<p>107:24, 112:11 Board's [6] - 36:16, 38:18, 51:9, 96:21, 97:8, 110:1 BoardPaq [3] - 106:11, 110:21, 111:1 boards [5] - 112:5, 112:6, 112:14, 114:9, 114:14 bodily [1] - 85:9 body [7] - 31:10, 50:4, 59:20, 69:12, 78:6, 78:18, 85:4 bona [1] - 50:24 born [1] - 98:19 bottom [3] - 65:22, 74:10, 86:8 bowel [2] - 79:3, 79:14 box [2] - 61:4, 114:5 boxes [1] - 61:3 bradycardiac [1] - 85:20 brain [4] - 50:14, 76:19, 77:9, 78:12 breached [1] - 5:11 breath [5] - 44:17, 70:4, 70:12, 70:16, 77:16 breath [1] - 69:22 breathing [6] - 31:19, 46:4, 48:5, 60:16, 70:11, 85:10 bricks [1] - 44:22 brief [2] - 4:10, 71:21 Brief [1] - 6:7 briefly [3] - 21:23, 30:20, 45:7 bring [1] - 59:4 bringing [1] - 98:15 brother [1] - 53:14 brother-in-law [1] - 53:14 brought [3] - 54:17, 104:24, 111:8 buddies [1] - 50:10 Budget [5] - 6:23, 104:22, 104:24, 105:6, 105:8 built [1] - 53:20 bunk [1] - 68:14 BURKE [1] - 2:13 BURNS [19] - 2:13, 2:13, 3:4, 3:6, 3:8, 3:10, 3:14, 3:16, 15:13, 15:23, 16:3, 96:19, 97:12, 104:1, 107:13, 112:16, 112:21, 113:7, 116:8 busier [1] - 45:12</p>
B				
<p>baby [1] - 50:20 babysitter [1] - 50:24 bag [1] - 44:22 balance [1] - 102:9 Balk [1] - 22:6 Band [2] - 64:24, 65:1 Band-Aid [2] - 64:24, 65:1 Barry [2] - 110:21, 110:24 base [2] - 98:4, 98:8 Based [2] - 38:13, 97:4 based [9] - 12:3, 14:16, 30:4, 53:17, 81:1, 81:10, 86:12, 91:11, 97:16 basement [9] - 46:20, 46:21, 46:22, 47:5, 47:12, 48:5, 48:19, 48:21, 60:5 basis [7] - 21:12, 45:19, 61:15, 63:18, 64:22, 65:3, 83:10 basket [1] - 47:6 bathroom [2] - 46:20, 69:11 Battalion [2] - 45:5, 45:16 beats [1] - 78:10 became [3] - 24:18, 51:2, 85:19 become [2] - 48:14, 109:10 becomes [1] - 114:11 bed [2] - 68:5, 69:11 bedroom [1] - 50:19 BEFORE [1] - 1:1 began [3] - 18:10, 26:8, 26:19 begin [3] - 15:19, 25:2, 39:14 beginning [3] - 11:5, 82:6, 109:9 behalf [4] - 6:2, 16:11,</p>	<p>auditor [2] - 106:23, 106:24 August [3] - 75:7, 97:14, 113:24 autonomic [4] - 78:2, 78:11, 85:1, 85:6 available [4] - 4:4, 96:22, 101:23, 105:3 avid [1] - 21:10 aware [2] - 112:11, 113:2 eyes [1] - 117:23</p>	<p>39:11, 98:12 behavioral [5] - 88:11, 88:14, 88:16, 89:12, 91:4 behavioral/functional [1] - 88:8 behind [2] - 44:13, 68:12 believes [1] - 81:21 beneficiaries [1] - 98:10 BENEFIT [1] - 1:3 Benefit [4] - 11:22, 16:6, 39:3, 98:7 benefit [7] - 38:16, 97:6, 97:14, 97:16, 97:24, 98:21, 98:24 benefited [1] - 58:22 benefits [4] - 35:23, 95:2, 95:24, 98:22 Benefits [1] - 10:9 best [1] - 38:19 biddable [1] - 62:18 big [1] - 53:1 Bill [3] - 111:2, 111:9, 112:14 bill [1] - 111:23 bipolar [2] - 97:17, 97:18 bit [1] - 101:20 Blake [1] - 13:18 blame [2] - 65:21, 66:6 blanket [1] - 50:19 blocked [1] - 114:14 blood [15] - 53:1, 53:2, 53:4, 58:2, 59:17, 59:22, 62:2, 71:13, 74:20, 74:22, 78:6, 78:9, 78:12, 78:18, 85:4 BOARD [3] - 1:2, 2:2, 2:12 Board [47] - 2:18, 3:2, 3:23, 4:7, 4:8, 4:11, 4:18, 4:21, 4:23, 4:24, 15:20, 16:15, 16:17, 17:4, 17:8, 29:9, 29:16, 29:22, 32:7, 39:15, 39:16, 40:1, 40:5, 42:9, 45:6, 55:12, 65:17, 69:5, 72:19, 73:2, 73:8, 74:10, 91:9, 94:21, 96:24, 99:4, 100:5, 106:11, 106:20, 107:9, 111:6, 111:14, 113:2, 113:15, 117:11 board [3] - 6:23,</p>	<p>107:24, 112:11 Board's [6] - 36:16, 38:18, 51:9, 96:21, 97:8, 110:1 BoardPaq [3] - 106:11, 110:21, 111:1 boards [5] - 112:5, 112:6, 112:14, 114:9, 114:14 bodily [1] - 85:9 body [7] - 31:10, 50:4, 59:20, 69:12, 78:6, 78:18, 85:4 bona [1] - 50:24 born [1] - 98:19 bottom [3] - 65:22, 74:10, 86:8 bowel [2] - 79:3, 79:14 box [2] - 61:4, 114:5 boxes [1] - 61:3 bradycardiac [1] - 85:20 brain [4] - 50:14, 76:19, 77:9, 78:12 breached [1] - 5:11 breath [5] - 44:17, 70:4, 70:12, 70:16, 77:16 breath [1] - 69:22 breathing [6] - 31:19, 46:4, 48:5, 60:16, 70:11, 85:10 bricks [1] - 44:22 brief [2] - 4:10, 71:21 Brief [1] - 6:7 briefly [3] - 21:23, 30:20, 45:7 bring [1] - 59:4 bringing [1] - 98:15 brother [1] - 53:14 brother-in-law [1] - 53:14 brought [3] - 54:17, 104:24, 111:8 buddies [1] - 50:10 Budget [5] - 6:23, 104:22, 104:24, 105:6, 105:8 built [1] - 53:20 bunk [1] - 68:14 BURKE [1] - 2:13 BURNS [19] - 2:13, 2:13, 3:4, 3:6, 3:8, 3:10, 3:14, 3:16, 15:13, 15:23, 16:3, 96:19, 97:12, 104:1, 107:13, 112:16, 112:21, 113:7, 116:8 busier [1] - 45:12</p>	

<p>busiest [1] - 45:10 business [4] - 5:23, 117:16, 119:8 busy [3] - 45:16, 62:8, 65:9 BY [10] - 2:13, 18:2, 26:4, 29:3, 33:8, 40:23, 67:6, 69:6, 72:12, 84:21</p>	<p>98:6 cash [5] - 101:13, 101:17, 101:23, 102:1, 102:10 catch [2] - 50:5, 50:13 caught [2] - 50:17, 50:21 caused [4] - 84:4, 84:7, 85:13, 85:16 causes [2] - 80:22, 91:12 causing [7] - 27:21, 31:16, 32:2, 52:7, 60:17, 79:7, 81:3 cautious [1] - 43:17 central [2] - 81:1, 85:16 certain [2] - 27:11, 114:11 certification [3] - 106:12, 107:24, 108:11 certified [2] - 108:2, 108:3 Certified [1] - 119:6 cetera [1] - 62:3 CFD [2] - 30:12, 68:7 chairman [1] - 17:3 Chairman [2] - 39:1, 39:24 CHAIRMAN [184] - 3:1, 3:13, 3:17, 4:19, 5:15, 5:22, 6:8, 7:10, 7:14, 7:16, 7:18, 7:20, 7:22, 8:5, 8:9, 8:11, 8:13, 8:15, 8:17, 8:24, 9:4, 9:6, 9:8, 9:10, 9:12, 9:18, 9:22, 9:24, 10:2, 10:4, 10:6, 10:13, 10:17, 10:19, 10:21, 10:23, 11:1, 11:8, 11:12, 11:14, 11:16, 11:18, 11:20, 12:6, 12:10, 12:12, 12:14, 12:16, 12:18, 13:2, 13:6, 13:8, 13:10, 13:12, 13:14, 13:21, 14:2, 14:4, 14:6, 14:8, 14:10, 14:20, 14:24, 15:2, 15:4, 15:6, 15:8, 17:6, 25:23, 28:14, 35:17, 36:2, 36:7, 36:9, 36:11, 36:13, 36:22, 37:3, 37:5, 37:7, 37:9, 37:11, 37:21, 38:1, 38:3, 38:5, 38:7, 38:9, 38:13, 38:24, 40:3, 66:10,</p>	<p>66:14, 66:18, 67:2, 71:17, 84:13, 94:3, 94:8, 94:10, 94:13, 94:15, 94:17, 94:19, 95:5, 95:10, 95:12, 95:15, 95:17, 95:19, 95:21, 96:2, 96:7, 96:9, 96:12, 96:14, 96:16, 96:18, 97:1, 97:4, 99:12, 99:16, 99:18, 99:21, 99:23, 100:1, 100:8, 100:12, 100:14, 100:17, 100:19, 100:21, 101:7, 102:21, 103:1, 103:3, 103:6, 103:8, 103:10, 104:6, 104:10, 104:12, 104:15, 104:17, 104:19, 105:11, 105:15, 105:17, 105:20, 105:22, 105:24, 106:15, 108:5, 108:13, 108:17, 108:19, 108:22, 108:24, 109:2, 109:16, 110:4, 110:8, 110:10, 110:13, 110:15, 110:17, 112:2, 114:6, 115:3, 115:8, 115:14, 115:18, 115:20, 115:23, 116:1, 116:3, 116:19, 116:24, 117:2, 117:5, 117:7, 117:9, 117:20, 117:24 chairs [1] - 6:10 chance [1] - 37:15 changes [4] - 78:18, 79:3, 85:4, 114:23 changing [1] - 102:6 channels [1] - 5:6 Charge [2] - 38:23, 95:3 charts [1] - 103:14 check [2] - 47:18, 61:3 checked [2] - 61:4, 111:13 checking [1] - 58:12 chemical [1] - 78:24 chest [2] - 57:24, 75:3 CHICAGO [1] - 1:3 Chicago [13] - 1:13, 18:7, 20:8, 41:6, 41:12, 41:20, 41:22, 42:1, 44:12, 45:11, 69:1, 90:24, 98:7</p>	<p>chief [2] - 44:19, 47:17 Chief [2] - 2:17, 44:20 child [2] - 97:11, 97:13 child's [1] - 98:2 children [4] - 43:11, 46:18, 52:13, 98:24 Chorus [1] - 117:23 chronic [4] - 31:2, 31:5, 33:21, 91:23 Cicero [1] - 41:16 Circuit [1] - 99:5 circumstances [1] - 62:20 City [10] - 1:13, 2:8, 2:9, 2:10, 20:13, 68:24, 112:4, 112:12, 113:17, 114:5 claim [5] - 97:24, 98:2, 98:11, 98:15, 99:2 claims [1] - 98:9 clarification [1] - 66:21 clarify [1] - 86:19 Clark [1] - 1:12 classified [2] - 20:14, 23:3 classify [2] - 20:16, 43:23 classroom [1] - 42:13 clear [5] - 49:19, 57:5, 61:12, 92:10, 98:14 cleared [1] - 27:18 clearly [1] - 83:11 Clerk [1] - 2:9 clinic [8] - 32:15, 34:1, 34:3, 34:6, 46:9, 53:17, 90:8 Clinic [23] - 23:8, 23:10, 23:11, 23:13, 24:2, 25:3, 25:16, 33:18, 34:10, 35:6, 35:10, 53:8, 53:9, 53:20, 53:23, 54:13, 55:17, 57:15, 59:6, 69:19, 80:12, 80:17, 83:8 clinically [1] - 76:9 clinics [1] - 90:24 close [2] - 79:19, 92:18 closed [7] - 6:24, 7:4, 7:7, 7:8, 116:12, 116:16, 116:20 closer [1] - 102:8 clothes [1] - 50:20 Code [2] - 98:9, 109:23 collapse [2] - 69:14, 85:21</p>	<p>collapses [1] - 81:5 comfortable [2] - 48:4, 52:13 coming [1] - 103:22 commencing [1] - 1:14 comment [4] - 4:13, 4:16, 5:19, 5:21 comments [1] - 5:16 Committee [6] - 6:22, 6:23, 101:4, 104:22, 105:1, 105:6 committee [1] - 6:10 committees [1] - 4:9 common [2] - 33:23, 113:13 communicate [1] - 64:20 Comp [1] - 24:19 compensate [1] - 78:7 complaints [2] - 74:11, 82:8 completed [1] - 106:21 completely [1] - 45:13 Comptroller [2] - 2:10, 2:17 concept [1] - 98:1 concern [9] - 5:1, 5:5, 5:9, 63:18, 68:16, 70:21, 75:15, 82:18, 89:11 concerned [2] - 19:2, 68:18 concerns [2] - 63:4, 107:20 conclude [1] - 70:20 concluded [5] - 35:21, 73:19, 76:20, 83:8, 87:15 concludes [1] - 115:10 conclusion [5] - 77:20, 79:8, 81:24, 82:2, 92:12 Conclusions [4] - 37:15, 37:16, 37:18, 38:14 conclusions [1] - 91:10 condition [8] - 27:9, 30:6, 58:6, 61:10, 71:10, 81:12, 81:16, 91:23 conditions [2] - 73:11, 73:18 condolences [1] - 6:4 conducted [1] - 3:18 conference [2] - 3:19, 109:24</p>
C				
<p>camera [1] - 77:4 cameras [1] - 50:20 candidates [1] - 21:10 cap [2] - 101:19, 101:20 Capacity [2] - 61:19, 89:1 capacity [2] - 29:14, 72:24 captured [1] - 77:4 car [2] - 67:10 cardiac [13] - 57:22, 58:7, 58:10, 58:20, 74:16, 75:4, 75:7, 75:17, 76:6, 76:8, 77:9, 77:17, 77:21 cardiologist [6] - 22:16, 49:14, 57:13, 57:14, 75:14, 87:6 cardiologists [1] - 76:8 cardiology [1] - 57:16 cardiovascular [2] - 85:17, 88:12 care [10] - 33:22, 34:9, 34:21, 35:2, 35:3, 51:12, 54:10, 82:12, 90:9, 90:22 career [1] - 25:10 carries [24] - 7:23, 8:18, 9:13, 10:7, 11:2, 11:21, 12:19, 13:15, 14:11, 15:9, 36:14, 37:12, 38:10, 94:20, 100:2, 100:22, 103:11, 104:20, 106:1, 109:3, 110:18, 116:4, 117:10, 118:1 carrying [1] - 63:23 case [10] - 20:13, 23:18, 31:9, 32:7, 61:15, 64:22, 98:5, 98:6, 116:9 case-by-case [1] - 23:18 cases [5] - 32:16, 35:5, 60:23, 88:23,</p>				

conferences [1] - 109:17
confirmation [2] - 12:3, 14:16
confused [1] - 49:12
connected [4] - 53:21, 53:22, 80:14, 98:22
connection [2] - 60:18, 83:2
CONNESS [1] - 2:18
consideration [3] - 5:13, 15:11, 110:23
considered [3] - 61:6, 78:14, 97:5
considering [1] - 64:15
consistent [11] - 3:21, 4:6, 30:6, 30:9, 30:17, 30:19, 36:16, 73:15, 73:18, 96:21, 110:1
consistently [1] - 56:9
constantly [3] - 21:24, 62:8, 62:9
constipation [2] - 79:3, 79:7
constraints [1] - 4:7
constrict [1] - 78:9
consultant [2] - 29:12, 72:21
contact [1] - 23:11
contacted [2] - 46:11
contagious [1] - 43:18
contain [1] - 21:22
contained [1] - 51:9
contains [2] - 5:2, 119:13
context [1] - 92:24
continue [2] - 35:2, 115:5
continuing [2] - 11:5, 90:16
contract [1] - 41:17
contribution [1] - 6:5
control [5] - 52:19, 59:21, 78:4, 85:2, 87:17
controlled [3] - 74:5, 74:15, 74:24
controlling [1] - 74:8
controls [1] - 85:9
convene [1] - 3:1
conversation [3] - 112:12, 113:3, 113:23
conversations [1] - 107:14
convey [1] - 6:4
conveyed [1] - 111:15
conveying [1] - 91:9

CONYEARS [16] - 2:8, 66:11, 66:15, 94:12, 95:14, 96:11, 99:20, 100:16, 103:5, 104:14, 105:19, 107:19, 108:21, 110:12, 115:22, 117:4
Conyears [14] - 66:12, 94:11, 95:13, 96:10, 99:19, 100:15, 103:4, 104:13, 105:18, 107:13, 108:20, 110:11, 115:21, 117:3
CONYEARS-ERVIN [16] - 2:8, 66:11, 66:15, 94:12, 95:14, 96:11, 99:20, 100:16, 103:5, 104:14, 105:19, 107:19, 108:21, 110:12, 115:22, 117:4
Conyears-Ervin [14] - 66:12, 94:11, 95:13, 96:10, 99:19, 100:15, 103:4, 104:13, 105:18, 107:13, 108:20, 110:11, 115:21, 117:3
Cook [2] - 1:13, 99:6
cooperative [1] - 107:16
coordinates [1] - 34:21
coordinating [1] - 34:9
copy [8] - 16:17, 16:19, 29:8, 29:21, 39:16, 39:18, 39:19, 72:18
cord [1] - 32:10
cords [3] - 31:3, 31:6, 31:12
coronary [1] - 75:4
correct [71] - 18:10, 18:11, 18:17, 18:18, 19:11, 20:10, 20:11, 20:15, 20:23, 20:24, 21:13, 21:15, 21:16, 22:10, 22:13, 22:14, 23:1, 23:2, 23:24, 24:10, 24:11, 24:13, 24:14, 24:17, 24:22, 24:23, 25:3, 25:4, 26:11, 27:6, 27:7, 27:13, 28:10, 29:6, 41:6, 41:10, 42:24,

43:4, 43:13, 43:15, 43:21, 43:22, 46:6, 47:11, 47:13, 47:23, 48:21, 51:10, 51:13, 52:4, 52:5, 55:6, 55:21, 56:14, 57:13, 59:6, 61:10, 61:14, 64:3, 64:18, 65:18, 67:15, 67:16, 72:16, 83:3, 83:6, 87:7, 89:1, 89:17, 91:2, 119:11
Cottage [1] - 44:12
cough [6] - 21:18, 27:13, 31:2, 31:5, 31:17, 32:11
coughing [1] - 22:13
Council [2] - 113:17, 113:20
counsel [20] - 16:1, 16:8, 16:9, 16:16, 17:11, 17:19, 28:16, 33:2, 35:20, 39:9, 39:15, 40:8, 40:16, 66:1, 69:4, 71:20, 84:16, 92:17, 116:6
Counsel [1] - 37:13
counsel's [2] - 99:10, 116:17
COUNTY [1] - 119:2
County [3] - 1:13, 99:6, 119:8
couple [8] - 20:22, 33:4, 42:19, 47:9, 60:12, 84:18, 102:7, 109:17
course [2] - 79:2, 86:9
court [2] - 41:1, 119:7
Court [2] - 14:14, 99:5
Court's [1] - 98:5
cover [1] - 101:10
Covid [56] - 19:18, 20:9, 21:14, 22:21, 23:3, 29:24, 30:10, 31:2, 31:13, 31:23, 32:15, 33:21, 33:24, 34:5, 34:10, 35:6, 35:10, 43:8, 43:15, 46:8, 47:19, 48:12, 48:15, 55:2, 56:3, 56:10, 56:21, 64:16, 67:14, 67:18, 67:21, 68:10, 68:15, 74:4, 74:12, 76:3, 79:10, 79:23, 80:12, 80:22, 80:24, 81:14, 81:17, 86:1, 86:2, 86:4, 90:13, 90:16, 90:23, 91:14, 91:17, 91:20, 91:23, 92:4

COVID-19 [4] - 30:24, 31:9, 86:10, 86:15
CPAP [21] - 56:14, 56:16, 56:20, 57:1, 57:3, 59:9, 60:7, 60:17, 64:3, 64:24, 68:1, 68:3, 68:8, 68:11, 68:13, 68:17, 80:8, 83:16, 84:1, 84:10, 87:11
CSR [1] - 119:17
CT [1] - 76:17
current [6] - 27:9, 29:24, 61:9, 73:10, 81:15
cut [1] - 66:2

D

damage [2] - 31:23, 76:11
danger [1] - 48:17
Daniel [6] - 38:22, 39:4, 39:6, 40:24, 41:3, 95:3
DANIEL [3] - 2:3, 40:19, 41:3
DATE [1] - 118:6
date [1] - 59:5
dates [1] - 114:21
daughter [1] - 20:1
David [1] - 44:20
day-to-day [1] - 53:6
days [4] - 46:22, 47:2, 114:5, 114:11
dealing [1] - 41:14
deals [1] - 111:10
Death [1] - 10:9
death [3] - 97:23, 98:3, 98:15
DEBBIE [1] - 119:17
DEBORAH [1] - 119:6
December [12] - 6:21, 6:22, 7:1, 7:2, 7:4, 7:6, 20:15, 26:9, 30:15, 97:22, 102:5
decision [5] - 38:18, 97:8, 98:5, 99:3, 99:7
dedicated [1] - 33:24
defecation [1] - 79:5
definitely [3] - 35:4, 57:19, 93:17
definition [2] - 91:6, 102:6
degrees [1] - 47:1
demoralizing [1] - 50:12
Denise [7] - 16:4, 16:7, 16:12, 17:13,

18:5, 38:11, 38:19
DENISE [2] - 17:22, 18:5
deny [3] - 95:24, 96:3, 97:6
department [1] - 55:3
Department [12] - 18:7, 20:2, 20:8, 20:13, 20:16, 32:4, 41:6, 41:13, 41:19, 43:23, 62:5, 65:18
Deputy [2] - 2:16, 113:9
describe [3] - 21:2, 45:7, 49:21
describes [1] - 18:23
descriptions [1] - 57:11
designate [1] - 113:8
designated [1] - 113:10
desire [1] - 25:5
desk [1] - 44:13
determination [1] - 23:7
determine [4] - 32:17, 61:20, 87:22, 89:4
determined [2] - 4:7, 79:4
detriment [1] - 63:16
developed [4] - 31:1, 74:12, 79:2
diabetic [1] - 43:17
diagnosed [4] - 60:10, 67:15, 74:6, 97:18
diagnoses [1] - 82:7
diagnosis [4] - 67:14, 67:22, 78:1, 93:15
died [3] - 97:19, 97:21
different [11] - 33:20, 34:12, 53:3, 53:19, 53:21, 54:20, 55:23, 70:7, 74:2, 82:7
difficult [2] - 114:3, 114:12
difficulties [1] - 86:9
difficulty [4] - 22:12, 31:17, 46:3, 67:17
digestion [1] - 85:10
diligent [1] - 108:6
direct [2] - 49:17, 108:9
direction [1] - 69:4
direction [1] - 96:22
Director [4] - 2:16, 2:16, 3:24, 108:9
Director's [2] - 106:3, 115:12
disability [2] - 15:11, 24:8

Disability [3] - 16:6, 39:3, 100:6
disagree [2] - 34:22, 35:7
disappeared [1] - 59:1
disappearing [1] - 58:14
disapproves [1] - 107:12
discuss [1] - 116:10
discussed [1] - 88:13
discussion [1] - 106:22
discussions [1] - 106:24
disease [5] - 31:23, 75:4, 75:5, 97:17, 97:18
disorder [2] - 56:18, 61:2
distributed [1] - 16:18
district [1] - 45:16
Division [1] - 62:24
dizziness [1] - 48:6
dizzy [2] - 59:18, 78:8
docket [1] - 14:15
doctor [16] - 25:20, 29:4, 29:24, 30:20, 32:24, 33:3, 34:9, 49:14, 54:9, 54:24, 63:1, 73:10, 81:20, 84:12, 87:7, 88:24
DOCTOR [3] - 92:22, 93:5, 93:9
doctors [12] - 28:7, 51:6, 51:8, 52:4, 52:22, 54:4, 54:8, 55:24, 57:7, 57:8, 57:9, 86:23
document [1] - 70:6
documentation [1] - 74:20
documented [5] - 30:23, 31:8, 44:7, 74:16, 75:6
documents [1] - 20:18
done [14] - 28:6, 32:19, 52:3, 59:13, 59:23, 60:20, 69:8, 77:11, 89:24, 106:13, 106:20, 107:5, 114:16, 114:18
down [12] - 46:21, 47:6, 52:18, 62:23, 63:24, 64:5, 69:12, 70:10, 70:11, 93:4, 101:5, 101:13
down [1] - 69:14
Doyle [2] - 97:19,

97:21
DR [1] - 33:8
Dr [62] - 17:15, 19:3, 19:8, 22:6, 22:9, 23:9, 23:16, 23:20, 28:17, 28:20, 33:5, 33:9, 34:14, 35:14, 35:17, 40:12, 49:15, 51:12, 51:15, 51:17, 51:18, 51:19, 51:21, 51:22, 51:23, 51:24, 54:6, 54:10, 54:11, 54:16, 55:3, 55:5, 58:4, 60:8, 60:11, 60:19, 63:1, 63:20, 64:20, 64:23, 71:24, 72:4, 72:13, 80:13, 80:15, 81:18, 81:20, 82:8, 84:14, 84:22, 85:7, 86:8, 86:17, 86:21, 86:22, 86:24, 87:3, 89:17, 90:5, 93:8
drafting [1] - 111:5
drawdown [1] - 103:20
drawdowns [1] - 103:24
dream [2] - 62:11, 65:12
drive [9] - 46:8, 47:15, 49:3, 52:11, 53:11, 53:12, 53:13, 81:2, 82:12
drive-thru [1] - 46:8
driven [1] - 49:4
driving [3] - 53:15, 67:10
drop [5] - 49:20, 57:6, 57:8, 58:2, 60:24
dropped [5] - 49:9, 49:10, 59:1, 70:2, 77:3
dropping [4] - 50:21, 52:16, 70:1
DU [1] - 119:2
due [11] - 29:24, 48:5, 62:19, 63:3, 65:16, 65:17, 68:15, 73:10, 91:19, 92:4, 103:20
duly [4] - 17:23, 28:24, 40:20, 72:9
DuPage [1] - 119:8
during [9] - 5:11, 44:23, 52:9, 56:10, 74:19, 75:9, 76:4, 80:4, 91:17
duties [6] - 27:6, 32:3, 41:24, 71:1, 81:13, 81:24

duty [10] - 20:14, 20:16, 24:18, 30:10, 30:23, 43:24, 44:5, 62:22, 68:8, 82:19
Duty [2] - 16:6, 39:3
dysautonomia [6] - 60:10, 60:12, 78:1, 78:24, 84:23, 84:24
dysautonomic [1] - 60:12
dysfunction [2] - 79:12, 85:6

E

early [3] - 52:2, 55:20, 82:5
earn [2] - 28:2, 71:3
easier [1] - 63:2
echocardiogram [1] - 76:12
education [1] - 109:21
EEG [2] - 77:7, 77:17
effective [1] - 79:14
effects [1] - 92:4
eight [1] - 115:5
either [13] - 29:15, 32:7, 33:21, 41:13, 48:14, 57:17, 73:1, 74:4, 74:20, 74:21, 79:10, 80:7, 85:18
electrophysiologist [2] - 51:24, 54:12
elevated [2] - 68:21, 74:23
elimination [1] - 92:14
Elk [1] - 24:14
emergency [3] - 48:7, 58:18, 74:19
employed [3] - 18:6, 41:5, 41:9
EMS [2] - 41:23, 45:5
end [3] - 92:18, 97:22, 106:17
ended [1] - 107:1
ending [2] - 8:3, 13:18
engaged [4] - 28:1, 28:4, 71:3, 71:6
engagement [2] - 107:10, 107:18
Engine [1] - 18:14
engine [1] - 27:8
ENT [2] - 22:6, 23:9
entered [1] - 16:15
entire [4] - 45:15, 53:19, 53:24, 61:21
entitled [1] - 1:11
ENTITLED [1] - 118:5
epilepsy [3] - 69:18, 69:19, 70:3

epileptologist [1] - 87:9
episode [7] - 50:15, 52:11, 57:4, 66:21, 66:22, 69:23, 77:12
episodes [25] - 49:9, 52:10, 56:24, 60:24, 61:13, 64:2, 68:17, 69:15, 69:24, 70:22, 74:18, 77:1, 78:15, 80:9, 82:10, 82:11, 82:21, 82:24, 83:3, 83:16, 83:21, 84:1, 84:9, 87:13, 87:15
equities [2] - 102:12, 102:13
Ernest [2] - 101:21, 101:23
Ernst [1] - 44:20
erratic [1] - 47:4
error [1] - 111:5
ERVIN [16] - 2:8, 66:11, 66:15, 94:12, 95:14, 96:11, 99:20, 100:16, 103:5, 104:14, 105:19, 107:19, 108:21, 110:12, 115:22, 117:4
Ervin [14] - 66:12, 94:11, 95:13, 96:10, 99:19, 100:15, 103:4, 104:13, 105:18, 107:13, 108:20, 110:11, 115:21, 117:3
especially [3] - 43:17, 56:9, 58:22
essentially [9] - 42:10, 46:20, 50:24, 53:1, 53:22, 56:17, 65:1, 111:2, 111:12
et [1] - 62:3
Ethics [2] - 106:10, 106:12
ethics [2] - 108:4, 109:7
etiologies [1] - 31:4
etiology [2] - 83:4, 87:18
evaluate [1] - 91:12
evaluated [7] - 48:7, 75:14, 75:20, 82:8, 82:15, 82:23, 89:14
evaluating [1] - 62:2
evaluation [6] - 32:15, 33:6, 75:4, 82:5, 83:7, 87:22
Evaluation [2] - 61:19, 89:1

event [4] - 75:17, 75:23, 76:15, 77:17
events [3] - 75:21, 90:3, 109:14
eventually [1] - 25:11
everyday [1] - 21:19
evidence [14] - 16:14, 17:9, 28:18, 31:11, 31:22, 35:21, 39:14, 40:6, 51:9, 84:3, 84:6, 84:7, 89:9, 97:4
EXAMINATION [8] - 18:1, 26:3, 29:2, 33:7, 40:22, 67:5, 72:11, 84:20
examine [4] - 29:15, 30:2, 73:1, 73:12
examined [5] - 17:24, 29:1, 30:8, 40:21, 72:10
example [1] - 78:5
examples [1] - 63:19
excellent [1] - 35:7
except [2] - 49:22, 90:2
excessive [1] - 48:6
excessively [1] - 68:23
excluded [1] - 88:12
Excuse [1] - 36:19
execute [1] - 107:17
executive [2] - 93:24, 94:4
Executive [11] - 2:16, 2:16, 3:24, 5:3, 94:22, 94:23, 106:3, 108:9, 115:12, 117:12, 117:13
exercise [1] - 58:16
exhaustive [1] - 109:12
Exhibit [3] - 29:22, 69:5, 73:8
Exhibits [9] - 16:15, 16:17, 17:4, 17:8, 29:9, 39:15, 39:16, 40:1, 40:5
exhibits [3] - 19:4, 21:22, 72:19
expenses [2] - 104:2, 104:4
experience [3] - 26:15, 27:21, 41:13
experienced [4] - 43:7, 49:8, 63:8, 63:9
experiencing [8] - 18:23, 20:4, 20:5, 26:8, 27:21, 44:3,

<p>57:3, 61:10 experts [1] - 83:8 explain [2] - 112:2, 114:7 explained [1] - 50:22 explanation [3] - 77:23, 77:24, 80:5 explore [1] - 89:21 exposed [3] - 20:2, 20:21, 21:1 exposure [6] - 20:14, 20:16, 26:22, 30:15, 30:24, 43:24 express [3] - 6:3, 75:15, 106:7 expressed [3] - 73:21, 79:21, 89:11 extended [2] - 62:21, 77:7 extensive [1] - 75:3 extreme [2] - 48:6, 56:11 extremely [4] - 43:17, 49:12, 59:18, 68:21</p>	<p>familiar [1] - 61:18 family [3] - 6:5, 46:24, 99:3 far [7] - 19:2, 32:7, 34:18, 60:7, 68:22, 83:1, 93:17 faster [1] - 78:10 father [2] - 53:13, 53:14 father-in-law [1] - 53:14 fatigue [4] - 27:21, 27:23, 32:2, 48:6 fatigued [1] - 68:23 favor [1] - 117:22 FCE [1] - 88:24 fear [1] - 46:23 February [4] - 48:24, 49:4, 76:5 feeding [1] - 64:1 felt [1] - 44:9 fever [2] - 46:4, 47:1 few [7] - 26:5, 50:5, 50:7, 59:10, 67:7, 69:11, 92:15 fide [1] - 50:24 field [3] - 42:11, 42:16, 63:9 Field [1] - 62:24 figure [3] - 22:11, 24:6, 24:21 file [2] - 73:7, 108:1 final [2] - 54:8, 99:4 finally [1] - 111:23 Findings [7] - 37:14, 37:16, 37:18, 38:13, 38:18, 96:21, 97:8 findings [1] - 30:21 fine [1] - 44:9 Fire [8] - 18:7, 20:2, 20:8, 20:13, 32:4, 41:6, 41:12, 41:19 fire [1] - 41:15 Firefighter [5] - 6:3, 16:4, 21:6, 35:24, 41:18 firefighter [2] - 24:12, 41:14 firefighters [2] - 42:8, 45:6 firehouse [3] - 26:18, 26:24, 27:2 Firemen's [1] - 98:7 FIREMEN'S [1] - 1:3 first [15] - 6:9, 15:20, 17:23, 28:24, 31:5, 40:17, 40:20, 47:16, 47:23, 49:17, 52:3, 57:15, 58:20, 59:14, 72:9</p>	<p>First [1] - 6:19 firsthand [1] - 63:10 fisher [1] - 51:22 Fisher [3] - 51:12, 51:21, 54:10 fit [2] - 80:16, 86:22 five [3] - 43:12, 50:2, 106:18 fixed [2] - 101:22, 102:14 flat [3] - 79:20, 80:6, 81:6 floor [7] - 49:18, 49:23, 49:24, 50:4, 50:13, 70:19, 79:12 focusing [1] - 80:19 fold [1] - 50:19 follow [6] - 29:18, 33:5, 71:21, 73:4, 84:19, 99:9 followed [2] - 69:14, 76:23 follows [4] - 17:24, 29:1, 40:21, 72:10 food [1] - 47:6 FOR [1] - 2:12 forbid [1] - 61:7 force [1] - 78:9 foregoing [1] - 119:11 forest [1] - 46:8 forget [1] - 6:5 forgot [1] - 47:18 form [1] - 5:8 former [1] - 4:24 Formula [2] - 8:1, 8:2 forth [2] - 27:22, 45:9 FORTUNA [1] - 3:12 FORTUNA [186] - 2:3, 3:1, 3:12, 3:13, 3:17, 4:19, 5:15, 5:22, 6:8, 7:10, 7:14, 7:16, 7:18, 7:20, 7:22, 8:5, 8:9, 8:11, 8:13, 8:15, 8:17, 8:24, 9:4, 9:6, 9:8, 9:10, 9:12, 9:18, 9:22, 9:24, 10:2, 10:4, 10:6, 10:13, 10:17, 10:19, 10:21, 10:23, 11:1, 11:8, 11:12, 11:14, 11:16, 11:18, 11:20, 12:6, 12:10, 12:12, 12:14, 12:16, 12:18, 13:2, 13:6, 13:8, 13:10, 13:12, 13:14, 13:21, 14:2, 14:4, 14:6, 14:8, 14:10, 14:20, 14:24, 15:2, 15:4, 15:6, 15:8, 17:6, 25:23, 28:14, 35:17,</p>	<p>36:2, 36:7, 36:9, 36:11, 36:13, 36:22, 37:3, 37:5, 37:7, 37:9, 37:11, 37:21, 38:1, 38:3, 38:5, 38:7, 38:9, 38:13, 38:24, 40:3, 66:10, 66:14, 66:18, 67:2, 71:17, 84:13, 94:3, 94:8, 94:10, 94:13, 94:15, 94:17, 94:19, 95:5, 95:10, 95:12, 95:15, 95:17, 95:19, 96:9, 96:12, 96:14, 96:16, 96:18, 97:1, 97:4, 99:12, 99:16, 99:18, 99:21, 99:23, 100:1, 100:8, 100:12, 100:14, 100:17, 100:19, 100:21, 101:7, 102:21, 103:1, 103:3, 103:6, 103:8, 103:10, 104:6, 104:10, 104:12, 104:15, 104:17, 104:19, 105:11, 105:15, 105:17, 105:20, 105:22, 105:24, 106:15, 108:5, 108:13, 108:17, 108:19, 108:22, 108:24, 109:2, 109:16, 110:4, 110:8, 110:10, 110:13, 110:15, 110:17, 112:2, 114:6, 115:3, 115:8, 115:14, 115:18, 115:20, 115:23, 116:1, 116:3, 116:19, 116:24, 117:2, 117:5, 117:7, 117:9, 117:20, 117:24 forward [2] - 38:24, 69:13 four [1] - 112:12 fourth [1] - 86:7 frankly [1] - 60:2 frequent [3] - 57:18, 57:20, 82:11 Friday [1] - 114:19 friends [1] - 50:12 front [1] - 50:11 full [1] - 66:15 fully [1] - 82:15 function [7] - 29:11, 52:7, 68:24, 72:21,</p>	<p>76:11, 78:2, 79:4 Functional [2] - 61:19, 89:1 functional [7] - 61:24, 77:22, 82:20, 83:9, 87:15, 88:14, 89:12 functional [1] - 74:6 functioning [1] - 89:19 functions [2] - 60:12, 85:9 Fund [8] - 2:18, 3:22, 6:2, 12:4, 14:17, 98:7, 98:21, 112:16 fund [3] - 29:12, 72:22, 112:18 FUND [1] - 1:3 Fund's [1] - 4:5 funds [1] - 112:13 future [1] - 70:22</p>
G				
<p>Gabapentin [1] - 27:19 gain [7] - 91:7, 91:20, 91:22, 92:2, 92:11, 92:23, 93:17 gained [3] - 80:3, 91:16, 93:13 Gary [1] - 41:18 gastroenterologist [1] - 51:16 gathering [1] - 57:11 General [4] - 48:24, 49:16, 51:20, 52:1 general [1] - 68:13 generator [1] - 61:7 GI [3] - 54:16, 86:10, 87:7 gigantic [1] - 70:6 given [6] - 31:24, 56:13, 63:19, 101:24, 119:10, 119:13 goals [1] - 25:10 god [2] - 43:16, 61:7 goodness [1] - 52:14 Google [1] - 85:8 grant [7] - 12:2, 12:23, 35:23, 36:3, 38:15, 95:2, 95:6 granted [2] - 98:17, 99:1 gratitude [1] - 6:3 Grayson [1] - 93:8 great [1] - 44:14 Greg [1] - 23:16 groggy [1] - 60:4 ground [1] - 77:14</p>				

<p>Ground [1] - 59:16 Group [1] - 69:5 Grove [2] - 24:14, 44:12 growing [1] - 31:11 Guardianship [1] - 11:24 guardianship [1] - 12:2 guess [6] - 34:23, 59:4, 62:16, 84:22, 88:2, 90:2 guy [1] - 34:17 guys [1] - 5:14</p>	<p>help [8] - 25:20, 27:13, 50:8, 50:9, 52:15, 60:1, 65:4, 69:3 helped [1] - 57:19 hereby [1] - 3:1 herein [4] - 17:23, 28:24, 40:20, 72:9 Hesslau [18] - 15:18, 38:22, 39:4, 39:5, 39:6, 39:8, 39:16, 39:19, 40:9, 41:3, 41:4, 41:5, 66:9, 67:7, 89:5, 90:9, 95:3, 97:1 HESSLAU [4] - 39:6, 40:19, 66:22, 97:3 high [4] - 53:2, 53:4, 56:11, 71:13 highlighted [1] - 88:7 highly [1] - 90:11 himself [1] - 5:7 Hina [2] - 51:17, 54:16 hired [1] - 41:19 history [7] - 30:6, 30:9, 58:21, 73:22, 89:11, 93:11, 93:16 hit [5] - 4:16, 44:22, 49:23, 50:13, 77:13 hitting [1] - 50:4 hoarseness [3] - 21:19, 22:12, 31:16 hold [5] - 6:14, 59:19, 93:5, 93:9, 103:13 holding [4] - 69:22, 70:3, 70:12, 77:15 hole [1] - 48:19 home [15] - 28:8, 44:20, 46:20, 47:18, 47:19, 48:10, 48:11, 48:20, 49:7, 52:8, 52:15, 65:1, 77:4, 77:5, 92:5 homebound [1] - 91:24 honest [1] - 70:5 honor [1] - 5:24 Hooker [1] - 98:5 hope [1] - 109:9 hopeful [2] - 25:15, 25:19 hopefully [3] - 25:1, 25:11, 103:22 hoping [2] - 25:19, 103:19 horrible [1] - 52:19 hospital [9] - 44:4, 47:10, 47:13, 47:21, 48:2, 48:15, 49:5, 49:16, 76:4 hotels [1] - 53:21</p>	<p>hour [2] - 1:15, 65:10 hours [3] - 56:8, 56:9, 61:22 house [3] - 47:20, 50:9, 61:7 House [2] - 111:2, 111:9 HR [1] - 65:19 hurt [3] - 50:2, 58:1, 64:6 Husain [3] - 22:7, 22:9, 23:9 husband [1] - 24:12 husband's [2] - 24:9, 24:16 hypertension [2] - 74:14, 74:15 hypertensive [1] - 74:18 hypotension [1] - 75:10 hypotensive [1] - 74:21</p>	<p>30:7, 73:15 increase [1] - 58:2 increased [1] - 59:22 Indiana [1] - 41:19 indicate [7] - 33:10, 48:23, 57:12, 81:21, 83:19, 84:3, 86:8 indicated [6] - 20:9, 27:14, 85:23, 88:4, 88:20, 102:16 indicates [7] - 18:9, 19:9, 41:8, 43:19, 47:9, 56:12, 58:3 indication [3] - 19:7, 31:18, 108:8 individual [3] - 50:3, 56:17, 113:8 infected [1] - 31:13 infection [7] - 31:1, 31:10, 76:3, 86:11, 86:15, 111:10, 111:22 infield [1] - 42:6 inflammation [1] - 76:2 information [7] - 25:20, 30:5, 30:11, 42:12, 73:14, 73:21, 111:11 informational [1] - 106:9 inhaler [2] - 27:15, 27:16 initial [5] - 43:6, 54:7, 54:8, 60:18, 69:13 injury [1] - 24:18 Inna [1] - 22:9 instances [1] - 59:10 instant [3] - 55:13, 55:18 instantaneously [1] - 87:12 instructor [3] - 21:9, 42:4, 42:16 insurance [5] - 24:3, 24:5, 24:9, 24:16, 24:24 intend [1] - 40:8 intent [2] - 65:6 interestingly [1] - 80:13 interim [1] - 102:8 intermittent [1] - 75:3 interrupt [1] - 19:20 interrupted [1] - 62:9 interstitial [1] - 31:22 interview [7] - 29:15, 30:1, 30:4, 30:22, 73:1, 73:11, 73:15 interviewed [2] - 30:3,</p>	<p>73:13 intimating [1] - 91:5 introduced [2] - 111:13, 112:14 investment [1] - 101:14 Investment [3] - 2:17, 6:22, 101:4 investments [2] - 103:13, 103:18 Investments [1] - 100:24 involuntary [1] - 85:9 involve [1] - 116:14 involved [5] - 21:6, 31:11, 64:10, 79:5, 98:6 involvement [1] - 32:10 ischemic [2] - 75:4, 76:14 issue [15] - 24:4, 24:20, 24:24, 57:22, 61:9, 64:9, 68:15, 80:19, 81:8, 85:13, 85:14, 85:17, 85:23, 87:23, 88:5 issues [23] - 22:23, 23:23, 24:5, 31:19, 31:20, 32:2, 44:21, 46:17, 47:3, 48:5, 52:6, 52:23, 52:24, 55:9, 57:16, 60:16, 64:21, 67:19, 85:24, 86:14, 90:16, 91:15, 114:17 Item [1] - 10:8 item [1] - 116:6 items [1] - 110:19 Items [1] - 6:20 itself [3] - 52:11, 58:11, 81:6</p>	
H		I		J	
<p>H-e-s-s-l-a-u [1] - 41:4 habits [1] - 79:3 half [3] - 42:20, 101:10, 101:15 Hamdallah [4] - 51:18, 51:19, 54:7, 60:11 hand [2] - 40:12, 40:13 handed [1] - 6:11 handful [1] - 58:23 handicapped [3] - 97:11, 97:13, 97:16 handling [1] - 20:21 hands [1] - 17:17 happy [1] - 116:8 hard [5] - 31:6, 45:15, 45:20, 63:14, 98:1 haul [2] - 34:5, 90:14 hauler [3] - 23:4, 23:17, 90:13 haulers [2] - 33:12, 91:21 head [3] - 55:2, 76:17, 76:18 headache [3] - 59:21, 59:22, 76:24 health [4] - 21:2, 21:3, 21:8, 63:9 hear [2] - 38:11, 45:23 heard [3] - 66:15, 83:1, 97:5 Hearing [1] - 118:1 hearing [9] - 26:1, 39:2, 67:3, 71:19, 83:19, 84:15, 90:5, 97:13, 117:17 hearings [1] - 15:22 heart [8] - 22:23, 76:2, 76:10, 76:11, 78:9, 78:10, 85:18 heartbeat [1] - 85:10 heavy [1] - 21:5 held [2] - 1:12, 70:15</p>	<p>idea [3] - 54:17, 89:4, 101:24 identified [1] - 111:22 identify [2] - 16:9, 39:9 Illinois [6] - 1:14, 41:17, 98:4, 98:8, 98:13, 119:9 ILLINOIS [1] - 119:1 illness [1] - 90:16 imaging [1] - 76:17 IMEs [1] - 88:23 immediate [1] - 60:6 impact [2] - 111:13, 111:15 improved [2] - 61:1, 80:8 improvement [6] - 32:12, 53:6, 55:14, 55:18, 56:1, 56:23 IN [2] - 1:7, 118:5 in-person [2] - 109:11, 112:7 inability [1] - 31:3 incident [2] - 67:18, 70:16 incidents [1] - 70:19 inclined [1] - 116:11 included [2] - 74:16, 93:16 including [1] - 28:5 income [4] - 28:2, 71:3, 101:22, 102:14 inconsistent [2] -</p>	<p>25:20, 30:5, 30:11, 42:12, 73:14, 73:21, 111:11 informational [1] - 106:9 inhaler [2] - 27:15, 27:16 initial [5] - 43:6, 54:7, 54:8, 60:18, 69:13 injury [1] - 24:18 Inna [1] - 22:9 instances [1] - 59:10 instant [3] - 55:13, 55:18 instantaneously [1] - 87:12 instructor [3] - 21:9, 42:4, 42:16 insurance [5] - 24:3, 24:5, 24:9, 24:16, 24:24 intend [1] - 40:8 intent [2] - 65:6 interestingly [1] - 80:13 interim [1] - 102:8 intermittent [1] - 75:3 interrupt [1] - 19:20 interrupted [1] - 62:9 interstitial [1] - 31:22 interview [7] - 29:15, 30:1, 30:4, 30:22, 73:1, 73:11, 73:15 interviewed [2] - 30:3,</p>	<p>73:13 intimating [1] - 91:5 introduced [2] - 111:13, 112:14 investment [1] - 101:14 Investment [3] - 2:17, 6:22, 101:4 investments [2] - 103:13, 103:18 Investments [1] - 100:24 involuntary [1] - 85:9 involve [1] - 116:14 involved [5] - 21:6, 31:11, 64:10, 79:5, 98:6 involvement [1] - 32:10 ischemic [2] - 75:4, 76:14 issue [15] - 24:4, 24:20, 24:24, 57:22, 61:9, 64:9, 68:15, 80:19, 81:8, 85:13, 85:14, 85:17, 85:23, 87:23, 88:5 issues [23] - 22:23, 23:23, 24:5, 31:19, 31:20, 32:2, 44:21, 46:17, 47:3, 48:5, 52:6, 52:23, 52:24, 55:9, 57:16, 60:16, 64:21, 67:19, 85:24, 86:14, 90:16, 91:15, 114:17 Item [1] - 10:8 item [1] - 116:6 items [1] - 110:19 Items [1] - 6:20 itself [3] - 52:11, 58:11, 81:6</p>		
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<p>41:22 Joseph [1] - 13:18 journal [1] - 44:8 July [4] - 18:10, 113:22, 113:24, 114:22 jump [2] - 101:2, 101:5 junctional [6] - 58:5, 58:15, 59:2, 59:3, 75:9, 75:12 jurisdiction [1] - 4:12</p>	<p>leads [1] - 99:1 leaned [1] - 69:13 learned [1] - 42:12 least [11] - 55:24, 57:17, 62:6, 62:14, 65:9, 75:14, 79:12, 83:1, 83:19, 90:8, 114:22 leave [2] - 46:22, 47:9 leaving [1] - 48:4 left [2] - 51:1, 53:16 leg [1] - 78:8 Legacy [1] - 107:5 Legal [1] - 116:6 legal [2] - 99:8, 116:10 legislation [1] - 110:22 Legislative [1] - 110:24 legislature [2] - 110:20, 111:17 legs [1] - 78:6 length [1] - 45:24 lengthy [1] - 43:2 less [2] - 57:17, 57:20 letter [4] - 74:11, 74:17, 107:18, 108:1 letters [1] - 107:10 License [1] - 119:18 lieutenant's [2] - 25:8, 25:9 life [1] - 47:7 lifestyle [1] - 53:6 lightheaded [1] - 78:20 likely [8] - 30:24, 31:4, 31:15, 32:11, 32:14, 77:22, 77:24, 80:5 limit [1] - 106:23 limp [1] - 69:20 line [4] - 15:19, 39:5, 58:4, 65:22 lines [1] - 75:19 list [8] - 6:10, 25:8, 25:9, 27:24, 109:7, 109:13, 109:21 listed [1] - 14:15 literally [3] - 44:22, 47:5, 53:15 literature [1] - 80:22 litigation [1] - 116:15 live [1] - 43:10 lived [1] - 47:5 LLC [1] - 107:6 local [4] - 33:22, 35:5, 35:6, 52:22 locally [5] - 23:7, 33:16, 34:1, 51:5, 52:2</p>	<p>located [1] - 45:8 long-term [1] - 31:13 look [10] - 59:2, 75:18, 77:8, 77:9, 88:11, 101:13, 102:3, 113:14, 113:18, 114:18 looked [2] - 27:10, 112:10 looking [7] - 78:17, 86:6, 92:17, 97:15, 101:8, 102:15, 112:8 looks [4] - 18:15, 19:6, 26:8, 58:15 LORI [1] - 2:16 Lorna [2] - 101:1, 101:2 LORNA [1] - 2:17 lose [1] - 61:7 loss [1] - 89:19 love [2] - 64:14, 70:24 LRB [1] - 111:5 LTD [1] - 2:13 luck [1] - 38:19 lucky [1] - 46:19 LUND [1] - 2:16 lung [3] - 31:23, 62:2 lungs [1] - 27:18 Lutheran [8] - 47:22, 48:12, 48:24, 49:15, 49:18, 51:20, 52:1, 76:15 lying [1] - 79:20</p>	<p>16:11, 16:20, 17:1, 17:13, 17:21, 18:2, 25:21, 28:19, 33:4, 35:13, 35:16, 39:11, 39:18, 39:22, 40:10, 40:18, 40:23, 66:4, 71:22, 72:2, 72:5, 84:18, 84:21, 92:20, 93:20 Marconi [2] - 16:11, 39:11 marked [3] - 29:22, 55:18, 73:8 market [1] - 102:1 Martin [38] - 3:10, 7:11, 7:16, 8:11, 9:6, 9:19, 9:24, 10:19, 11:14, 12:12, 13:3, 13:8, 14:4, 15:2, 36:4, 36:9, 37:7, 38:5, 94:5, 94:15, 95:7, 95:17, 96:4, 96:14, 99:13, 99:21, 100:9, 100:17, 101:2, 103:6, 104:15, 105:20, 108:22, 110:5, 110:13, 115:15, 115:23, 117:5 MARTIN [40] - 2:7, 3:11, 7:9, 7:17, 8:12, 9:7, 9:17, 10:1, 10:20, 11:15, 12:13, 13:1, 13:9, 14:5, 15:3, 36:1, 36:10, 37:8, 38:6, 66:20, 67:1, 94:2, 94:16, 95:4, 95:18, 96:1, 96:15, 99:22, 100:7, 100:18, 103:7, 103:16, 104:16, 105:21, 108:23, 110:3, 110:14, 115:13, 115:24, 117:6 MARY [2] - 2:11, 2:13 MaShawn [1] - 5:24 mask [4] - 59:12, 83:17, 84:10, 89:19 MATTER [1] - 1:7 matter [10] - 1:12, 3:20, 6:9, 15:20, 15:24, 37:19, 39:21, 97:20, 99:10, 116:10 matters [1] - 4:11 Mayo [71] - 23:8, 23:10, 23:11, 23:13, 23:22, 24:2, 24:22, 25:3, 25:15, 33:10, 33:11, 33:14, 33:17,</p>	<p>34:2, 34:3, 34:10, 34:11, 34:17, 34:19, 34:23, 35:1, 35:6, 53:7, 53:9, 53:20, 53:23, 54:13, 54:15, 54:21, 55:13, 55:17, 56:2, 57:15, 59:6, 64:18, 69:9, 69:19, 73:19, 74:1, 75:15, 75:22, 76:8, 76:22, 77:5, 77:11, 77:21, 78:23, 79:9, 79:18, 79:22, 79:24, 80:12, 80:17, 81:20, 81:21, 82:5, 82:16, 83:8, 86:5, 86:21, 86:23, 87:14, 88:2, 89:24, 90:17, 90:18, 90:19, 91:1, 91:10, 92:13 mean [20] - 19:20, 33:15, 49:19, 52:24, 54:3, 55:20, 57:7, 59:14, 64:8, 64:16, 64:17, 66:1, 87:11, 87:16, 89:3, 89:17, 90:10, 91:2, 92:3 meaning [6] - 77:23, 81:1, 81:5, 82:21, 83:9, 87:17 means [1] - 98:1 meant [2] - 109:12, 109:13 measured [1] - 76:12 medical [16] - 29:14, 30:7, 62:21, 70:7, 72:24, 73:16, 73:22, 77:23, 80:11, 81:12, 81:15, 83:20, 84:2, 84:7, 86:13, 91:12 Medical [5] - 30:12, 46:5, 46:11, 62:1 medically [1] - 92:3 medication [2] - 55:23, 74:24 medications [2] - 27:11, 71:9 meds [1] - 53:4 MEETING [2] - 1:7, 118:5 meeting [22] - 1:11, 3:2, 3:18, 4:1, 4:2, 4:8, 5:7, 6:21, 6:24, 7:1, 24:5, 101:5, 101:6, 105:6, 106:18, 113:5, 113:11, 113:17, 113:18, 113:21, 114:19, 117:18 Meetings [3] - 4:1, 94:1, 116:14</p>	
K					
<p>Kammi [1] - 93:8 Keeley [1] - 101:18 keep [2] - 7:7, 74:3 Kelly [2] - 106:3, 107:17 KELLY [1] - 2:16 kid [1] - 62:11 kids [4] - 51:1, 52:15, 52:18, 60:1 kind [10] - 23:18, 23:21, 44:14, 44:22, 50:22, 51:2, 54:23, 54:24, 57:10, 91:15 kinds [1] - 55:23 knows [3] - 58:20, 64:11</p>					
L			M		
<p>Laborer's [1] - 112:8 Laborers [1] - 111:24 laborers [1] - 112:17 laborious [1] - 81:23 laid [1] - 46:13 language [3] - 111:3, 112:6, 112:9 last [12] - 18:12, 26:18, 32:17, 55:17, 57:3, 57:4, 66:20, 66:22, 66:23, 103:20, 110:19, 111:4 lasted [1] - 75:9 lastly [1] - 98:13 law [3] - 53:14, 108:10 Law [4] - 37:15, 37:17, 37:18, 38:14 lay [3] - 60:15, 80:6, 81:6 layup [6] - 18:13, 18:24, 28:1, 43:20, 45:2, 71:2 lead [4] - 23:21, 34:17, 42:3, 92:6 leading [1] - 90:8</p>		<p>M.D [3] - 2:18, 28:23, 72:8 machine [8] - 56:14, 56:16, 56:20, 57:1, 59:9, 60:7, 64:3, 87:11 Maggie [1] - 42:4 mail [2] - 38:17, 97:7 main [2] - 52:6, 54:23 majority [1] - 61:24 Malcolm [1] - 42:4 malfunction [1] - 84:24 maligning [1] - 91:6 malingering [1] - 91:5 man [1] - 59:20 management [1] - 32:8 manager [2] - 101:19, 101:22 mandated [1] - 20:8 manpower [1] - 56:10 March [1] - 41:9 MARCONI [25] -</p>			

<p>meetings [4] - 7:6, 7:8, 114:11, 115:7</p> <p>Megan [1] - 97:21</p> <p>MELISSA [1] - 2:8</p> <p>member [5] - 5:5, 5:7, 5:24, 12:3, 96:23</p> <p>MEMBER [203] - 3:5, 3:7, 3:9, 3:11, 3:15, 6:18, 7:9, 7:13, 7:15, 7:17, 7:19, 7:21, 7:24, 8:4, 8:8, 8:10, 8:12, 8:14, 8:16, 8:19, 8:23, 9:3, 9:5, 9:7, 9:9, 9:11, 9:14, 9:17, 9:21, 9:23, 10:1, 10:3, 10:5, 10:8, 10:12, 10:16, 10:18, 10:20, 10:22, 10:24, 11:3, 11:7, 11:11, 11:13, 11:15, 11:17, 11:19, 11:22, 12:5, 12:9, 12:11, 12:13, 12:15, 12:17, 12:20, 13:1, 13:5, 13:7, 13:9, 13:11, 13:13, 13:16, 13:20, 14:1, 14:3, 14:5, 14:7, 14:9, 14:12, 14:19, 14:23, 15:1, 15:3, 15:5, 15:7, 15:10, 16:2, 35:22, 36:1, 36:6, 36:8, 36:10, 36:12, 36:15, 36:18, 36:19, 37:2, 37:4, 37:6, 37:8, 37:10, 37:13, 37:20, 37:24, 38:2, 38:4, 38:6, 38:8, 38:21, 66:11, 66:15, 66:20, 67:1, 93:23, 94:2, 94:7, 94:9, 94:12, 94:14, 94:16, 94:18, 95:1, 95:4, 95:9, 95:11, 95:14, 95:16, 95:18, 95:20, 95:23, 96:1, 96:6, 96:8, 96:11, 96:13, 96:15, 96:17, 97:10, 99:9, 99:11, 99:15, 99:17, 99:20, 99:22, 99:24, 100:3, 100:7, 100:11, 100:13, 100:16, 100:18, 100:20, 100:23, 102:18, 102:20, 102:24, 103:2, 103:5, 103:7, 103:9, 103:16, 104:3, 104:5, 104:9, 104:11, 104:14,</p>	<p>104:16, 104:18, 104:21, 105:5, 105:10, 105:14, 105:16, 105:19, 105:21, 105:23, 106:2, 107:19, 108:7, 108:12, 108:16, 108:18, 108:21, 108:23, 109:1, 109:4, 109:20, 110:3, 110:7, 110:9, 110:12, 110:14, 110:16, 111:19, 112:19, 113:4, 115:11, 115:13, 115:17, 115:19, 115:22, 115:24, 116:2, 116:5, 116:16, 116:18, 116:23, 117:1, 117:4, 117:6, 117:8, 117:15, 117:19</p> <p>Member [14] - 8:3, 8:22, 9:15, 10:10, 10:11, 11:5, 11:6, 12:1, 12:24, 14:16, 97:19</p> <p>Members [2] - 98:9, 106:7</p> <p>MEMBERS [1] - 2:2</p> <p>members [3] - 4:9, 6:11, 12:21</p> <p>men [1] - 45:22</p> <p>mental [1] - 92:5</p> <p>mention [1] - 93:14</p> <p>mentioned [3] - 67:9, 77:4, 81:18</p> <p>met [1] - 108:4</p> <p>Metoprolol [2] - 71:13, 75:1</p> <p>Michael [2] - 51:12, 72:15</p> <p>MICHAEL [3] - 2:18, 28:23, 72:8</p> <p>michael [1] - 29:5</p> <p>middle [1] - 93:3</p> <p>midnight [1] - 45:15</p> <p>might [8] - 56:18, 59:11, 62:16, 68:17, 78:20, 89:18, 92:3, 109:10</p> <p>migraine [1] - 76:23</p> <p>mild [3] - 28:6, 79:18, 86:12</p> <p>Miller [3] - 51:23, 51:24, 54:12</p> <p>million [7] - 101:10, 101:14, 101:15, 101:17, 101:18,</p>	<p>101:21, 102:16</p> <p>mind [1] - 15:23</p> <p>minds [1] - 54:15</p> <p>minimum [1] - 68:20</p> <p>Minimum [2] - 7:24, 8:2</p> <p>Minneapolis [1] - 33:17</p> <p>Minnesota [1] - 23:8</p> <p>minute [1] - 80:19</p> <p>minutes [6] - 6:24, 7:4, 7:7, 58:23, 78:21, 105:1</p> <p>Minutes [1] - 6:21</p> <p>missed [1] - 92:11</p> <p>MMI [1] - 81:22</p> <p>model [2] - 102:4, 102:6</p> <p>mom [3] - 50:23, 52:14, 60:1</p> <p>moment [2] - 5:23, 6:7</p> <p>Monday [2] - 26:20, 114:19</p> <p>money [2] - 71:4, 98:17</p> <p>monitor [6] - 58:12, 75:18, 75:22, 75:23, 77:7, 77:9</p> <p>monitors [1] - 77:17</p> <p>month [5] - 11:23, 12:1, 96:23, 101:11, 103:19</p> <p>months [3] - 4:20, 52:3, 113:21</p> <p>morning [2] - 6:9, 44:21</p> <p>most [7] - 48:18, 52:23, 62:1, 101:4, 101:16, 109:8, 114:13</p> <p>mother [1] - 64:9</p> <p>motion [56] - 7:3, 7:10, 8:1, 8:5, 8:21, 8:24, 9:15, 9:18, 10:9, 10:13, 11:4, 11:8, 12:2, 12:6, 12:23, 13:2, 13:17, 13:21, 14:14, 14:20, 35:23, 36:2, 36:16, 36:23, 37:17, 37:21, 93:23, 94:3, 95:2, 95:5, 95:24, 96:2, 96:19, 99:9, 99:12, 100:4, 100:8, 101:5, 101:8, 102:15, 102:19, 102:21, 104:3, 104:6, 105:7, 105:11, 108:8, 108:13, 109:20, 110:4, 115:14,</p>	<p>116:16, 116:19, 117:17, 117:20, 118:1</p> <p>Motion [25] - 7:23, 8:18, 9:13, 10:7, 11:2, 11:21, 12:19, 13:15, 14:11, 15:9, 36:14, 37:12, 38:10, 94:20, 95:22, 100:2, 100:22, 103:11, 104:20, 106:1, 109:3, 110:18, 115:11, 116:4, 117:10</p> <p>motions [1] - 103:12</p> <p>move [11] - 17:3, 39:24, 100:4, 100:24, 104:1, 110:23, 113:18, 114:3, 114:12, 114:15, 115:5</p> <p>moved [1] - 109:17</p> <p>movement [2] - 28:7, 69:13</p> <p>movements [1] - 79:15</p> <p>moving [13] - 7:24, 8:19, 11:3, 14:12, 15:10, 20:15, 31:12, 38:21, 38:24, 97:10, 104:21, 106:2, 116:5</p> <p>Moving [1] - 11:24</p> <p>MR [90] - 2:14, 4:15, 4:17, 4:20, 5:18, 15:15, 16:5, 16:11, 16:13, 16:20, 16:23, 17:1, 17:2, 17:10, 17:13, 17:14, 17:19, 17:21, 18:2, 25:21, 26:2, 26:4, 28:11, 28:16, 28:19, 28:21, 29:3, 32:24, 33:4, 35:13, 35:15, 35:16, 35:20, 39:1, 39:6, 39:8, 39:11, 39:13, 39:18, 39:20, 39:22, 39:23, 40:7, 40:10, 40:11, 40:15, 40:18, 40:23, 66:1, 66:4, 66:22, 67:4, 67:6, 69:4, 69:6, 71:15, 71:20, 71:22, 71:23, 72:2, 72:3, 72:5, 72:6, 72:12, 84:11, 84:16, 84:18, 84:21, 92:17, 92:20, 92:21, 93:2, 93:7, 93:20, 93:22, 97:3, 105:3, 106:5, 106:16, 107:22, 109:5,</p>	<p>109:19, 110:19, 111:21, 112:4, 113:1, 113:16, 114:8, 115:4, 115:9</p> <p>MRA [1] - 76:18</p> <p>MRI [3] - 76:6, 76:8, 76:17</p> <p>MRSA [1] - 111:10</p> <p>MS [25] - 2:13, 3:4, 3:6, 3:8, 3:10, 3:12, 3:14, 3:16, 15:13, 15:23, 16:3, 38:12, 38:20, 96:19, 97:12, 101:3, 101:8, 103:12, 103:18, 104:1, 107:13, 112:16, 112:21, 113:7, 116:8</p> <p>multidisciplinary [2] - 23:18, 34:4</p> <p>multiple [8] - 33:23, 68:14, 75:20, 78:15, 90:21, 112:5, 112:13, 114:9</p> <p>Municipal [2] - 112:16, 113:9</p> <p>Murphy [54] - 3:8, 6:17, 7:11, 7:12, 8:6, 8:7, 9:1, 9:2, 9:19, 9:20, 10:14, 10:15, 11:9, 11:10, 12:7, 12:8, 13:3, 13:4, 13:22, 13:24, 14:21, 14:22, 15:23, 36:3, 36:5, 36:24, 37:1, 37:22, 37:23, 42:4, 94:6, 95:6, 95:8, 96:3, 96:5, 99:13, 99:14, 100:9, 100:10, 102:22, 102:23, 104:7, 104:8, 105:12, 105:13, 108:14, 108:15, 110:5, 110:6, 115:15, 115:16, 116:20, 116:22, 117:21</p> <p>MURPHY [63] - 2:6, 3:9, 6:18, 7:13, 7:24, 8:8, 8:19, 9:3, 9:14, 9:21, 10:8, 10:16, 11:3, 11:11, 11:22, 12:9, 12:20, 13:5, 13:16, 14:1, 14:12, 14:23, 15:10, 16:2, 35:22, 36:6, 36:15, 37:2, 37:13, 37:24, 38:21, 93:23, 94:7, 95:1, 95:9, 95:23, 96:6, 97:10, 99:9,</p>
--	---	---	---	--

<p>99:11, 99:15, 100:3, 100:11, 100:23, 102:18, 102:24, 104:3, 104:9, 104:21, 105:5, 105:14, 106:2, 108:7, 108:16, 109:4, 109:20, 110:7, 115:11, 115:17, 116:5, 116:16, 116:23, 117:15</p> <p>muscle [3] - 31:5, 76:2, 76:11</p> <p>muscles [1] - 79:5</p> <p>muscular [1] - 79:4</p> <p>myocarditis [3] - 76:1, 76:6, 76:9</p>	<p>83:13</p> <p>neuropathy [1] - 71:14</p> <p>neutral [1] - 111:15</p> <p>never [7] - 6:5, 53:2, 56:5, 56:8, 67:14, 88:16, 113:8</p> <p>new [9] - 33:19, 74:11, 93:15, 102:4, 102:9, 107:18, 109:14, 116:9, 117:16</p> <p>newsletter [1] - 5:1</p> <p>newsletters [1] - 4:22</p> <p>next [15] - 10:8, 25:2, 26:10, 26:20, 38:22, 46:7, 59:14, 60:4, 75:2, 76:1, 96:23, 106:8, 107:23, 113:20, 116:5</p> <p>nicely [1] - 113:20</p> <p>night [2] - 68:4, 68:5</p> <p>nightmare [1] - 52:16</p> <p>NO [1] - 1:7</p> <p>nobody [3] - 27:1, 98:19, 98:21</p> <p>nominal [1] - 111:14</p> <p>non [2] - 42:8, 45:6</p> <p>non-firefighters [2] - 42:8, 45:6</p> <p>None [1] - 17:1</p> <p>none [8] - 11:23, 26:1, 67:3, 67:21, 71:19, 84:15, 117:17, 118:1</p> <p>nonmedical [1] - 83:9</p> <p>normal [4] - 44:19, 75:12, 78:11, 79:14</p> <p>normally [4] - 52:8, 69:12, 85:5, 88:23</p> <p>north [1] - 46:8</p> <p>Northwestern [1] - 35:9</p> <p>note [2] - 88:6, 92:16</p> <p>noted [3] - 80:3, 93:12, 109:19</p> <p>notes [5] - 30:12, 58:9, 69:7, 69:10, 119:12</p> <p>nothing [2] - 83:18, 116:9</p> <p>notice [1] - 3:24</p> <p>noticed [2] - 58:13, 60:22</p> <p>notification [1] - 19:17</p> <p>notified [3] - 38:17, 97:7, 99:3</p> <p>notify [1] - 64:23</p> <p>November [4] - 20:22, 20:23, 43:20, 47:24</p> <p>Number [4] - 29:22, 73:8, 100:4, 104:22</p> <p>number [1] - 4:20</p>	<p>numerous [1] - 77:2</p> <p>nurse [3] - 58:19, 77:15</p> <p>nurses [2] - 44:13, 59:3</p> <p>nursing [1] - 69:21</p>	<p>59:2, 64:2, 69:14, 70:24, 74:24, 76:21, 77:3, 77:11, 90:23, 91:19, 93:9, 105:5, 107:1, 111:9, 112:3, 113:21, 116:10</p> <p>ongoing [1] - 75:2</p> <p>onset [1] - 26:7</p> <p>Open [3] - 4:1, 94:1, 116:13</p> <p>open [4] - 4:9, 6:24, 7:4, 45:18</p> <p>operations [2] - 53:7, 101:10</p> <p>opinion [25] - 34:24, 60:15, 79:21, 80:11, 80:15, 82:3, 82:4, 82:6, 82:15, 82:17, 83:5, 86:3, 86:4, 86:14, 86:17, 86:22, 87:3, 89:8, 91:11, 97:24, 98:4, 111:7, 111:18, 112:10, 112:20</p> <p>opinions [2] - 80:16, 86:23</p> <p>opportunities [1] - 109:22</p> <p>opposed [4] - 33:16, 79:15, 102:2, 117:24</p> <p>opted [1] - 48:17</p> <p>option [1] - 112:18</p> <p>options [1] - 114:15</p> <p>order [4] - 14:15, 15:21, 62:20, 107:23</p> <p>Orders [1] - 14:14</p> <p>orders [1] - 14:18</p> <p>organ [1] - 74:23</p> <p>otherwise [1] - 78:7</p> <p>outloud [1] - 64:11</p> <p>outside [1] - 21:7</p> <p>overlap [2] - 114:1, 115:4</p> <p>overlapping [1] - 113:17</p> <p>overlaps [1] - 113:22</p> <p>overtime [1] - 44:19</p> <p>overweight [3] - 101:20, 102:11, 102:13</p> <p>own [4] - 4:22, 28:8, 51:1, 90:21</p> <p>oxygenates [1] - 56:17</p>	<p>PAGE [1] - 119:2</p> <p>Page [1] - 93:2</p> <p>paid [2] - 65:15, 98:18</p> <p>pain [2] - 57:24, 75:3</p> <p>palpitations [3] - 22:19, 22:20, 57:23</p> <p>pandemic [2] - 30:1, 73:10</p> <p>paperwork [3] - 12:4, 14:17, 65:17</p> <p>paragraph [1] - 86:7</p> <p>Paramedic [5] - 21:6, 38:22, 41:18, 42:1, 95:3</p> <p>paramedic [7] - 27:7, 32:4, 41:14, 42:6, 63:8, 64:12, 68:24</p> <p>part [11] - 23:14, 27:5, 62:1, 78:3, 85:1, 85:8, 92:16, 92:23, 93:11, 106:11, 114:13</p> <p>Partial [1] - 11:4</p> <p>particular [1] - 20:13</p> <p>partner [1] - 64:6</p> <p>partner's [1] - 44:7</p> <p>pass [3] - 47:6, 77:14, 78:13</p> <p>passed [1] - 111:3</p> <p>passes [2] - 96:19, 113:13</p> <p>past [1] - 103:23</p> <p>Pat [1] - 4:17</p> <p>patient [9] - 26:23, 27:3, 30:24, 69:10, 69:20, 82:13, 86:9, 86:13, 88:24</p> <p>patient's [1] - 86:14</p> <p>patients [5] - 27:4, 34:5, 63:17, 86:12, 91:18</p> <p>PATRICIA [1] - 2:13</p> <p>pattern [1] - 33:24</p> <p>patterns [1] - 33:20</p> <p>pay [6] - 24:21, 65:13, 65:23, 66:5, 98:22, 98:24</p> <p>Payments [2] - 11:4, 14:13</p> <p>pending [2] - 97:20, 106:9</p> <p>Pension [5] - 4:21, 4:23, 65:16, 98:8, 109:23</p> <p>people [14] - 33:20, 34:2, 48:17, 50:7, 60:23, 66:5, 68:11, 68:14, 90:15, 90:19, 90:20, 90:24, 91:23, 92:6</p>
N		O	P	
<p>name [8] - 18:3, 18:4, 29:4, 34:14, 40:24, 41:1, 72:14, 88:22</p> <p>names [1] - 60:13</p> <p>Nancy [1] - 43:11</p> <p>nature [1] - 82:20</p> <p>NCPERS [1] - 109:17</p> <p>necessarily [1] - 66:2</p> <p>necessary [4] - 25:16, 59:8, 111:16</p> <p>neck [2] - 76:17, 76:18</p> <p>need [8] - 56:10, 65:4, 68:11, 101:6, 101:8, 101:9, 103:20, 106:4</p> <p>needed [2] - 64:5, 103:24</p> <p>Needs [1] - 98:18</p> <p>needs [6] - 35:3, 63:24, 69:2, 82:23, 101:14, 106:13</p> <p>negative [9] - 19:17, 19:22, 20:3, 20:9, 75:5, 76:19, 77:18, 78:22, 79:1</p> <p>nerve [1] - 31:11</p> <p>nerves [1] - 31:10</p> <p>nervous [6] - 78:2, 78:3, 85:1, 85:2, 85:8, 85:14</p> <p>network [1] - 54:21</p> <p>neuro [1] - 76:16</p> <p>neurologic [3] - 77:21, 81:1, 85:16</p> <p>neurologically [1] - 81:2</p> <p>neurologist [6] - 51:19, 60:14, 76:20, 76:22, 77:5, 87:8</p> <p>neurologists [1] -</p>	<p>obstruction [1] - 80:6</p> <p>obstructive [5] - 79:18, 81:5, 81:8, 85:20, 93:15</p> <p>obtain [1] - 5:5</p> <p>obvious [1] - 52:12</p> <p>obviously [3] - 5:9, 63:10, 90:6</p> <p>occasion [3] - 50:11, 64:21, 113:11</p> <p>occupational [1] - 54:24</p> <p>occur [1] - 85:5</p> <p>occurred [1] - 75:16</p> <p>occurrence [1] - 21:20</p> <p>occurring [1] - 49:13</p> <p>October [2] - 65:15, 65:23</p> <p>OF [5] - 1:3, 1:7, 1:10, 119:1, 119:2</p> <p>offered [3] - 42:18, 42:20, 65:8</p> <p>Officer [1] - 2:17</p> <p>offices [1] - 34:12</p> <p>officials [1] - 112:4</p> <p>offset [1] - 102:13</p> <p>often [3] - 76:23, 90:20, 90:24</p> <p>old [6] - 59:20, 63:13, 63:23, 65:11, 97:15, 117:16</p> <p>Omar [3] - 51:15, 51:17, 54:16</p> <p>Omicron [1] - 109:9</p> <p>on-duty [1] - 68:8</p> <p>once [7] - 24:18, 24:24, 27:18, 55:15, 61:12, 79:15, 87:10</p> <p>one [36] - 12:1, 25:10, 31:15, 33:23, 42:5, 44:12, 44:15, 45:10, 45:19, 49:4, 49:8, 50:11, 50:20, 52:17, 52:20, 53:1, 54:8,</p>	<p>o'clock [1] - 115:6</p> <p>oath [1] - 119:7</p> <p>objection [12] - 6:13, 15:21, 16:2, 16:23, 17:4, 17:7, 39:20, 40:1, 40:4, 72:3, 107:8, 114:24</p> <p>obstruction [1] - 80:6</p> <p>obstructive [5] - 79:18, 81:5, 81:8, 85:20, 93:15</p> <p>obtain [1] - 5:5</p> <p>obvious [1] - 52:12</p> <p>obviously [3] - 5:9, 63:10, 90:6</p> <p>occasion [3] - 50:11, 64:21, 113:11</p> <p>occupational [1] - 54:24</p> <p>occur [1] - 85:5</p> <p>occurred [1] - 75:16</p> <p>occurrence [1] - 21:20</p> <p>occurring [1] - 49:13</p> <p>October [2] - 65:15, 65:23</p> <p>OF [5] - 1:3, 1:7, 1:10, 119:1, 119:2</p> <p>offered [3] - 42:18, 42:20, 65:8</p> <p>Officer [1] - 2:17</p> <p>offices [1] - 34:12</p> <p>officials [1] - 112:4</p> <p>offset [1] - 102:13</p> <p>often [3] - 76:23, 90:20, 90:24</p> <p>old [6] - 59:20, 63:13, 63:23, 65:11, 97:15, 117:16</p> <p>Omar [3] - 51:15, 51:17, 54:16</p> <p>Omicron [1] - 109:9</p> <p>on-duty [1] - 68:8</p> <p>once [7] - 24:18, 24:24, 27:18, 55:15, 61:12, 79:15, 87:10</p> <p>one [36] - 12:1, 25:10, 31:15, 33:23, 42:5, 44:12, 44:15, 45:10, 45:19, 49:4, 49:8, 50:11, 50:20, 52:17, 52:20, 53:1, 54:8,</p>	<p>packet [2] - 51:9, 107:24</p> <p>page [2] - 19:6, 19:8</p>	

<p>per [2] - 69:21, 116:17 perform [5] - 29:11, 32:3, 72:21, 89:6, 89:10 performing [1] - 81:13 perfused [1] - 78:12 perhaps [1] - 114:19 period [5] - 52:9, 67:9, 70:8, 77:7, 78:10 permanent [1] - 76:11 persistent [1] - 31:16 persists [1] - 82:14 person [8] - 34:21, 54:7, 55:1, 80:21, 90:9, 98:15, 109:11, 112:7 personally [1] - 34:16 perspective [2] - 45:17, 99:8 pertains [1] - 112:9 peters [1] - 33:9 Peters [15] - 17:15, 28:17, 28:20, 29:5, 33:5, 35:14, 35:18, 40:12, 58:4, 71:24, 72:4, 72:13, 72:15, 84:14, 84:22 PETERS [7] - 2:18, 28:23, 33:8, 72:8, 92:22, 93:5, 93:9 Peters' [3] - 19:3, 19:8, 60:8 petite [1] - 50:3 Phelps [2] - 110:20, 110:24 physical [5] - 58:11, 79:11, 80:21, 89:9, 92:5 physically [3] - 3:22, 54:3, 62:2 physician [9] - 29:6, 33:22, 51:13, 54:10, 71:10, 72:16, 72:19, 86:16, 90:22 Physician [1] - 2:18 Physician's [1] - 100:5 physicians [9] - 47:2, 79:8, 79:22, 79:24, 86:5, 86:21, 87:1, 87:14, 92:24 PIC [1] - 42:17 pieces [1] - 110:22 PINELLI [45] - 2:13, 2:14, 15:15, 16:5, 16:13, 16:23, 17:2, 17:10, 17:14, 17:19, 26:2, 26:4, 28:11, 28:16, 28:21, 29:3, 32:24, 35:15, 35:20,</p>	<p>39:1, 39:8, 39:13, 39:20, 39:23, 40:7, 40:11, 40:15, 66:1, 67:4, 67:6, 69:4, 69:6, 71:15, 71:20, 71:23, 72:3, 72:6, 72:12, 84:11, 84:16, 92:17, 92:21, 93:2, 93:7, 93:22 place [2] - 35:4, 62:15 placed [4] - 61:14, 62:5, 65:9, 81:22 plan [3] - 64:17, 101:18 plans [1] - 114:5 Plummer [2] - 6:1, 6:3 plus [1] - 45:14 pneumonia [1] - 27:18 point [7] - 23:6, 46:10, 54:24, 66:7, 74:3, 90:8, 113:1 policies [1] - 36:17 Policy [2] - 106:10, 106:12 policy [1] - 110:2 pool [1] - 62:24 pooling [1] - 78:6 poorly [1] - 54:2 population [1] - 68:13 position [6] - 65:8, 78:18, 85:4, 88:22, 111:6, 112:21 positions [2] - 62:18 positive [13] - 19:9, 20:1, 21:24, 26:10, 27:2, 27:3, 30:11, 30:13, 43:8, 43:14, 46:6, 46:10, 46:15 possible [3] - 75:20, 76:5, 78:14 possibly [4] - 70:21, 76:22, 79:7, 79:10 post [7] - 31:2, 31:23, 74:4, 74:12, 90:23, 91:20, 114:9 post-Covid [6] - 31:2, 31:23, 74:4, 74:12, 90:23, 91:20 posted [2] - 3:24, 113:20 potential [1] - 116:14 potentially [1] - 110:23 pounds [3] - 80:4, 91:17, 93:13 power [1] - 61:8 practice [1] - 113:13 preceptor [3] - 42:9, 42:10, 42:15 preceptors [1] - 42:5</p>	<p>prediction [1] - 32:13 prepare [2] - 29:16, 96:20 prepared [1] - 4:3 prescribed [3] - 56:13, 71:9, 87:11 PRESENT [1] - 2:15 present [6] - 3:22, 16:7, 23:19, 28:18, 39:7, 106:18 presented [1] - 104:4 preserve [1] - 46:8 President [20] - 2:3, 3:12, 5:20, 6:18, 38:21, 66:11, 95:1, 97:10, 100:3, 100:23, 102:18, 104:21, 106:2, 106:6, 107:23, 109:6, 113:16, 114:20, 115:9, 117:15 pressure [13] - 53:2, 53:4, 58:2, 59:17, 59:23, 62:2, 68:21, 71:14, 74:20, 74:22, 78:18, 85:4 presumptive [1] - 111:19 pretty [6] - 18:22, 43:6, 44:17, 56:9, 61:2, 110:20 prevent [2] - 81:16, 81:17 preventing [1] - 81:13 previous [3] - 60:23, 106:23, 106:24 previously [4] - 28:22, 37:13, 62:22, 72:7 pride [1] - 45:21 primarily [2] - 22:3, 82:19 primary [4] - 51:12, 51:22, 54:10, 90:22 private [1] - 102:12 privilege [1] - 5:11 PRN [1] - 65:2 problem [2] - 85:14, 85:17 problems [5] - 21:3, 31:14, 43:7, 56:3, 56:6 procedure [2] - 29:18, 73:4 proceed [8] - 15:14, 16:14, 17:11, 17:20, 40:16, 71:24, 107:9, 116:12 PROCEEDINGS [2] - 1:10, 118:4</p>	<p>proceedings [3] - 4:3, 119:10, 119:13 process [4] - 14:17, 32:19, 42:22, 92:13 Professionals [1] - 107:6 program [1] - 23:15 prolonged [1] - 75:22 promoted [1] - 25:11 promotion [1] - 42:17 pronounce [3] - 34:14, 63:2, 81:19 proper [2] - 5:6, 69:2 properly [1] - 31:12 proposed [3] - 23:13, 37:14, 105:9 protect [1] - 5:14 protocol [1] - 44:9 provide [3] - 25:16, 107:3, 111:11 provided [6] - 16:16, 30:5, 73:14, 73:22, 98:19, 107:7 provider [1] - 107:3 proxy [4] - 112:1, 112:7, 112:8, 112:17 psychiatrist [2] - 87:21, 88:1 psychological [8] - 77:24, 82:22, 83:9, 87:18, 87:23, 88:5, 88:18, 89:15 psychologist [1] - 87:22 pubic [1] - 79:11 public [9] - 4:9, 4:10, 4:13, 4:16, 5:18, 5:20, 102:11, 108:2, 108:3 Public [4] - 3:17, 3:21, 4:6, 111:4 pull [2] - 58:9, 69:2 pulling [1] - 66:23 pulmonologist [1] - 22:5 pulse [4] - 58:2, 59:1, 78:17, 85:3 purpose [1] - 50:18 Pursuant [1] - 14:13 pursuant [3] - 24:16, 109:22, 116:13 pursue [1] - 98:12 put [8] - 45:17, 53:3, 58:11, 61:6, 62:19, 62:23, 106:10, 109:6 putting [4] - 4:22, 50:19, 73:20, 92:7</p>	<p style="text-align: center;">Q</p> <p>QILDRO [1] - 14:15 qualifications [2] - 29:8, 72:18 qualified [1] - 90:11 QUANE [2] - 4:17, 4:20 Quane [2] - 4:17, 4:19 quarantined [1] - 46:17 questions [22] - 25:24, 26:5, 28:12, 28:14, 33:1, 33:2, 35:14, 35:17, 35:19, 66:8, 66:10, 66:19, 67:2, 67:7, 71:16, 71:18, 84:11, 84:14, 84:17, 105:4, 107:17, 107:20 quick [2] - 25:6, 106:5 quickly [3] - 24:8, 42:19, 110:20 quite [2] - 44:22, 60:2 quorum [1] - 3:16 quote [1] - 107:7</p> <p style="text-align: center;">R</p> <p>raise [5] - 17:16, 40:11, 40:13, 101:17, 102:15 raised [2] - 46:18, 107:9 raises [1] - 102:10 ranging [1] - 86:12 rare [1] - 113:10 rate [5] - 59:1, 75:11, 85:18, 107:6 rather [5] - 30:1, 73:11, 77:22, 77:23, 112:7 reach [4] - 62:4, 62:14, 65:3, 65:4 reached [2] - 42:3, 49:13 read [8] - 19:3, 44:16, 51:8, 63:5, 86:22, 87:4, 88:3 reading [1] - 89:23 ready [5] - 15:13, 15:15, 17:11, 17:19, 40:16 real [3] - 42:14, 51:3, 102:14 reality [1] - 62:23 realize [1] - 91:3 really [12] - 27:17, 30:13, 48:16, 49:21, 51:2, 53:5, 58:1,</p>
---	--	--	--	--

<p>58:22, 68:22, 78:21, 85:21, 91:8</p> <p>reason [2] - 65:22, 89:23</p> <p>reasonable [1] - 4:7</p> <p>reasons [1] - 52:12</p> <p>rebalancing [2] - 101:9, 102:16</p> <p>Recalculations [1] - 11:23</p> <p>receipt [1] - 106:14</p> <p>receipts [1] - 103:21</p> <p>receive [6] - 16:19, 19:17, 33:22, 39:16, 39:18, 98:20</p> <p>received [4] - 12:4, 14:18, 16:21, 39:19</p> <p>receiving [1] - 24:16</p> <p>recent [1] - 5:1</p> <p>Recipients [1] - 100:6</p> <p>recognized [1] - 44:12</p> <p>recollection [1] - 70:15</p> <p>recommend [3] - 96:20, 99:1, 116:12</p> <p>recommendation [7] - 99:7, 99:10, 101:16, 105:6, 105:8, 112:22, 113:24</p> <p>recommendations [1] - 32:6</p> <p>recommended [4] - 28:7, 47:20, 102:19, 107:2</p> <p>record [15] - 16:5, 16:10, 16:24, 29:4, 30:17, 30:19, 31:20, 39:2, 39:10, 39:21, 82:1, 84:3, 94:22, 108:2, 117:12</p> <p>recorded [2] - 4:2, 5:7</p> <p>recorder [1] - 41:2</p> <p>recordings [1] - 5:3</p> <p>records [27] - 5:6, 19:2, 19:12, 20:19, 26:8, 27:10, 29:15, 30:7, 30:22, 33:10, 47:8, 48:23, 56:12, 57:12, 58:3, 60:9, 63:2, 63:6, 70:7, 73:1, 73:16, 81:11, 88:3, 88:19, 89:24, 91:13, 92:10</p> <p>reduce [1] - 101:19</p> <p>reexam [2] - 36:16, 36:23</p> <p>reexamination [2] - 32:7, 32:19</p> <p>reexamined [1] - 32:18</p>	<p>refer [8] - 23:8, 23:22, 57:6, 74:10, 86:20, 87:21, 88:7, 88:24</p> <p>reference [3] - 69:8, 69:9, 93:3</p> <p>referral [3] - 34:22, 87:24, 89:18</p> <p>referrals [2] - 33:23, 55:8</p> <p>referred [9] - 23:9, 33:10, 33:13, 54:4, 55:5, 87:1, 87:19, 90:19, 90:22</p> <p>referring [6] - 34:18, 85:3, 86:21, 86:24, 87:8, 88:15</p> <p>refers [2] - 34:10, 58:4</p> <p>reflect [2] - 16:5, 39:2</p> <p>refund [1] - 111:3</p> <p>Refund [1] - 9:15</p> <p>regarding [4] - 32:1, 33:5, 34:24, 106:22</p> <p>regardless [1] - 46:12</p> <p>Region [1] - 42:5</p> <p>regular [7] - 4:8, 6:24, 7:8, 21:12, 41:24, 45:18, 79:15</p> <p>regularly [2] - 26:17, 27:15</p> <p>regulated [1] - 67:24</p> <p>rehab [6] - 58:7, 58:10, 58:20, 74:16, 75:7, 75:9</p> <p>reimbursement [1] - 110:1</p> <p>related [17] - 20:14, 60:16, 70:3, 76:23, 79:9, 79:22, 81:14, 81:16, 82:10, 83:1, 86:1, 86:3, 86:14, 86:17, 90:16, 92:3</p> <p>relation [1] - 108:10</p> <p>relative [1] - 24:7</p> <p>released [2] - 5:2, 62:21</p> <p>releasing [1] - 63:3</p> <p>relevant [5] - 4:11, 66:3, 93:14, 93:16, 114:16</p> <p>relief [1] - 62:24</p> <p>remainder [1] - 103:24</p> <p>remained [1] - 69:20</p> <p>remains [1] - 78:12</p> <p>remember [6] - 49:12, 49:23, 49:24, 50:1, 60:8, 70:18</p> <p>remote [1] - 106:19</p> <p>Removals [3] - 13:16, 13:17, 13:22</p> <p>reoccur [1] - 68:18</p>	<p>repeated [2] - 76:7, 76:18</p> <p>replaced [1] - 64:1</p> <p>Report [2] - 106:3, 110:24</p> <p>REPORT [1] - 1:10</p> <p>report [23] - 19:3, 19:9, 29:16, 29:21, 30:14, 60:8, 69:22, 73:2, 73:7, 74:3, 77:2, 79:12, 80:9, 86:6, 93:3, 101:4, 103:13, 104:22, 106:20, 115:10, 115:12, 116:8, 116:9</p> <p>reported [7] - 30:18, 44:5, 46:5, 77:15, 78:19, 86:13, 119:9</p> <p>reporter [2] - 41:1, 119:7</p> <p>Reporter [1] - 119:7</p> <p>reporting [1] - 49:10</p> <p>reports [2] - 31:9, 63:5</p> <p>represent [1] - 76:21</p> <p>represented [2] - 16:8, 39:8</p> <p>reputation [3] - 33:11, 35:7, 90:7</p> <p>request [6] - 4:10, 12:23, 15:16, 15:19, 97:11, 109:5</p> <p>requested [5] - 35:23, 38:16, 95:2, 95:24, 97:6</p> <p>Requests [1] - 14:12</p> <p>requests [2] - 4:13, 12:21</p> <p>required [7] - 12:4, 14:17, 20:2, 21:7, 62:7, 79:11, 108:10</p> <p>requirements [2] - 89:10, 108:4</p> <p>requires [1] - 3:19</p> <p>reset [1] - 60:6</p> <p>RESHMA [1] - 2:10</p> <p>Reside [1] - 12:20</p> <p>reside [2] - 12:22, 12:23</p> <p>Resolution [1] - 60:20</p> <p>resolve [3] - 25:17, 52:22, 57:17</p> <p>resolved [4] - 23:1, 52:24, 74:5, 80:9</p> <p>respect [6] - 27:9, 29:19, 30:15, 30:21, 31:21, 73:5</p> <p>respectful [1] - 107:15</p> <p>respiratory [3] - 31:19, 44:10, 81:2</p> <p>respond [1] - 64:8</p>	<p>response [2] - 78:11, 78:17</p> <p>responses [1] - 85:3</p> <p>rest [2] - 28:19, 35:15</p> <p>restraints [1] - 77:13</p> <p>rests [1] - 35:20</p> <p>result [5] - 46:15, 80:20, 83:21, 91:22, 97:23</p> <p>retire [1] - 25:14</p> <p>retired [1] - 52:14</p> <p>RETIREMENT [1] - 1:2</p> <p>return [4] - 25:5, 25:17, 71:1, 81:23</p> <p>returning [2] - 63:4, 82:19</p> <p>reversal [1] - 111:7</p> <p>reverse [2] - 15:21, 32:10</p> <p>review [4] - 29:14, 30:22, 37:16, 72:24</p> <p>reviewed [5] - 16:21, 18:19, 43:3, 73:16, 77:5</p> <p>Reviews [1] - 100:5</p> <p>revised [1] - 109:21</p> <p>Reynolds [1] - 98:6</p> <p>RFP [2] - 107:3, 107:7</p> <p>RFPs [1] - 102:7</p> <p>rhythm [9] - 58:5, 58:15, 59:2, 75:7, 75:9, 75:12, 75:24, 77:10, 77:19</p> <p>risk [2] - 64:10, 88:21</p> <p>Robert [1] - 97:19</p> <p>ROBERT [1] - 2:5</p> <p>rocking [2] - 48:16, 59:20</p> <p>role [1] - 34:20</p> <p>roll [3] - 3:3, 3:19, 59:11</p> <p>rolling [2] - 48:16, 59:21</p> <p>room [3] - 5:10, 48:7, 58:18</p> <p>rooms [1] - 68:14</p> <p>rule [1] - 69:18</p> <p>ruling [1] - 55:24</p> <p>run [2] - 44:11, 45:15</p> <p>runs [1] - 45:14</p> <p>Rush [2] - 22:5, 22:6</p>	<p>safety [4] - 63:4, 81:23, 82:19, 88:22</p> <p>saw [2] - 51:2, 83:20</p> <p>Sawhani [1] - 49:15</p> <p>say [1] - 54:16</p> <p>scary [1] - 61:8</p> <p>schedule [1] - 79:15</p> <p>scheduled [1] - 97:12</p> <p>science [1] - 68:12</p> <p>SCOTT [4] - 2:17, 101:3, 101:8, 103:12</p> <p>screw [1] - 65:17</p> <p>seal [1] - 59:12</p> <p>seclude [1] - 48:20</p> <p>secluded [1] - 48:18</p> <p>Second [12] - 7:9, 8:23, 9:17, 12:5, 13:1, 36:1, 94:2, 95:4, 99:11, 100:7, 110:3, 115:13</p> <p>second [20] - 8:4, 10:12, 11:7, 13:20, 14:19, 31:8, 36:18, 37:20, 93:6, 93:9, 96:1, 102:20, 104:5, 105:10, 107:3, 107:4, 108:12, 111:9, 116:18, 117:19</p> <p>seconded [26] - 7:11, 8:6, 9:1, 9:19, 10:14, 11:9, 12:7, 13:3, 13:22, 14:21, 36:3, 36:24, 37:22, 94:4, 95:6, 96:3, 99:13, 100:9, 102:22, 104:7, 105:12, 108:14, 110:5, 115:15, 116:20, 117:21</p> <p>seconds [3] - 69:21, 75:10, 92:15</p> <p>Secretary [4] - 2:6, 3:23, 6:17, 15:23</p> <p>Section [2] - 109:22, 116:13</p> <p>secured [1] - 107:5</p> <p>see [26] - 19:12, 31:20, 54:14, 54:20, 55:13, 56:23, 62:5, 62:14, 74:19, 75:7, 82:3, 87:20, 87:24, 88:3, 88:19, 89:5, 89:18, 90:20, 91:3, 91:13, 91:16, 92:9, 92:10, 107:3, 110:24, 114:16</p> <p>seeing [5] - 22:5, 33:19, 53:5, 55:23, 63:20</p>
<p>S</p>				
<p>S-i-g-l-e-r [1] - 18:5</p> <p>sacrifice [1] - 6:6</p> <p>safe [3] - 62:16, 63:12, 64:13</p> <p>safely [4] - 32:5, 65:7, 82:9, 82:12</p>				

<p>seek [1] - 107:2</p> <p>seem [2] - 34:17, 73:22</p> <p>sees [1] - 35:4</p> <p>seizure [3] - 77:8, 77:18, 88:13</p> <p>Senate [1] - 112:14</p> <p>send [3] - 58:18, 90:17</p> <p>sending [1] - 33:16</p> <p>sense [2] - 48:14, 80:10</p> <p>sensitive [3] - 81:24, 82:19, 88:22</p> <p>sent [3] - 37:14, 44:20, 87:1</p> <p>sentence [1] - 93:7</p> <p>September [5] - 19:10, 19:16, 19:23, 20:10, 30:11</p> <p>serve [2] - 112:5, 112:13</p> <p>service [1] - 41:15</p> <p>services [1] - 107:4</p> <p>Session [5] - 5:4, 94:22, 94:24, 117:12, 117:14</p> <p>session [6] - 7:7, 93:24, 94:4, 116:13, 116:17, 116:20</p> <p>set [2] - 43:6, 54:5</p> <p>setting [3] - 42:13, 42:14, 53:18</p> <p>setup [1] - 23:11</p> <p>seven [1] - 78:21</p> <p>several [4] - 3:23, 27:3, 54:20, 69:21</p> <p>severe [1] - 86:12</p> <p>shape [1] - 21:15</p> <p>SHERIDAN [35] - 2:11, 3:7, 7:15, 8:4, 8:10, 9:5, 9:23, 10:18, 11:7, 11:13, 12:11, 13:7, 14:3, 14:19, 15:1, 36:8, 37:4, 37:20, 38:2, 94:9, 95:11, 96:8, 99:17, 100:13, 102:20, 103:2, 104:5, 104:11, 105:16, 108:18, 110:9, 115:19, 116:18, 117:1, 117:19</p> <p>Sheridan [35] - 3:6, 7:14, 8:6, 8:9, 9:4, 9:22, 10:17, 11:9, 11:12, 12:10, 13:6, 13:19, 14:2, 14:21, 14:24, 36:7, 37:3, 37:22, 38:1, 94:8, 95:10, 96:7, 99:16,</p>	<p>100:12, 102:22, 103:1, 104:7, 104:10, 105:15, 108:17, 110:8, 115:18, 116:21, 116:24, 117:21</p> <p>shift [10] - 26:12, 26:16, 26:17, 44:2, 44:5, 45:14, 46:13, 61:21, 62:7, 68:8</p> <p>shifts [6] - 45:24, 46:1, 46:2, 56:6, 56:11, 65:10</p> <p>shock [1] - 74:21</p> <p>short [2] - 44:17, 114:18</p> <p>shorten [1] - 81:19</p> <p>Shorthand [1] - 119:6</p> <p>shorthand [2] - 119:9, 119:12</p> <p>shot [1] - 59:14</p> <p>showed [2] - 30:17, 79:18</p> <p>showing [1] - 109:8</p> <p>sick [1] - 48:14</p> <p>side [2] - 45:11, 46:8</p> <p>sides [1] - 59:13</p> <p>Sigler [16] - 15:18, 15:24, 16:4, 16:7, 16:12, 16:18, 16:21, 17:13, 17:15, 17:20, 18:5, 26:5, 29:19, 30:22, 30:23, 35:24</p> <p>SIGLER [3] - 17:22, 38:12, 38:20</p> <p>Sigler's [1] - 15:20</p> <p>significant [1] - 76:9</p> <p>significantly [1] - 74:22</p> <p>signing [1] - 107:10</p> <p>signs [1] - 58:12</p> <p>silence [2] - 5:24, 6:7</p> <p>similar [1] - 86:11</p> <p>sit [2] - 113:10, 114:9</p> <p>situation [1] - 89:7</p> <p>six [5] - 4:16, 43:12, 45:14, 52:3, 113:21</p> <p>slack [2] - 113:9, 113:12</p> <p>sleep [39] - 55:15, 55:16, 56:4, 59:11, 61:13, 62:8, 67:15, 68:1, 68:4, 79:17, 79:18, 79:19, 80:1, 80:8, 80:19, 80:20, 80:23, 80:24, 81:1, 81:6, 83:2, 83:12, 83:13, 83:21, 84:4, 84:5, 84:8, 85:13, 85:16, 85:23, 85:24,</p>	<p>86:14, 87:2, 87:9, 91:14, 92:12, 93:1, 93:10, 93:15</p> <p>Sleep [1] - 60:21</p> <p>sleeping [6] - 56:18, 61:2, 67:17, 79:20, 86:10, 91:15</p> <p>slew [1] - 53:3</p> <p>sling [1] - 69:21</p> <p>slow [3] - 69:12, 69:13, 85:20</p> <p>slurred [1] - 76:16</p> <p>slurring [1] - 49:11</p> <p>small [2] - 101:19, 101:20</p> <p>snoring [1] - 93:12</p> <p>someone [2] - 69:2, 88:17</p> <p>sometime [1] - 6:14</p> <p>sometimes [3] - 58:1, 76:2, 87:20</p> <p>son [1] - 12:2</p> <p>son's [1] - 50:19</p> <p>Soni [7] - 36:20, 36:22, 37:5, 38:3, 94:13, 95:15, 96:12</p> <p>SONI [7] - 2:10, 36:19, 37:6, 38:4, 94:14, 95:16, 96:13</p> <p>soon [5] - 25:1, 32:9, 32:13, 46:14, 65:7</p> <p>sooner [1] - 32:23</p> <p>sorry [7] - 19:20, 20:15, 36:20, 54:6, 58:8, 80:18, 83:23</p> <p>sound [2] - 90:1, 101:6</p> <p>sounds [6] - 30:12, 62:3, 68:16, 69:14, 79:13, 80:20</p> <p>south [1] - 45:11</p> <p>South [2] - 1:12, 62:24</p> <p>speaking [1] - 31:17</p> <p>special [1] - 68:10</p> <p>Special [1] - 98:18</p> <p>specialist [4] - 22:6, 35:6, 54:16, 93:11</p> <p>specialists [13] - 23:22, 34:11, 34:18, 54:20, 55:9, 73:19, 77:20, 80:16, 83:13, 87:5, 87:9, 90:21</p> <p>specialized [2] - 90:12, 90:13</p> <p>specializes [2] - 88:17, 90:15</p> <p>specialties [1] - 53:19</p> <p>specialty [4] - 32:14, 33:6, 35:2, 90:23</p> <p>specific [4] - 78:16,</p>	<p>78:24, 79:11, 89:6</p> <p>specifically [4] - 33:13, 79:24, 81:4, 88:10</p> <p>speech [1] - 76:16</p> <p>spell [4] - 18:3, 41:1, 57:5, 57:9</p> <p>spells [3] - 75:21, 77:2, 89:13</p> <p>sporting [2] - 28:4, 71:6</p> <p>spots [1] - 45:18</p> <p>spreadsheet [1] - 20:19</p> <p>SS [1] - 119:1</p> <p>staff [4] - 6:12, 16:18, 48:8, 77:12</p> <p>staff's [2] - 12:3, 14:16</p> <p>stairs [3] - 52:17, 63:24, 64:6</p> <p>stand [1] - 78:5</p> <p>standing [2] - 49:22, 70:19</p> <p>standpoint [5] - 80:11, 82:22, 83:20, 89:9, 89:15</p> <p>staph [2] - 111:10, 111:21</p> <p>star [1] - 4:16</p> <p>start [9] - 15:24, 16:3, 32:15, 53:5, 57:2, 74:14, 103:21, 115:1, 115:6</p> <p>started [10] - 18:23, 24:1, 42:22, 44:3, 46:3, 52:10, 67:21, 83:16, 84:9, 107:11</p> <p>starting [6] - 8:2, 8:21, 10:10, 13:18, 56:24, 58:10</p> <p>starts [1] - 93:7</p> <p>State [3] - 1:13, 12:21, 119:8</p> <p>state [7] - 12:22, 12:24, 18:3, 29:4, 40:24, 72:13, 74:3</p> <p>STATE [1] - 119:1</p> <p>statements [1] - 83:6</p> <p>status [2] - 65:14, 97:16</p> <p>stay [2] - 48:13, 49:18</p> <p>staying [3] - 48:15, 53:16, 92:5</p> <p>STENOGRAPHIC [1] - 1:10</p> <p>steps [1] - 69:11</p> <p>still [5] - 25:15, 59:4, 64:18, 64:20, 102:11</p> <p>stop [3] - 50:10, 80:18, 87:12</p>	<p>stopped [5] - 83:16, 84:1, 84:9, 85:18, 90:3</p> <p>stopping [1] - 50:8</p> <p>straight [1] - 59:19</p> <p>Street [1] - 1:12</p> <p>stress [1] - 79:9</p> <p>strip [1] - 75:7</p> <p>stroke [3] - 76:14, 76:19, 76:21</p> <p>structure [1] - 114:7</p> <p>students [2] - 42:6, 42:12</p> <p>studies [1] - 55:15</p> <p>study [9] - 55:16, 60:19, 61:13, 61:15, 64:22, 69:8, 78:21, 79:18, 87:9</p> <p>stuff [2] - 61:24, 63:11</p> <p>subjective [1] - 80:8</p> <p>subjectively [1] - 78:19</p> <p>submitted [2] - 18:15, 42:23</p> <p>subsequent [2] - 30:16, 76:7</p> <p>subside [1] - 109:10</p> <p>subspecialists [4] - 80:12, 82:16, 86:24, 91:10</p> <p>subspecialty [1] - 33:23</p> <p>substernal [1] - 57:24</p> <p>suburban [1] - 88:23</p> <p>success [1] - 55:20</p> <p>sudden [1] - 64:1</p> <p>suggesting [2] - 91:7, 91:8</p> <p>Suite [1] - 1:12</p> <p>summarize [2] - 30:20, 74:11</p> <p>Sunday [1] - 26:20</p> <p>support [1] - 82:1</p> <p>suppose [2] - 53:22, 65:1</p> <p>surrounding [1] - 53:20</p> <p>survive [2] - 98:3, 98:15</p> <p>Survivor [1] - 8:19</p> <p>Survivor's [1] - 98:13</p> <p>swabbed [1] - 46:9</p> <p>sworn [8] - 17:18, 17:23, 28:22, 28:24, 40:14, 40:20, 72:7, 72:9</p> <p>symptoms [21] - 18:23, 20:4, 20:5, 23:19, 25:17, 26:9, 26:19, 27:11, 27:20,</p>
---	---	---	--	---

32:1, 33:21, 43:7,
44:3, 46:23, 55:14,
63:11, 74:4, 74:8,
74:23, 86:10, 86:11
syncope [15] - 49:9,
50:15, 57:4, 60:24,
66:22, 75:21, 77:1,
78:15, 80:9, 82:10,
82:11, 82:20, 82:24,
83:3, 87:13
Syncope [1] - 60:21
syncope [11] - 56:24,
57:8, 66:20, 77:10,
79:23, 82:15, 83:7,
83:12, 84:7, 88:12,
91:12
syndrome [1] - 90:14
synonymous [1] -
57:6
system [6] - 78:3,
85:1, 85:2, 85:9,
85:14
systolic [1] - 59:18

T

T-waves [2] - 58:14,
58:24
table [2] - 78:16, 101:4
tape [1] - 41:2
target [4] - 102:5,
102:8, 102:9, 102:13
targets [1] - 102:4
tax [1] - 103:21
teach [2] - 21:9, 42:13
teacher [1] - 42:11
team [7] - 23:7, 47:18,
47:19, 48:12, 51:5,
63:17, 107:21
Tebbens [31] - 3:4,
7:18, 8:13, 9:8, 10:2,
10:14, 10:21, 11:16,
12:14, 13:10, 13:23,
14:6, 15:4, 36:11,
36:24, 37:9, 38:7,
94:17, 95:19, 96:16,
99:23, 100:19,
103:8, 104:17,
105:12, 105:22,
108:14, 108:24,
110:15, 116:1, 117:7
TEBBENS [35] - 2:5,
3:5, 7:19, 8:14, 9:9,
10:3, 10:12, 10:22,
11:17, 12:15, 13:11,
13:20, 14:7, 15:5,
36:12, 36:18, 37:10,
38:8, 94:18, 95:20,
96:17, 99:24,
100:20, 103:9,

104:18, 105:10,
105:23, 108:12,
109:1, 110:16,
111:19, 112:19,
113:4, 116:2, 117:8
teeth [1] - 58:1
telephone [3] - 30:3,
73:13, 75:14
temperature [4] -
44:7, 44:15, 47:4
template [2] - 101:9,
102:17
temporary [1] - 58:5
ten [1] - 75:9
tension [1] - 31:6
term [3] - 31:13,
106:23, 107:1
terms [2] - 33:20, 88:2
terrifying [1] - 59:15
test [9] - 19:24, 20:3,
20:7, 30:11, 30:13,
46:15, 61:24, 78:16
tested [11] - 19:9,
19:17, 20:1, 21:23,
26:10, 26:21, 43:8,
43:14, 46:5, 46:10,
89:5
testified [7] - 17:24,
19:22, 29:1, 40:21,
72:10, 81:20, 84:2
testify [5] - 17:16,
28:17, 40:9, 40:13,
72:1
testifying [1] - 18:20
testimony [4] - 32:1,
66:16, 67:13, 92:19
testing [4] - 46:9,
52:3, 74:2, 91:11
tests [1] - 78:24
thankful [1] - 57:20
thankfully [2] - 50:11,
58:18
THE [6] - 1:2, 1:7,
2:12, 28:13, 118:4,
118:5
themselves [1] - 34:6
therapies [1] - 64:5
therapy [3] - 58:11,
79:11, 79:13
therefore [2] - 35:20,
111:7
thermometers [1] -
44:16
thinking [1] - 63:22
thinks [1] - 80:14
third [1] - 114:4
THIS [1] - 118:6
thorough [1] - 83:7
three [5] - 50:2, 77:14,
106:16, 106:19,

110:22
throat [1] - 85:22
throughout [1] - 31:10
Thursday [1] - 114:4
Thursdays [1] -
114:13
TIA [2] - 76:14, 76:21
tilt [1] - 78:16
TIME [1] - 118:6
timebeing [2] - 62:15,
63:3
timeline [1] - 86:13
timing [1] - 103:20
tiredness [1] - 27:22
title [1] - 60:20
today [13] - 4:14,
18:20, 21:17, 22:1,
22:4, 22:8, 24:5,
27:10, 43:3, 59:9,
97:13, 103:17,
114:17
today's [2] - 5:23,
117:18
together [1] - 49:11
took [5] - 20:7, 42:17,
44:6, 45:20, 69:11
top [4] - 27:24, 50:6,
52:17, 52:18
total [1] - 102:12
towards [1] - 102:9
trade [1] - 44:18
trading [1] - 102:2
tradition [1] - 114:10
training [7] - 42:2,
42:7, 108:1, 108:4,
108:9, 109:7, 109:21
transcript [3] - 4:3,
7:1, 119:11
transcripts [1] - 7:5
transferred [1] - 19:8
transient [1] - 76:14
travel [1] - 110:1
Treasurer [7] - 2:8,
66:12, 112:9,
112:23, 113:9,
113:10, 113:12
treat [1] - 23:23
treated [4] - 33:16,
33:17, 33:21, 68:1
treating [6] - 22:3,
23:14, 27:5, 34:4,
51:6, 86:16
Treatment [1] - 60:21
treatment [16] - 21:23,
21:24, 23:13, 23:17,
24:1, 24:15, 24:21,
25:2, 25:16, 30:16,
54:14, 59:6, 61:1,
74:5, 89:16
treatments [2] - 63:11,

74:8
tried [2] - 50:5, 62:4
trip [2] - 48:9, 48:24
trips [1] - 52:4
trouble [1] - 92:22
true [5] - 18:22, 65:24,
83:22, 87:14, 119:11
trust [3] - 5:14, 98:18,
98:19
trustee [61] - 7:12,
7:14, 7:20, 8:7, 8:9,
8:15, 9:2, 9:4, 9:10,
9:20, 9:22, 10:4,
10:15, 10:17, 10:23,
11:10, 11:12, 11:18,
12:8, 12:10, 12:16,
13:4, 13:6, 13:12,
14:2, 14:8, 14:22,
14:24, 15:6, 36:7,
36:22, 37:1, 37:3,
37:5, 37:23, 38:1,
38:3, 94:8, 94:13,
95:10, 95:15, 96:7,
96:12, 99:14, 99:16,
100:10, 100:12,
102:23, 103:1,
104:8, 104:10,
105:13, 105:15,
107:13, 108:15,
108:17, 110:6,
110:8, 115:16,
115:18, 116:24
Trustee [138] - 2:4,
2:5, 2:6, 2:7, 2:11,
3:4, 3:6, 3:8, 3:10,
3:14, 4:21, 4:23,
4:24, 7:11, 7:16,
7:18, 8:6, 8:11, 8:13,
9:1, 9:6, 9:8, 9:19,
9:24, 10:2, 10:14,
10:19, 10:21, 11:9,
11:14, 11:16, 12:7,
12:12, 12:14, 13:3,
13:8, 13:10, 13:22,
13:24, 14:4, 14:6,
14:21, 15:2, 15:4,
36:3, 36:5, 36:9,
36:11, 36:19, 36:23,
36:24, 37:7, 37:9,
37:22, 38:5, 38:7,
94:4, 94:6, 94:10,
94:15, 94:17, 95:6,
95:8, 95:12, 95:17,
95:19, 96:3, 96:5,
96:9, 96:14, 96:16,
99:12, 99:13, 99:18,
99:21, 99:23, 100:9,
100:14, 100:17,
100:19, 101:1,
102:22, 103:3,

103:6, 103:8, 104:7,
104:12, 104:15,
104:17, 105:12,
105:17, 105:20,
105:22, 108:8,
108:14, 108:19,
108:22, 108:24,
109:21, 109:24,
110:4, 110:5,
110:10, 110:13,
110:15, 113:6,
113:7, 115:15,
115:20, 115:23,
116:1, 116:20,
116:21, 116:22,
117:2, 117:5, 117:7,
117:20, 117:21
Trustees [16] - 3:2,
3:23, 4:8, 6:11,
25:23, 35:19, 38:15,
66:19, 71:17, 84:13,
97:5, 108:3, 112:13,
114:8, 116:11
try [1] - 113:18
trying [9] - 22:11,
32:23, 55:22, 58:9,
58:17, 60:22, 61:3,
69:18, 112:17
tube [1] - 64:1
Tuesday [1] - 114:4
Tuesdays [1] - 114:13
turn [3] - 6:16, 6:19,
101:1
turns [2] - 50:14,
53:15
two [9] - 12:21, 15:22,
31:4, 33:20, 43:11,
80:14, 106:17,
110:19, 114:20
Type [1] - 43:16
type [3] - 98:14,
111:10, 112:21
TYRRELL [2] - 119:6,
119:17

U

ultimately [2] - 4:4,
74:6
unable [1] - 52:7
unchanged [1] - 76:7
uncommon [1] - 45:13
under [11] - 9:14,
11:22, 12:20, 13:16,
24:11, 24:19, 78:4,
85:2, 87:17, 93:24,
102:13
underground [1] -
53:23
understood [1] -

<p>67:13 underweight [2] - 101:22, 102:12 underwent [1] - 79:17 undoubtedly [1] - 47:7 unfortunately [1] - 50:4 unit [1] - 69:18 University [1] - 44:11 unknown [1] - 83:4 unknowns [1] - 64:16 unless [3] - 107:8, 107:16, 114:22 unlikely [1] - 76:21 unmute [1] - 4:16 untreated [1] - 84:4 unusual [2] - 66:5, 92:1 up [25] - 21:24, 22:3, 27:18, 33:5, 46:13, 48:13, 53:15, 54:4, 54:5, 54:17, 58:9, 59:5, 65:17, 66:23, 67:19, 71:21, 78:5, 78:9, 84:19, 89:20, 99:5, 102:15, 104:24, 111:8, 114:15 up-to-date [1] - 59:5 update [2] - 110:20, 116:9 Update [1] - 116:6 updated [1] - 102:4 upper [4] - 79:19, 80:5, 81:5, 85:21 upwards [1] - 59:17 usual [2] - 32:18, 91:24</p>	<p>86:22 Vanichkachorn [5] - 23:16, 23:21, 34:15, 55:3, 90:5 variance [1] - 102:3 various [2] - 53:21, 63:10 veins [1] - 78:8 Velcro [1] - 59:13 vendors [1] - 107:15 via [4] - 5:2, 47:14, 47:16, 49:3 video [3] - 3:19, 50:17, 77:5 videoconference [1] - 1:11 videos [1] - 28:10 vigorously [1] - 78:10 Village [1] - 24:14 Vince [9] - 15:13, 16:3, 25:21, 28:15, 38:24, 67:3, 71:22, 85:15, 93:21 VINCENT [1] - 2:14 virtual [2] - 109:9, 109:18 virtually [1] - 111:14 virus [1] - 31:13 visited [1] - 34:8 vital [1] - 58:12 VLAHOS [2] - 2:17, 103:18 vocal [4] - 31:3, 31:6, 31:12, 32:10 vocally [1] - 31:12 voice [2] - 21:19, 22:8 volatility [1] - 101:24 vote [3] - 3:20, 36:21, 113:12 voted [2] - 38:15, 97:6 votes [1] - 113:5 voting [1] - 66:17</p>	<p>77:7, 77:9 wearing [1] - 77:13 website [1] - 4:5 Wednesday [2] - 114:4, 114:12 week [7] - 6:15, 25:2, 46:10, 46:15, 50:2, 79:16, 106:8 weight [7] - 91:20, 91:22, 92:2, 92:7, 92:11, 92:23, 93:17 weird [1] - 58:1 WELLER [17] - 2:16, 4:15, 5:18, 105:3, 106:5, 106:16, 107:22, 109:5, 109:19, 110:19, 111:21, 112:4, 113:1, 113:16, 114:8, 115:4, 115:9 WERE [1] - 118:4 whatnot [2] - 28:5, 30:16 WHICH [1] - 118:4 whole [2] - 53:3, 59:23 Widow's [2] - 8:20, 8:21 wife [12] - 43:11, 43:16, 46:18, 47:6, 49:7, 49:10, 50:4, 50:22, 53:11, 59:24, 70:9, 93:12 William [1] - 13:18 WILLIAM [1] - 2:6 wish [4] - 17:12, 17:20, 28:17, 40:16 wishing [1] - 4:15 WITNESS [1] - 28:13 witness [5] - 17:23, 28:24, 40:17, 40:20, 72:9 Witness [2] - 28:22, 72:7 witnessed [1] - 77:12 witnesses [3] - 17:12, 40:14, 71:24 Witnesses [1] - 17:18 woman [4] - 63:24, 97:14, 97:15, 98:23 women [1] - 45:22 word [4] - 55:18, 56:14, 88:11, 91:4 worded [1] - 54:2 words [6] - 26:23, 49:11, 54:15, 67:18, 76:10, 98:23 wore [1] - 75:22 work [1] - 86:15 Workmen's [1] - 24:19 workshop [1] - 42:18</p>	<p>world [1] - 42:14 worse [1] - 47:7 written [5] - 29:16, 29:21, 73:7, 80:14, 87:3</p>
Y			
<p>year [9] - 42:20, 57:4, 66:24, 97:22, 103:24, 107:1, 107:2, 107:4, 111:4 years [4] - 41:21, 42:19, 65:11, 103:23 yoga [4] - 21:9, 21:10, 28:5, 28:6 young [1] - 46:18 yourself [3] - 16:10, 39:9, 49:3</p>			
Z			
<p>Zero [1] - 59:16 zero [1] - 85:19</p>			