

BEFORE

THE RETIREMENT BOARD

FIREMEN'S ANNUITY AND BENEFIT FUND OF CHICAGO

IN THE MATTER OF)
MEETING NO. 1075)

STENOGRAPHIC REPORT OF PROCEEDINGS had at
the Zoom 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
Wednesday, June 17, 2020, commencing at the hour of
8:30 a.m.

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APPEARANCES

BOARD MEMBERS:

DANIEL FORTUNA, President and
Annuitant Trustee

ANTHONY MARTIN, Secretary and Active
Trustee

WILLIAM MURPHY, Active Trustee

TIMOTHY McPHILLIPS, Active Trustee

MELISSA CONYEARS-ERVIN, City Treasurer

ANNA VALENCIA, City Clerk

RESHMA SONI, City Comptroller

ANNETTE NANCE-HOLT, Active Trustee

ATTORNEYS FOR THE BOARD:

BURKE, BURNS AND PINELLI, LTD.

BY: MS. MARY PATRICIA BURNS

MR. VINCENT PINELLI

MS. SARAH A. BOECKMAN

ALSO PRESENT:

LORI LUND, Deputy Director

STEVEN R. SWANSON, Executive Director

LORNA SCOTT, Chief Investment Officer

JACLYN VLAHOS, Comptroller

JOHN CONNESS, Fund Accountant

MARK TORRES, IT Systems Analyst

DANIEL G. SAMO, M.D., Board Physician

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

ALSO PRESENT:

MARK MYSLINSKI, City of Chicago Portfolio
Manager

1 CHAIRMAN FORTUNA: I hereby convene this
2 Board of Trustees meeting for June 17, 2020.

3 Please, call the roll.

4 MR. SWANSON: Trustee Fortuna.

5 CHAIRMAN FORTUNA: Here.

6 MR. SWANSON: Trustee Soni.

7 MEMBER SONI: Here.

8 MR. SWANSON: Trustee Coneyears-Ervin.

9 MEMBER CONYEARS-ERVIN: Here.

10 MR. SWANSON: Trustee Martin.

11 Trustee McPhillips.

12 MEMBER McPHILLIPS: Here.

13 MR. SWANSON: Trustee Holt.

14 MEMBER NANCE-HOLT: Here.

15 MR. SWANSON: Trustee Murphy.

16 MEMBER MURPHY: Here.

17 MR. SWANSON: Trustee Valencia.

18 MEMBER VALENCIA: Here.

19 MR. SWANSON: Mr. Chairman, you have a
20 quorum.

21 CHAIRMAN FORTUNA: In the President's
22 remarks this morning, I'd like to read a statement
23 from the Public Act.

24 A new law was passed, Public Act 101-0640

1 which allows this meeting to be conducted by video
2 conference. The new Act requires a roll call vote
3 on each matter acted upon. We will take the first
4 roll call and then for the following routine
5 administrative matters I will ask if there is any
6 objection to allowing the prior roll call vote to
7 stand for the motion being considered. If anyone
8 wants to object to any particular motion, they
9 certainly can object and we will reflect that in
10 the minutes. Otherwise all votes will appear as if
11 a roll call was taken on each motion. Are there
12 any objections to this process?

13 Hearing none, I am going to move on.

14 And consistent with Public Act 101-0640,
15 for the record, I am physically present at the Fund
16 office with the Executive Director. We are
17 proceeding by video conference because we continue
18 to believe it is prudent to not be physically
19 present in the same space. We have posted notice
20 of this meeting in accordance with the Open
21 Meetings Act and the meeting is being recorded. A
22 transcript of the proceedings will be prepared and
23 ultimately, after approval by the Board, will be
24 made available for public on the Fund's website.

1 Does everyone approve? Okay. We are
2 going to move forward.

3 I am going to ask for any public
4 comments. Do you want to do that, Steve?

5 MR. SWANSON: Mark, can we allow anybody
6 on the line from the public be unmuted so they have
7 a chance to say anything, if they wish.

8 Anyone from public comment?

9 MR. TRACEY: Jim Tracey. I am a Fund
10 participant. I would like to make a comment on one
11 of the applications for Occupational Disability.

12 MR. SWANSON: Mr. Chairman, we have a
13 comment.

14 CHAIRMAN FORTUNA: Could you state the
15 name of the applicant that you are referring to?

16 MR. TRACEY: The applicant is PIC Joseph
17 Davilo from Ambulance 51.

18 He's seeking an Occupational Disease
19 Disability and I would just like to say that after
20 his incident he had no problem coming to Local 2 as
21 the EMS Director four or five days a week and
22 collected over \$30,000 in funds.

23 I am strictly speaking on my own behalf
24 as a Fund participant, not as a representative of

1 the Union.

2 I know that Joe is a highly intelligent
3 person and I believe he still has the potential to
4 be a major asset to the City of Chicago and for the
5 EMS Division and so I am against him getting a
6 disability.

7 CHAIRMAN FORTUNA: Any other comments?
8 Thank you, Mr. Tracey.

9 We are going to turn to the approval of
10 the Minute items, if you would look. A, Approval
11 of Minutes of Regular Audit Meeting for May 20,
12 2020. I am going to put this all together so the
13 Executive Session Minutes of May 20, 2020 and the
14 Regular Audio Meeting Transcript on May 20, 2020.

15 I am going to need a motion for approval
16 of the Minutes and the transcript. Do I have a
17 motion?

18 MEMBER HOLT: Motion.

19 MEMBER VALENCIA: Seconded by Valencia.

20 CHAIRMAN FORTUNA: Seconded by Trustee
21 Valencia.

22 I am going to take a roll call vote.

23 MS. BURNS: Thank you.

24 CHAIRMAN FORTUNA: Trustee Soni.

1 MEMBER SONI: Yes.

2 CHAIRMAN FORTUNA: Trustee

3 Conyears-Ervin.

4 MEMBER CONYEARS-ERVIN: Yes.

5 CHAIRMAN FORTUNA: Trustee McPhillips.

6 MEMBER McPHILLIPS: Yes.

7 CHAIRMAN FORTUNA: Trustee Holt.

8 MEMBER NANCE-HOLT: Yes.

9 CHAIRMAN FORTUNA: Trustee Murphy.

10 MEMBER MURPHY: Yes.

11 CHAIRMAN FORTUNA: Trustee Valencia.

12 MEMBER VALENCIA: Yes.

13 CHAIRMAN FORTUNA: And I am a yes.

14 Motion carries.

15 We are going to move to the Semi-Annual
16 Review of the Executive Session Minutes. Do I need
17 to do that, Mary Pat?

18 MS. BURNS: Yes, sir. Would you like me
19 to read it?

20 CHAIRMAN FORTUNA: Yes, please.

21 MS. BURNS: Pursuant to Section 2.06(c)
22 and (d) of the Open Meetings Act, the Fund on a
23 semi-annual basis reviews the executive session
24 minutes to determine whether the need for

1 confidentiality still exists and whether the
2 verbatim tapes of the executive sessions can be
3 discarded. Due to some internal issues locating
4 the minutes and the COVID-19 situation we are a bit
5 behind on this process. Today we are going to try
6 and address this situation and get back on track.

7 The motion the president is looking for
8 is there a motion to approve the recommendations of
9 counsel as to the review of executive session
10 minutes and the destruction of the executive
11 session tapes as memorialized in the memo from
12 counsel dated June 16, 2020, that is the motion.

13 CHAIRMAN FORTUNA: Thank you, Mary Pat.

14 Do I have a motion?

15 MEMBER MURPHY: Motion consistent with
16 counsel.

17 CHAIRMAN FORTUNA: Motion by Trustee
18 Murphy.

19 MEMBER NANCE-HOLT: Second.

20 MEMBER MCPHILLIPS: On the question, Dan.

21 CHAIRMAN FORTUNA: On the question.

22 MEMBER MCPHILLIPS: Why are we doing this
23 again? Let me backup for just a second. As I am
24 reading this memo dated June 16th, yesterday, on

1 the very bottom, it says "to be discarded
2 consistent with the requirements of the Open
3 Meetings Act". Is this required to destroy these?

4 MS. BURNS: Every six months, twice a
5 year, you are required to determine whether or not
6 the tapes should be discarded. You don't have to
7 discard the tapes, but the requirement is the Board
8 consider it.

9 MEMBER MCPHILLIPS: Is there any reason
10 we need to do this? I can't believe there is any
11 cost involved with keeping them in an archive,
12 especially with all the digital information and
13 technology we have nowadays.

14 MS. BURNS: It's certainly our
15 recommendation as your counsel that once the
16 minutes have been reviewed and approved by the
17 Board and meet the statutory requirements for
18 destruction after 18 months, that it is the best
19 practice to do so but it is entirely up to the
20 Trustees.

21 MEMBER MCPHILLIPS: Can you elaborate why
22 that is the best practice? My concern is it is a
23 public meeting using public funds and to start
24 destroying information related to that is a little

1 concerning.

2 MS. BURNS: Again, they are closed
3 session minutes, which should never be heard by the
4 public.

5 Second, there are minutes prepared and
6 approved by the Board which reflect what occurred
7 at the meeting.

8 Third, obviously, the law says you should
9 and could do it.

10 And, fourth, when we get FOIA requests,
11 it takes a lot of time and money and expenditure of
12 public funds to look through all those tapes to be
13 able to produce them when ultimately we would argue
14 there is no basis to produce them anyway because
15 they are confidential discussions. These are not
16 open meetings. These are closed meetings we are
17 talking about.

18 MEMBER MCPHILLIPS: Okay. Again you're
19 saying the Open Meetings Act says we should do this
20 or we could do this? You just said we should do
21 it.

22 MS. BURNS: The Open Meetings says you
23 should review it every six months and if the need
24 for confidentiality no longer exists and the tapes

1 are over 18 months old and the minutes have been
2 approved, then you can discard them. That is what
3 you are considering.

4 MEMBER MCPHILLIPS: You, as legal
5 counsel, looked through all these and said there is
6 no need to keep them open?

7 MS. BURNS: Sarah went through them all
8 with a recommendation as to open or closed.

9 MEMBER MCPHILLIPS: Not to keep them
10 open, it is okay to destroy them.

11 MS. BURNS: Sarah went through all the
12 minutes and knows that there are minutes that
13 correspond to those tapes and that you as a Board
14 have already approved those minutes which allows
15 the tapes to be discarded because the minutes are
16 the record of the closed session.

17 MEMBER MCPHILLIPS: Right. Sometimes
18 that translation from the audio to the minutes
19 doesn't always tell the whole story.

20 Maybe not so much for the public but for
21 future trustees they might want to see the history
22 of what happened on this Board.

23 CHAIRMAN FORTUNA: There's a motion and a
24 second. I am going to call the vote.

1 MEMBER MCPHILLIPS: Just for the record,
2 I would like to state there is really no cost to
3 maintaining these to the Fund whatsoever. It is a
4 public meeting. Some of them are executive
5 session. This Board is supported by public funds.
6 I don't think there is any need to destroy them.

7 You can vote. I want to be on the record
8 I, as a Trustee, do not support destroying what I
9 consider public records.

10 CHAIRMAN FORTUNA: Okay.

11 MEMBER MCPHILLIPS: That is all.

12 CHAIRMAN FORTUNA: There is a motion and
13 a second.

14 Trustee Soni.

15 MEMBER SONI: Yes.

16 CHAIRMAN FORTUNA: Trustee
17 Conyears-Ervin.

18 MEMBER CONYEARS-ERVIN: I am going to
19 rely on the consultation of the Fund's attorney,
20 yes.

21 CHAIRMAN FORTUNA: Trustee McPhillips.

22 MEMBER McPHILLIPS: No.

23 CHAIRMAN FORTUNA: Trustee Holt.

24 MEMBER NANCE-HOLT: Yes.

1 CHAIRMAN FORTUNA: Trustee Murphy.

2 MEMBER MURPHY: Yes.

3 CHAIRMAN FORTUNA: Trustee Valencia.

4 MEMBER VALENCIA: Yes.

5 CHAIRMAN FORTUNA: And I am a yes.

6 Motion carries.

7 We are moving to B, Minimum Formula

8 Annuities. Do we want to read the whole thing?

9 MS. BURNS: No, just a motion to approve.

10 CHAIRMAN FORTUNA: Do we have a motion?

11 MS. BURNS: Do you want me to do that?

12 In light of Trustee Martin's absence, is

13 there a motion to grant the Retirement Annuities,

14 Item B, from Member 14027 to 10948?

15 MEMBER MCPHILLIPS: I will make that

16 motion.

17 MEMBER MURPHY: Second.

18 CHAIRMAN FORTUNA: Motion by Trustee

19 McPhillips. Seconded by Trustee Murphy.

20 Trustee Soni.

21 MEMBER SONI: Yes.

22 CHAIRMAN FORTUNA: Trustee

23 Conyears-Ervin.

24 MEMBER CONYEARS-ERVIN: Yes.

1 CHAIRMAN FORTUNA: Trustee McPhillips.

2 MEMBER McPHILLIPS: Yes.

3 CHAIRMAN FORTUNA: Trustee Holt.

4 MEMBER NANCE-HOLT: Yes.

5 CHAIRMAN FORTUNA: Trustee Murphy.

6 MEMBER MURPHY: Yes.

7 CHAIRMAN FORTUNA: Trustee Valencia.

8 MEMBER VALENCIA: Yes.

9 CHAIRMAN FORTUNA: And I am a yes.

10 Motion carries.

11 MS. BURNS: The next item is the transfer
12 of service credit and contributions pursuant to
13 Section 6-230. That is going to be deferred, the
14 actuaries are still working on some information for
15 the Trustees.

16 MR. SWANSON: We were able to put that
17 out there.

18 MS. BURNS: Were Trustees able to review
19 that information with respect to Alderman Sposato?

20 There are two issues. The issue with
21 respect to whether or not you are going to charge
22 Alderman Sposato 4 percent interest or 5 percent
23 interest, right?

24 MR. SWANSON: There are three different

1 options available.

2 Mark, if you want to share the board
3 packet, we can probably show everyone what it looks
4 like in there.

5 MR. SWANSON: It should be under 2-B in
6 Board packet.

7 MS. LUND: It is the Options 1, 2 and 3,
8 those three items.

9 MR. SWANSON: Those are the three options
10 put together. Just get to this last page, it will
11 show it.

12 This is the option where we looked at,
13 based on actually Fund's counsel's recommendation,
14 is looking at how a transfer in the past between
15 Municipal and the Fire Fund which was done for the
16 paramedics was calculated.

17 It shows a total amount due to the Fund
18 from Municipal of \$148,000. The amount actually
19 received from the Municipal was actually \$218,000.
20 We received an amount in excess this for this
21 option.

22 We bring these options to the Trustees
23 because the law doesn't specify how this was to be
24 calculated. It just says the employer/employee

1 contributions were to come to the Firemen's Fund.

2 So, Mark, if you want to go to Option
3 Number 2. The actual rate of Return, which
4 sometimes has been done as well. Specifically in
5 cases of litigation, such like the Lewis case where
6 a service credit was given. This is how it was
7 calculated.

8 If you can go to the last page, Mark.

9 MS. BURNS: That is a higher amount.

10 MR. SWANSON: Correct.

11 MS. BURNS: Let's backup for a second.

12 Alderman Sposato, under Section 6-230,
13 has the right to purchase credit, transfer his
14 credit, from the Municipal system into this
15 Firemen's Fund system.

16 What the statute says is that he can do
17 that. What the statute doesn't say is when you
18 accept the money from Alderman Sposato at what rate
19 do you accept it at?

20 We recommend as your counsel that you
21 accept 4 percent interest on his contributions as
22 if he had always been a member of this fund. We
23 use the 4 percent because that is what the
24 legislature imposed when the paramedics transferred

1 their service over from the Municipal Fund to the
2 Firemen's Fund. In our mind that was the most
3 analogous situation.

4 The other option, as Steve was walking
5 you through the second option, is to charge Mr.
6 Sposato for the actual rate of return that was
7 earned during the period of time that he was a
8 member in Municipal, which was eight years he's
9 been in Municipal or how many years.

10 MR. SWANSON: Yes, from 2011.

11 MS. BURNS: Since 2011; as if you always
12 had the money and you had invested it, even though
13 that money has been increased while it was at the
14 Municipal Fund. It is your actual rate of return.

15 In that case you can see he would owe us
16 204,000 and we will be receiving 218,000 from
17 Municipal. Again, we are still ahead but not as
18 much as if we do it at the 4 percent.

19 MR. SWANSON: That is using the Fund's
20 assumed rate of return.

21 MS. BURNS: That uses the Fund's assume
22 rate of return which since 2011 has changed.

23 So, Mark, if you could go to that third
24 bucket.

1 Now, again, the statute says that you
2 have to accept these contributions from the
3 alderman and again Alderman Sposato has made that
4 request and the Municipal Fund has now transferred
5 \$218,000 to this fund to recognize that request by
6 Alderman Sposato consistent with the law.

7 You, as the Trustees, have the ultimate
8 jurisdictional authority to make all decisions with
9 respect to how to interpret the Pension Code. What
10 we recommend is 4 percent. What Michelle from the
11 Fund recommends is the actual rate of return or
12 third option you can use the assumed rate of return
13 or third option.

14 We don't care. If you look at all three
15 of those options, you will see that we're getting
16 more money from Municipal than actually we need
17 under any of those scenarios.

18 We think the 4 percent is more consistent
19 from a legal logical standpoint but we are
20 comfortable with whatever you pick. But you have
21 to know that if this were to happen in the future
22 and some other participant by an alderman or member
23 of City Council wanted to come over and join the
24 Fund, and there are a few of those, that you would

1 be locked into using the same rate that you decide
2 to use with Alderman Sposato so that everybody is
3 treated the same.

4 That is sort of the issue here before
5 you. Unfortunately, I don't think we got the
6 numbers until 4 o'clock or 4:30 yesterday
7 afternoon.

8 You can defer this or because Alderman
9 Sposato keeps paying interest it would be nice if
10 the Board could make the decision today. Those are
11 the options for the Board. There is no right way
12 to do this. This is kind of a case of first
13 impression.

14 Again, you have our thinking and Sarah's
15 recommendation after looking at it and going back
16 historically and looking at how paramedics were
17 treated and that is at 4 percent rate of interest.
18 4 percent versus the actual rate of return versus
19 the assumed rate of return.

20 MEMBER CONYEARS-ERVIN: What are the
21 three options?

22 MR. SWANSON: The three options are, one,
23 that we mimic the process that was used to transfer
24 the paramedics from the Municipal Fund in the past

1 and that is where specific legislation written that
2 Mary Pat mentioned and that is recommended by Fund
3 counsel.

4 MEMBER CONYEARS-ERVIN: That is 4
5 percent.

6 MR. SWANSON: 4 percent.

7 MS. BURNS: That is Option 1 in your
8 portal.

9 MEMBER CONYEARS-ERVIN: Go ahead, Steve.

10 MR. SWANSON: Option 2 is where we use
11 the actual rate of return.

12 MEMBER CONYEARS-ERVIN: What is that
13 percentage?

14 MR. SWANSON: It varies year to year. It
15 is the actual rate of return.

16 MS. BURNS: I believe that option has
17 been used when there's been litigation. There was
18 no litigation in this matter.

19 MEMBER MCPHILLIPS: What is the blended
20 rate? What does it come to over the period of time
21 we are talking about?

22 MS. BURNS: 2011 to 2020.

23 MEMBER CONYEARS-ERVIN: In the first
24 option, can mark go back to the first option?

1 Thank you, mark. So that is he is owed a little
2 over \$69,000 dollars with percent.

3 MS. BURNS: No.

4 MR. SWANSON: Let counsel clarify on that
5 point.

6 MS. BURNS: What happens on this is we
7 have gotten \$218,464 from the Municipal Fund. Mr.
8 Sposato would owe us \$149,411. He would have a
9 credit in his account for \$69,053. If he died
10 tomorrow, God forbid, that is what we would give
11 back to his widow. If he lives a year or two, he
12 will have used up that contribution amount and get
13 nothing back. It's just the credit that gets
14 posted to his account.

15 MEMBER CONYEARS-ERVIN: So Option 2 can I
16 look at that real quick? Okay. Option 2 you said
17 is the annual return?

18 MS. BURNS: Number 2 is the actual rate
19 of return over the nine or ten year period.

20 MR. SWANSON: 7.2 percent.

21 MEMBER CONYEARS-ERVIN: That is what I
22 was trying to get at. And Option 3?

23 MS. BURNS: Option 3 is the actual
24 assumed rate of return, which has changed overtime

1 but averages at 7.84 percent or 6.4.

2 MEMBER CONYEARS-ERVIN: There is
3 precedent for Option 1?

4 MR. SWANSON: Yes.

5 MS. BURNS: Statutory precedent, that is
6 why we are recommending it.

7 Option 2 is what was used when there is
8 litigation. Courts have looked at it and they say
9 use the actual rate of the return.

10 Option 3 is probably no precedent for it
11 but you can do whatever you think is prudent.

12 In all cases, again from the standpoint
13 of you trustee, you should know you are getting
14 more money from the Municipal Fund than the normal
15 cost of this benefit, at least as calculated by the
16 actuaries as of today.

17 MEMBER MCPHILLIPS: Can I ask a quick
18 question so I understand the framework of this?

19 Regardless of the options we choose, we
20 are not going to be getting any more or less money
21 from the Municipal Fund.

22 MS. BURNS: That is exactly right, sir.

23 MEMBER MCPHILLIPS: The option we choose
24 will determine as I believe you stated the credit

1 that will be provided to the member.

2 MS. BURNS: That's correct, sir.

3 MEMBER MCPHILLIPS: The only reason we
4 may lose out on money, by saying "we" I mean the
5 Pension Fund, would be the unfortunate circumstance
6 that this member were to pass away sooner than
7 before he used up all the funds allocated to his
8 account?

9 MS. BURNS: That is correct, sir.

10 MEMBER MCPHILLIPS: Your recommendation
11 is Option 1?

12 MS. BURNS: That's correct.

13 MEMBER MCPHILLIPS: I would like to make
14 a motion to adopt Option 1 as recommended by Fund
15 counsel.

16 MEMBER MURPHY: Second.

17 CHAIRMAN FORTUNA: Motion by Trustee
18 McPhillips. Seconded by Trustee Murphy.

19 Trustee Soni.

20 MEMBER SONI: Yes.

21 CHAIRMAN FORTUNA: Trustee
22 Conyears-Ervin.

23 MEMBER CONYEARS-ERVIN: Yes.

24 CHAIRMAN FORTUNA: Trustee McPhillips.

1 MEMBER McPHILLIPS: Yes.

2 CHAIRMAN FORTUNA: Trustee Holt.

3 MEMBER NANCE-HOLT: Yes.

4 CHAIRMAN FORTUNA: Trustee Murphy.

5 MEMBER MURPHY: Yes.

6 CHAIRMAN FORTUNA: Trustee Valencia.

7 MEMBER VALENCIA: Yes.

8 CHAIRMAN FORTUNA: And I am a yes.

9 Motion carries.

10 MS. BURNS: Turning to Survivor's
11 Annuities, you need a motion to approve the
12 Survivor's Annuities for Members 11912 through
13 13473.

14 MEMBER MCPHILLIPS: I make that motion.

15 MEMBER SONI: Second.

16 CHAIRMAN FORTUNA: Motion by Trustee
17 McPhillips. Seconded by Trustee Soni.

18 Trustee Soni.

19 MEMBER SONI: Yes.

20 CHAIRMAN FORTUNA: Trustee
21 Conyears-Ervin.

22 MEMBER CONYEARS-ERVIN: Yes.

23 CHAIRMAN FORTUNA: Trustee McPhillips.

24 MEMBER McPHILLIPS: Yes.

1 CHAIRMAN FORTUNA: Trustee Holt.

2 MEMBER NANCE-HOLT: Yes.

3 CHAIRMAN FORTUNA: Trustee Murphy.

4 MEMBER MURPHY: Yes.

5 CHAIRMAN FORTUNA: Trustee Valencia.

6 MEMBER VALENCIA: Yes.

7 CHAIRMAN FORTUNA: And I am a yes.

8 Motion carries.

9 MS. BURNS: Turning to Refunds, there are
10 none.

11 The next is Item E, Death Benefits. You
12 need a motion to approve the Death Benefits for
13 Members 11912 through 07937.

14 CHAIRMAN FORTUNA: Is there a motion?

15 MEMBER MCPHILLIPS: I am make the motion.

16 MEMBER MURPHY: Second.

17 CHAIRMAN FORTUNA: Motion by Trustee
18 McPhillips. Seconded by Trustee Murphy. All in
19 favor?

20 (Chorus of ayes.)

21 CHAIRMAN FORTUNA: Opposed?

22 Hearing none, motion carries.

23 MS. BURNS: Again that will be reflected
24 as a roll call vote, unless any trustee wants to

1 object.

2 Next is Partial Payments. You need a
3 motion to approve the partial payments for Members
4 08814 through 09854.

5 MEMBER MCPHILLIPS: I make the motion.

6 MEMBER NANCE-HOLT: Second.

7 CHAIRMAN FORTUNA: Motion by Trustee
8 McPhillips. Seconded by Trustee Holt.

9 All in favor?

10 (Chorus of ayes.)

11 CHAIRMAN FORTUNA: Opposed?

12 Hearing none, motion carries.

13 MS. BURNS: Next is Benefit

14 Recalculations and we have two sets of those. We
15 have Refunds and Errors in Deductions. We need a
16 motion to approve those which is for Members 15230
17 through 12603. We have Collect Errors in
18 Deductions for Member 16369 through 15617. You
19 need a motion to approve those.

20 MEMBER VALENCIA: Motion.

21 MEMBER MURPHY: Second.

22 CHAIRMAN FORTUNA: Motion by Trustee
23 Valencia. Seconded by Trustee Murphy.

24 All in favor?

1 (Chorus of ayes.)

2 CHAIRMAN FORTUNA: Opposed?

3 Hearing none, motion carries.

4 MS. BURNS: Turning to the Request for
5 Permission. There are a few different ones. One
6 is a motion for Request for Guardianship for Member
7 Raymond Bronke. Staff has represented that all
8 paperwork is on file, that paperwork has been
9 reviewed by counsel. Is there a motion to approve
10 the guardianship for the member?

11 MEMBER MURPHY: Motion.

12 MEMBER NANCE-HOLT: Second.

13 CHAIRMAN FORTUNA: Motion by Trustee
14 Murphy. Seconded by Trustee Holt.

15 All in favor?

16 (Chorus of ayes.)

17 CHAIRMAN FORTUNA: Opposed?

18 Hearing none, motion carries.

19 MS. BURNS: One request for 14826 to
20 reside out of state. This member went on Duty
21 Disability on May 1, 2019. Is there a motion to
22 approve the request to reside out of state.

23 MEMBER MURPHY: Motion.

24 MEMBER McPHILLIPS: Second.

1 CHAIRMAN FORTUNA: Motion by Trustee
2 Murphy. Seconded by Trustee McPhillips.
3 All in favor?
4 (Chorus of ayes.)
5 CHAIRMAN FORTUNA: Opposed?
6 Hearing none, motion carries.
7 MS. BURNS: Turning to Removals, you need
8 a motion for the Removals starting with Member
9 Robert J. Gill and ending with Patrick M.
10 Fitzpatrick. Is there a motion?
11 MEMBER MURPHY: Motion.
12 MEMBER VALENCIA: Second.
13 CHAIRMAN FORTUNA: Motion by Trustee
14 Murphy. Second by Trustee Valencia.
15 All in favor?
16 (Chorus of ayes.)
17 CHAIRMAN FORTUNA: Opposed?
18 Hearing none, motion carries.
19 MS. BURNS: Turning to Item 3, Payments
20 Pursuant to Administrative and Court Orders, on
21 Page 8 of the docket. There is a QILDRO for Member
22 014027. You need a motion to approve that order
23 and that request.
24 MEMBER McPHILLIPS: Motion.

1 MEMBER CONYEARS-ERVIN: Second.

2 CHAIRMAN FORTUNA: Motion by Trustee
3 McPhillips. Seconded by Trustee Conyears-Ervin.

4 All in favor?

5 (Chorus of ayes.)

6 CHAIRMAN FORTUNA: Opposed?

7 Hearing none, motion carries.

8 MS. BURNS: I think you're ready to turn
9 to the Investment matters. The first matter for
10 consideration is approval of the Minutes for the
11 May 18th Investment Committee Meeting, including
12 the executive session minutes related to that
13 meeting, with the recommendation that the minutes
14 remain closed. Is there a motion?

15 MEMBER NANCE-HOLT: Motion.

16 MEMBER McPHILLIPS: Second.

17 CHAIRMAN FORTUNA: Motion by Trustee
18 Holt. Seconded by Trustee McPhillips.

19 All in favor?

20 (Chorus of ayes.)

21 CHAIRMAN FORTUNA: Opposed?

22 Hearing none, motion carries.

23 We can go into the Investment report.

24 Lorna, will you walk us through the Investment

1 Agenda, please.

2 MS. SCOTT: I sure will. Given the full
3 Agenda, first a quick update on where we stand with
4 our new investments.

5 So we completed legal contracts with JP
6 Morgan and WTax. Contracts are underway with Adams
7 Street, Pomona, Brown and Highclere.

8 Madam Treasurer asked for a review of the
9 roles of commodities in a world where there is very
10 little inflation, that discussion will happen at
11 next month's board meeting. I wanted to put that
12 one out there.

13 Looking at performance, one month
14 performance for May for various asset classes, a
15 very strong month. Investors are hopeful with the
16 economy reopening and development of a vaccine.

17 Looking at the last part of the chart, we
18 have seen that U.S. stocks outperformed. Small cap
19 did better than large cap. Growth outperformed
20 value. Non-U.S markets developed markets
21 outperformed emerging markets.

22 The next slide is the markets year
23 to-date period through May 31st. Year-to-date most
24 asset classes are still negative as April and May's

1 rebound were not enough to correct for the
2 year-to-date losses. Small cap is down 15.9
3 percent which trailed behind growth, which actually
4 recovered all of its losses and is positive for the
5 year. And then, actually, small cap is down versus
6 large cap and then growth is up for the year versus
7 value stocks which were down for the year.

8 So the Fund has invested both in small
9 cap and value and these compared us to the policy
10 benchmark.

11 The next slide shows that performance
12 versus the policy target. For the month, again it
13 was a very good month, the Fund was up 4.1 ahead of
14 the policy target which was up 3.0 percent. Year-
15 to-date the Fund is still down, down negative 8.3
16 percent, and behind the policy target by about 3
17 percent. Policy target was down 5.4 percent.

18 Let's look closer at that policy
19 performance. On the next slide, for May, we did
20 outperform by 1.1 percent, you can see in the light
21 violet chart. Most of that outperformance can be
22 attributed to manager's style selection right there
23 in the middle. Particularly in U.S. equity
24 managers like Jackson Square, our growth manager,

1 way outperformed its benchmark and Neuberger
2 Berman, a value manager, outperformed its
3 benchmark.

4 The next slide digs into the year-to-date
5 performance underperforming by
6 3 percent. Looking at those last three columns,
7 most of that underperformance, that minus 2.2
8 percent of it, is coming from manager style
9 selection.

10 MEMBER CONYEARS-ERVIN: Lorna, in this
11 year-to-date, it says minus 3 percent. I thought
12 we were minus 8 percent?

13 MS. SCOTT: This is the relative
14 performance. We underperformed the policy
15 benchmark.

16 You can see the minus 8.3 percent the
17 Fund returned. In that third column, the policy
18 return was 5.4 percent and this chart is explaining
19 why we underperformed.

20 Most of the added performance is in that
21 selection. Most of that negative is from U.S.
22 equity, that is where our investments in values
23 have hurt us. You see it also in fixed income,
24 that is where our investments in Loomis and Western

1 have hurt us. Also in the liquid diversifying
2 area. We will be looking for all of these areas to
3 recover.

4 The next couple of slides provide
5 additional return data for your reference. I am
6 going to skip these and go right into cash needs
7 and rebalancing.

8 MEMBER CONYEARS-ERVIN: Lorna, can I ask
9 a question? You brought up a good point about
10 we're looking to recover.

11 I guess what I am trying to figure out is
12 when we look at relative to the benchmark, you're
13 saying that our performance was minus 8.3 and the
14 benchmark was minus 3?

15 MS. SCOTT: The benchmark was minus 5.4.

16 MEMBER CONYEARS-ERVIN: So I understand
17 it was all a really trying time, but I am trying to
18 figure why was our performance so much lower than
19 the benchmark, though?

20 MS. SCOTT: Right. That is why I was
21 making a big point about the market and looking at
22 value and value stocks versus diverse stocks.

23 Year-to-date value stocks are down 16
24 percent but growth stocks are up 4.5 percent. The

1 Russell is at minus 5.6 percent. Our benchmark is
2 negative 5.6 percent, but just being in value
3 stocks puts us down at negative 16.4 percent.
4 Being invested in value hurt us in this short time
5 period.

6 MEMBER CONYEARS-ERVIN: Which one is that
7 that you are referring to?

8 MS. SCOTT: U.S. equity. You can see our
9 final return is negative 7.6 versus policy return
10 which was negative 5.6.

11 MEMBER CONYEARS-ERVIN: And we have 33.9
12 allocation in there?

13 MS. SCOTT: Correct, that is a large part
14 of it. Investing in value and small cap hurt us
15 there.

16 MEMBER CONYEARS-ERVIN: Hopefully, once
17 as the market is recovering and we cross our
18 fingers --

19 MS. SCOTT: Value stocks have been way,
20 way beaten up. At this point in time there is a
21 lot of press out there that says that value is way,
22 way undervalued and it should absolutely come back
23 and overtime value stocks typically do outperform.

24 MEMBER CONYEARS-ERVIN: Alright. Thanks.

1 MS. SCOTT: Moving over to the cash
2 needs.

3 MS. VLAHOS: For cash needs, as of June
4 12th, we currently have a balance of 4.6 million
5 dollars in our Chase account as well as in our
6 Fidelity accounts. We are expecting an additional
7 1.7 million dollars in salary contributions to give
8 us a total available current cash of approximately
9 6.4 million dollars.

10 Throughout the month, at the end of June,
11 we are going to pay 30 million dollars in benefits.
12 We also have our outstanding checks. Coming to a
13 total of anticipated expenditures of 31.4 million
14 dollars.

15 With our cash balance of 6.4 and to
16 subtract out the 31.4 million dollars in benefit
17 payments, we're going to be making for June, it
18 will leave us at June 30th with a deficit of
19 approximately 25.1 million dollars.

20 Next page, please. We do have enough
21 cash in the STIF account from Northern Trust to
22 cover this. Luckily we won't have to sell anything
23 this month. We are going to do a transfer from the
24 STIF account.

1 The one thing we want to go over a little
2 bit is for this cash flow projection. As you can
3 see towards the right-hand side, we are suggesting
4 25.3 million dollars from the STIF account to go
5 into Chase, which will leave us approximately a
6 \$200,000 balance in our Chase account after our
7 benefit payments are paid.

8 I know Steve has talked a little bit with
9 the City. We still do currently show in July and
10 August anticipated tax receipts. If you look to
11 the left column of average tax receipts, we show in
12 July 32.3 million approximately of tax receipts to
13 be received as well as in August approximately
14 56.4.

15 So with those two months together, we're
16 looking at approximately 90 million dollars, that
17 we are anticipating in tax receipts.

18 I believe with our discussions, and you
19 can correct me if I am wrong, that the tax receipt
20 bills have not gone out yet? Is that true or not
21 true, Reshma?

22 MEMBER SONI: That is true. The bills
23 are going to be going out on time with an August
24 1st date. The nuance is that the August 1st will

1 be a due date, but there is a 60-day grace period
2 without penalty.

3 So the thought is that many people have
4 escrows. Hopefully, we would see the cash flow
5 coming through. There are some that would be more
6 of commercial real estate property. We might see a
7 little bit of lag on the residential side.
8 Currently we are estimating about average
9 collection.

10 MS. VLAHOS: You are not anticipating for
11 like commercial, with businesses, any kind of a
12 significant decrease?

13 MEMBER SONI: We are not with businesses.
14 It would be for the residential. The businesses
15 are the ones that have the larger amount.

16 As we are getting more information about
17 this economy and how things are working out and
18 getting more guidance from the County, we are just
19 assuming that the collections will come in pretty
20 much as anticipated before all of these changes
21 occur.

22 If there are any changes, I will let you
23 know, Jackie.

24 MS. VLAHOS: Okay. Basically, with that,

1 if things stay the way they have been in the past,
2 we're not looking for a significant withdrawal
3 until fall. However, obviously, we have to keep in
4 mind if something does change, I know this is like
5 a new time for us, you're looking at approximately
6 90 million dollars we are anticipating between July
7 and August. However, there is an extension for
8 people's due dates. I guess we are going to have
9 to look at it as it comes in. But if it does
10 happen, we are going to have to draw down on our
11 investments and we will not have money in the STIF
12 account to cover it so we will have to sell
13 investments in July and August to cover these
14 payments, if we don't receive tax receipts or if we
15 don't receive the amount that we would have
16 historically anticipate receiving.

17 MEMBER SONI: The due date will stay the
18 same. It is the grace period. So the difference
19 being that we do expect people to pay out August
20 1st. It is those who need a grace period will get
21 a grace period.

22 MS. VLAHOS: Okay.

23 MS. SCOTT: Looking at the rebalancing
24 template.

1 MEMBER MCPHILLIPS: Can I interrupt you
2 for a second? Can you go back to the cash flow?

3 Jackie, on the payroll contributions
4 column, I see in June it is \$1700 and then in July
5 and going forward it is \$3700 dollars.

6 I suspect that it's just because there
7 one less payroll in June that you are reflecting,
8 correct?

9 MS. VLAHOS: Yes, exactly. We look at
10 it, obviously, as to how much we received because
11 obviously this is just an estimate of what we
12 receive. Yes, in June, we already received one.

13 When we look at it, sometimes we will
14 update that month.

15 MEMBER MCPHILLIPS: Okay, that makes
16 sense. Benefit payments. This month, again, that
17 is just the exact amount it is going to be for
18 June.

19 MS. VLAHOS: Yes, exactly. There is
20 other things that sometimes go into that basically,
21 besides just the benefit payment. We are kind of
22 estimating what refunds are going to be, what Death
23 Benefits are going to be, versus the actual.

24 MEMBER MCPHILLIPS: Same with admin

1 expenses. I looked at the admin expenses. It
2 looks like there was a lot of big kind of accruals
3 that were made for professional services, that is
4 why it is \$95,000 higher in June as opposed to the
5 rest.

6 MS. VLAHOS: Yes. Admin expenses also
7 would incorporate other -- like outstanding checks
8 as well. Sometimes we always hope some of the
9 outstanding checks are going to clear.

10 MEMBER MCPHILLIPS: That variance I
11 believe is explained by some outstanding
12 professional services, if I am not mistaken. I
13 think there were about \$80,000 in professional
14 services that were accrued.

15 MS. VLAHOS: Yes. For Doctor Samo, when
16 I did my yearend, I realized that basically we had
17 not received a bill for him. So we requested a
18 bill for the four quarters, plus his current
19 quarter, and that was just paid currently.

20 MEMBER MCPHILLIPS: So for the remainder
21 of the year we are going to be short about 85, 86
22 million dollars. And we have right now, correct
23 me, Lorna, about 802 million dollars in
24 investments? So we have to earn a little over 10,

1 maybe 11 percent, to remain afloat?

2 MS. SCOTT: Sounds right.

3 MEMBER MCPHILLIPS: Alright.

4 MS. SCOTT: Let's take a look at the
5 rebalancing template. This looks at the asset
6 allocation as well.

7 The first column shows our allocation as
8 of June 12th. This is everything that is at
9 Northern Trust. At the very bottom of the column,
10 you can see cash at 33 million. Callan needs 25.3
11 million. Looking at the second column in yellow,
12 we transferred 25.3 from Northern to Chase and that
13 leaves us with 7.7 million in cash.

14 Looking at the last column, the variance,
15 that shows the difference of where we are versus
16 the policy target after the cash withdrawal.

17 Looking at our asset allocation we remain
18 very close to the target. So we are under
19 allocated in private equity but we have outstanding
20 contracts there. And that is offset by allocations
21 to fixed income in cash. The cash as we know is
22 temporary.

23 Generally, as of the end of June we will
24 be very close to target.

1 With that I conclude the Investment
2 Report.

3 MEMBER MCPHILLIPS: Motion to accept.

4 MEMBER MURPHY: Second.

5 CHAIRMAN FORTUNA: All in favor?

6 (Chorus of ayes.)

7 CHAIRMAN FORTUNA: Opposed?

8 Hearing none, motion carries.

9 MS. BURNS: Lorna, did you have any
10 motions coming out of your Investment Report?

11 MS. SCOTT: Just the approval of the
12 minutes.

13 CHAIRMAN FORTUNA: Let's move into the
14 hearings.

 MS. BURNS: Let the record
15 reflect this is the hearing on the Occupational
16 Disease Disability application of Joseph H. Davilo,
17 Paramedic in Charge, Ambulance 51.

18 Mr. Davilo, are you on the
19 phone?

20 MR. DAVILO: Yes.

21 MS. BURNS: Thank you, sir. Good
22 morning. Is your counsel on the phone?

23 MR. MARCONI: Yes, I am. For the record,
24 this is Jerry Marconi. Good morning to everybody.

1 MS. BURNS: Thank you, Mr. Marconi.

2 So you both are aware this meeting is
3 being recorded according with the Governor's
4 directive.

5 So, Vince, if you are ready to proceed,
6 we can proceed.

7 MR. PINELLI: Thank you. As you have
8 indicated, this is the hearing of Joseph Davilo for
9 Occupational Disease Disability benefits. He is
10 represented by counsel who has identified himself
11 for the record.

12 I believe, please correct me if I am
13 wrong, there are seven trustees participating or
14 able to hear the evidence on this matter.

15 With that, counsel, before we start
16 evidence, I would ask you if you have any objection
17 to the admission of Board Exhibits 1 through 14,
18 which were previously distributed to you and to Mr.
19 Davilo.

20 MR. MARCONI: I do not have any objection
21 to the admission of all these documents.

22 MR. PINELLI: Thank you.

23 Mr. Chairman, I would move for admission
24 of Board Exhibits 1 through 14, without objection

1 from the applicant.

2 CHAIRMAN FORTUNA: Admitted without
3 objection.

4 (Board Exhibits 1 through 14 were
5 admitted into evidence.)

6 MR. PINELLI: Thank you. We are ready to
7 proceed.

8 Before we do that, counsel, do you intend
9 to call any witnesses?

10 MR. MARCONI: Yes. What I am going to
11 do, just so the Board knows, I am going to call two
12 witnesses pretty much for the sole purpose of
13 testifying about some of the limitations that Mr.
14 Davilo has.

15 I will try to be as brief as possible
16 given the fact we are doing this remotely.

17 MR. PINELLI: Counsel, do you intend to
18 call them first before Mr. Davilo or are you going
19 to call Mr. Davilo first?

20 MR. MARCONI: Whatever the pleasure of
21 the Board is. I was thinking I can call Mr. Davilo
22 first since most of I think the medical information
23 is in the exhibits. I can just go through with him
24 a brief history, what he did in the Department and

1 then just his limitations to-date.

2 MR. PINELLI: That is our normal
3 procedure for the applicant to go first so that is
4 consistent with our procedure. I would suggest
5 then you're ready to move forward.

6 Can I have Mr. Davila and Doctor Peters
7 sworn to testify, please?

8 (Joseph Davila and Michael Peters, M.D.
9 were sworn to testify.)

10 MR. PINELLI: We are ready to proceed,
11 counsel. Since the applicant has the burden of
12 proof, you may proceed with questioning of Mr.
13 Davilo.

14 MR. MARCONI: Thank you.

15 JOSEPH H. DAVILO
16 a witness herein, having been first duly sworn, was
17 examined and testified as follows:

18 EXAMINATION

19 BY MR. MARCONI:

20 Q Mr. Davilo, you have already been sworn.
21 I am just going to ask you a couple of preliminary
22 questions.

23 You did receive the Board's packet
24 containing your application as well as all your

1 medical information; is that correct?

2 A Yes.

3 Q And it's my understanding, and I am
4 looking at the packet, you did submit an
5 application for an Occupational Disability; is that
6 correct?

7 A Yes.

8 Q And that stems from an incident that
9 occurred on August 2, 2018 where according to your
10 affidavit you suffered a Type I stroke and
11 subarachnoid brain bleed; is that correct?

12 A Yes.

13 Q In your application it indicates that I
14 believe -- or maybe it is not in your application.
15 This is when you were off duty; is that correct?

16 A Yes.

17 Q Where were you when you experienced this
18 I will call it an injury or this condition?

19 A I was traveling at the time to Seattle,
20 Washington and was in the State of North Dakota
21 when the symptoms -- when the onset of symptoms
22 began where I began to have this really severe
23 headache.

24 And then I -- we were staying the night

1 in a town called Glendive, Montana, where I finally
2 went into the ER in Glendive with the worse
3 headache that I ever had.

4 So Glendive, Montana, is where the
5 diagnosis of the subarachnoid bleed or the stroke
6 had been made.

7 Q Were you heading to Seattle on vacation,
8 business?

9 A Well, it was Union business. The IAFF
10 was having their national convention there so my
11 wife and I had decided to drive there rather than
12 fly.

13 Q Now I know we're going to call your wife
14 briefly during the hearing, but does your wife have
15 a medical background?

16 A She does.

17 Q What does she do?

18 A She's a Registered Nurse of over 30
19 years.

20 Q She works at Christ Hospital in Oak Lawn;
21 is that correct?

22 A Yes.

23 Q Now given the fact you had this severe
24 headache, where is the first place that you went?

1 have me airlifted by plane from Glendive, Montana,
2 to Denver, Colorado.

3 Q Did this all happen in a matter of hours
4 or a hour?

5 A Yeah. I mean, it was greater than a hour
6 but less than -- I will say less than two or two
7 and a half. If you want like exact times, you will
8 have to review the report.

9 Q Right.

10 A It becomes pretty fuzzy after that, to be
11 honest with you.

12 Q Okay. Let me digress for a moment. Just
13 as far as your background, how long have you been
14 with the Chicago Fire Department?

15 A My hire date was January 18th of 1998.

16 Q Had you performed -- were you a Paramedic
17 during this entire period?

18 A I was.

19 Q I'm sorry, I didn't hear that.

20 A A single role Paramedic.

21 Q What does that mean?

22 A It means I had no firefighter duties. I
23 simply was on an ambulance for the entire time.

24 Q Did your perform in the role of Director

1 of EMS?

2 A I did for Chicago Firefighters Union
3 Local 2.

4 Q In addition to being a full-time
5 Paramedic, you mentioned the Union a couple of
6 times. What was your role with the Union?

7 A I started out as a Union Steward about 15
8 years ago. Maintained my role with that and then I
9 will say 2017 I was elected to the position of
10 Director of EMS of Chicago Firefighters Union Local
11 2. I did both jobs. I was a full-time single role
12 Paramedic, Paramedic in Charge, for the Chicago
13 Fire Department where I was on an ambulance.
14 24-hour platoon shifts and then would go and work
15 in the union hall as Director of EMS.

16 Q Now as we sit here today or stand or
17 whatever we are doing, are you associated with --
18 do you have any more Union duties?

19 A No.

20 Q After you suffered the brain bleed, did
21 you come back and at least work with the Union?

22 A Yes.

23 Q For what period of time?

24 A Almost to the end of my career. I

1 resigned with two months remaining in my term. I
2 found it too difficult to continue.

3 Q Have you ever come back and worked as a
4 Paramedic?

5 A No.

6 Q I'm going to go back to the treatment. I
7 am not going to go through everything because
8 everything is in the record, but it's my
9 understanding from reading the records that I think
10 on the 3rd they did an angiogram of your brain and
11 they inserted two stents; is that correct?

12 A Yes.

13 Q Where are those stents located, to the
14 best of your knowledge?

15 A They are in the brain, in the carotid
16 artery directly behind my right eye.

17 Q Again from reading the records, to the
18 best of my knowledge, there was still some issues
19 after the placement of the first two stents so they
20 went back in and did another angiogram on August
21 14th and put a third stent; is that correct?

22 A Yes.

23 Q Did you have some other complications
24 after that? Any clotting?

1 A Well, absolutely. The issue of having a
2 foreign body in your arteries is going to create
3 the clotting. When these stents were put in, the
4 stents site had clotted and there was an issue with
5 that and so the sites themselves had clotted and
6 they were afraid that the clots were going to break
7 off creating an embolism. And the embolism would
8 then go ahead and create another stroke that would
9 be equally as catastrophic as the first event.

10 So it was a rough 14 days. I mean, I was
11 in the neuro ICU, in Denver, for 14 days and it was
12 quite a ride during those 14 days.

13 Q So they treated the clotting with
14 medication; is that correct?

15 A Yes. A heparin drip.

16 Q And then eventually you were released,
17 and I don't know the exact date, I think around
18 August 17th, does that sound right?

19 A That sounds pretty close, yes. I don't
20 have the calendar in front of me.

21 Q The records indicate then you came back
22 and you saw I believe another neurosurgeon locally;
23 is that correct?

24 A Well, a neurointerventionist.

1 Q What is your understanding --

2 A An interventionist -- a surgeon -- yeah,
3 I -- it is kind of weird because it is specialties
4 at this point. The interventionists are the ones
5 that put the devices in. A surgeon will deal
6 directly with the tissues as does like a
7 neurologist. So your neurologist will deal
8 directly simply with tissues. An interventionist
9 will deal directly with the devices.

10 So what I was dealing with and with both
11 kind of, you know, neurologists and
12 interventionists in Denver -- I went and had a new
13 interventionist here. It was initially Doctor
14 Gerboni (phonetics) and then I saw his two
15 associates for MRAs that I had done both in 2019
16 and then again in 2020.

17 Q Do you continue to have to go in at least
18 annually or as needed for checkups to make sure
19 that the stents are in place and they are not
20 leaking?

21 A That's correct. Per Doctor Frey, who was
22 the initial interventionist, in Denver. Per his
23 orders these stents have to be checked by MRAs on
24 an annual basis.

1 Q I am going to talk to you about your
2 limitations after this event. How was it for six
3 months?

4 A It was extremely difficult for six months
5 because obviously it really just kind of knocked
6 the wind out of my sails. You can't imagine the
7 headaches and there was -- and just trying to live
8 off of Tylenol and Excedrin and because I wasn't
9 taking any medications specifically for headaches,
10 right. And anything upon exertion was creating
11 headaches and fatigue, unbelievable fatigue.

12 And part of the release orders was no
13 restrictions as tolerated. So you were trying to
14 discover and trying to determine what could I
15 tolerate and we were kind of figuring out,
16 especially in the first six months, it wasn't a
17 whole lot. Okay.

18 And then when I went and started seeing
19 -- based on Doctor Robinson, who is my primary care
20 physician, and he finally referred me to a
21 neurologist and then the neurologist started giving
22 me medication for the headaches that helped
23 somewhat but not with the headaches upon exertion.
24 But, I mean, they did help. The headaches are

1 somewhat controlled in that sense. But the first
2 six months were definitely extremely difficult
3 while I was trying to get my footing on what I
4 could tolerate.

5 Q So would you say that you made some
6 improvement after six months?

7 A Definitely.

8 Q Did the headaches ever go away?

9 A No.

10 Q You mentioned something about exertion
11 and I read some stuff in the records about heat
12 exposure. How does that affect your headaches?

13 A The way I describe it I have a baseline
14 normal. And the heat is really rough because it is
15 almost when the body temperature gets elevated it
16 creates the headache and then the headaches brings
17 on the fatigue and then I have to go and rest and
18 generally I have to take a nap. But heat and then
19 any sort of exertion, physical or emotional, it
20 almost immediately brings on these headaches and I
21 had discussed that both with my primary care
22 physician and my neurologists.

23 So that is where the exertion -- anything
24 that takes me out of my realm of baseline normal.

1 Generally whether it is emotional, physical, but
2 even when we talk about physical, heat, especially
3 when we talk about extreme heat when we get into
4 temperatures like when we get into the 80 degree
5 range or greater.

6 Q In the notes it indicated that you were
7 no longer doing activities that you love, but it
8 doesn't really specify. Are there things that you
9 did on a regular basis before the subarachnoid
10 hemorrhage and before the discovery of the aneurysm
11 that you can no longer do now?

12 A Well, I mean, obviously, when we talk
13 about those things, I mean, just extended physical
14 activities. Like we would talk about around the
15 house where I would always be the guy that would
16 always do the lawn and the snow shoveling. I had
17 to go ahead -- my kids have to take care of that
18 now.

19 As far as recreational things, there are
20 things like going camping and things like that,
21 that I can't do. Anything that requires any sort
22 of physical exertion, I simply cannot do any more.

23 Q Lawn work?

24 A You know what, a little bit. But, you

1 know, I can't complete like a lawn in one -- at one
2 time. You know. I can do a few lanes and then I
3 got to take a break for -- you know -- sit down,
4 take a break, get out of the sun, get in the shade.
5 Where I could do both lines, edge and everything,
6 the headache is there. I got to take a break.

7 I learned that I am just going to have my
8 sons do it because it is not something that I can
9 -- it is not an easy task. It becomes a very
10 difficult task.

11 Q You said earlier that as tolerated you
12 would kind of try to figure out your limits,
13 correct?

14 A That is correct.

15 Q I know we discussed -- if you could just
16 -- we will be brief with the Board, but was there a
17 point in the winter where you were helping your
18 sons move something where you really tested your
19 limits?

20 A Yes. This was huge because before I was
21 a Paramedic I was a furniture mover and always took
22 a lot of pride in my ability to be able to lift,
23 right. We had a refrigerator in our basement that
24 we -- and refrigerators generally aren't like

1 super, super heavy. They are cumbersome but they
2 are not like crazy heavy. They are just awkward
3 and bulky.

4 My sons are 23 and 20. They are not
5 little guys. I figured I will give you a hand
6 taking it out from the basement. So they had the
7 bottom and I had the top, which you know the bottom
8 carries all the weight.

9 So we get it. We tip it over. We start
10 bringing it up to the top and we don't get two
11 steps into it when I felt the top of my head was
12 going to blow right off. I had to sit down and I
13 knew that was it and I had to go and I laid down
14 and I ended up having to lay down for over three
15 hours after that particular event.

16 And says, man, I can't even imagine -- if
17 I can't even do this one refrigerator, how would I
18 ever be able to lift a patient up or down any
19 flights of stairs and a stair chair?

20 Q So based on your current condition and
21 for say the past six months, do you personally feel
22 that you could safely perform the job of a
23 Paramedic?

24 A No.

1 Q Why?

2 A I just don't have that ability neither
3 physically or even cognitively. I don't have -- I
4 am just not the same person mentally as I was pre-
5 stroke. Okay. I just -- my thought process is a
6 little fuzzy.

7 I am in emergency situations where
8 people's lives are at stake and so I don't have the
9 ability where if I am in the middle of an emergency
10 situation I go ahead and I have to carry somebody
11 down a flight of stairs who maybe just had a heart
12 attack. He's dead weight. I get him in the back
13 of the rig and now I have a headache. I can't do
14 this.

15 There is a risk to me and there is a risk
16 to the people that I would serve and we do 24-hour
17 platoon shifts. As it is I couldn't go without the
18 sleep. The sleep deprivation would probably be too
19 much because of the 24-hour platoon shifts.
20 Everyone knows that paramedics do not sleep for
21 even four hours a shift let alone -- you know, this
22 is a job that is known for sleep deprivation.
23 Lifting. And then having to be sharp while in
24 these emergency situations.

1 Q Have your sleeping patterns changed after
2 the stroke?

3 A Absolutely. I used to be a guy that
4 could get by on four to six hours easily and now it
5 is eight or better on most days with a nap. Like
6 you say, I get a headache and I have to lay down
7 for a little bit. Most days do have a headache.

8 Q The only thing that really helps with
9 that is laying down?

10 A Yes.

11 Q If you did go back -- I mean, there is no
12 more Union activities so you would be just
13 basically 100 percent Paramedic?

14 A Yes.

15 Q To the best of your knowledge, has any of
16 the doctors ever released you back to work either
17 through the Medical Section at the Department? Or
18 anyone else say, you know, you're good to go,
19 you're good to go back to work?

20 A No. Meaning no they have not released me
21 back to work.

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

24 MR. PINELLI: Mr. Chairman, may I

1 inquire?

2 CHAIRMAN FORTUNA: Do the trustees have
3 any questions?

4 MEMBER MCPHILLIPS: Can the trustees ask
5 questions after the attorneys do their questioning?

6 MR. PINELLI: It can go either way.
7 Whatever the Board's pleasure is.

8 MEMBER MCPHILLIPS: I'd like to hear your
9 questioning first, if you don't mind.

10 MR. PINELLI: That is fine, I will
11 proceed.

12 EXAMINATION

13 BY MR. PINELLI:

14 Q I just have a couple of questions, Mr.
15 Davilo. First of all, since you went on layup
16 because of this incident, have you engaged in any
17 activities by which you earn income or money?

18 A Yes.

19 Q What is that?

20 A I just recently took a job as a
21 temperature monitor part-time.

22 Q What does that mean and for whom do you
23 do that?

24 A It is a company called Amphibious Medics

1 where I take a temperature of people walking into
2 construction sites.

3 Q So how long have you been doing that?

4 A About four weeks.

5 Q Does it require you to be exposed to heat
6 or heavy physical activity?

7 A No, just lifting a thermometer.

8 Q Do you do that indoors or outdoors?

9 A Indoors.

10 Q Have you experienced any headaches while
11 you have been doing that?

12 A No.

13 Q With respect to the headaches you have
14 described, prior to this incident and the insertion
15 of the stents, did you ever have headaches of the
16 frequency and intensity that you have described
17 afterwards? Did you ever have those before that?

18 A No.

19 Q Have any of the doctors that have treated
20 you for your condition told you what they believe
21 the cause of the headaches is?

22 A They have not. Really, they have not
23 told me what they believe the cause is. They are
24 not certain. That is why the neurologist has

1 prescribed the Topiramate in hope that would help
2 with the headaches but it hasn't and it has helped
3 in the sense that the headaches don't necessarily
4 come on unprovoked but it hasn't helped when they
5 come on provoked. Do you understand the answer?

6 Q Are you saying that the medicine might
7 mitigate some of the intensity of it but it doesn't
8 prevent them?

9 A Exactly.

10 MR. PINELLI: Thank you, sir. That is
11 all the questions, Mr. Chairman, I have of this
12 witness.

13 CHAIRMAN FORTUNA: Any questions?

14 MEMBER MCPHILLIPS: I have a quick
15 question.

16 Joe, do you think it would be possible
17 for you to go back and do some type of
18 administrative and office work like a member had
19 suggested in open comments of the meeting without
20 doing patient care? Is that something that has
21 been offered to you?

22 MR. DAVILO: Nothing has been offered to
23 me and I don't know if a 40-hour work week would
24 even be plausible at this time or if an ADH would

1 have been offered to me so I don't know if that is
2 possible. I don't know but would the City even
3 offer that? I am not saying I would be against
4 that, if you know something I don't know.

5 MEMBER MCPHILLIPS: No, I don't. I am
6 not aware of anything.

7 MR. DAVILO: We are talking about can I
8 go back to the streets as a Paramedic for the City
9 of Chicago and the answer is no.

10 MEMBER MCPHILLIPS: So the argument that
11 the work that you were doing at the Union Hall
12 isn't similar to what you would be doing on a
13 24-hour shift as a Paramedic?

14 MR. DAVILO: That is correct.

15 MEMBER MCPHILLIPS: As a Paramedic, you
16 need a license?

17 MR. DAVILO: No. The Paramedic job is
18 completely different than the job we did at the
19 Union Hall. The Union Hall primarily was for the
20 most part clerical. Even at the Union Hall, there
21 were problems there for people that I worked with
22 there when the stress level kicked in. Finally, I
23 had to resign from that position because of the
24 stress level.

1 MEMBER MCPHILLIPS: That aside, Joe, you
2 need a license to be a Paramedic, correct?

3 MR. DAVILO: You do need a license.

4 MEMBER MCPHILLIPS: You didn't need a
5 license to do any of your Union work?

6 MR. DAVILO: No, just the popularity of
7 the membership.

8 MEMBER MCPHILLIPS: Obviously, you
9 weren't doing any drinking on the job I am assuming
10 because you are not allowed to drink on the job.
11 Obviously, at the Union Hall there is some pretty
12 extensive liquor cabinets there.

13 MR. DAVILO: There is a lot of drinking
14 going on in that Union Hall, Tim. I don't need to
15 tell you that. But, no, I never -- I never engaged
16 either way.

17 MEMBER MCPHILLIPS: There is no
18 comparison between the Union work and being a
19 licensed Paramedic.

20 MR. DAVILO: Exactly. They are two
21 different types of jobs.

22 MEMBER MCPHILLIPS: It wasn't quite clear
23 to me what the intention of the initial comments
24 were at the beginning of the meeting. I don't know

1 if it was a bad connection, some slurring of words,
2 it wasn't clear to me. I appreciate you. Thank
3 you.

4 MEMBER NANCE-HOLT: That's not
5 appropriate.

6 MEMBER MURPHY: We're getting off track.

7 MEMBER NANCE-HOLT: Thank you. We're
8 getting off track.

9 MS. BURNS: I just want to remind
10 everyone this is a public meeting that is being
11 recorded.

12 CHAIRMAN FORTUNA: Are we going to move
13 on to the doctor's testimony?

14 MR. PINELLI: Yes, we can do that.

15 Mr. Marconi, is that okay with you?

16 MR. MARCONI: Yes, sir.

17 MR. PINELLI: At this time then I would
18 call Doctor Peters to testify.

19 (Witness previously sworn.)

20 MICHAEL I. PETERS, M.D.

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

23 EXAMINATION

24 BY MR. PINELLI:

1 Q Sir, please state your name for the
2 record.

3 A Michael I. Peters.

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

5 A Yes, that is correct.

6 Q A copy of your qualifications as a
7 physician are attached to the Board Exhibits; is
8 that true?

9 A Yes.

10 Q Do you perform a function as a consultant
11 to this Fund in which you review medical records,
12 interview applicants and in the current climate you
13 can only interview them and then report to the
14 Board your findings?

15 A Yes, that is correct.

16 Q Did you follow that procedure with
17 respect to Mr. Davilo and file a report that is
18 marked as Board Exhibit Number 2?

19 A I did, with the exception that at the
20 time that Mr. Davilo was being evaluated was before
21 the Covid pandemic.

22 Q I'm sorry, you broke up. You said at the
23 time -- could you repeat that?

24 A Yes. At the time that I performed Mr.

1 Davilo's evaluation it was before the Covid-19 and
2 I did meet with him personally and I was able to
3 examine him.

4 Q Okay. Very well. Thank you. The
5 results of your exam are contained in your written
6 report; is that correct?

7 A Yes.

8 Q Doctor, can you tell us please what was
9 the medical condition that he experienced?

10 A Mr. Davilo had an acute onset of what is
11 described, not medically, as a thunder clap
12 headache. He described it as the worse headache of
13 his life, that was due to a ruptured aneurysm,
14 which is a weakness or a defect in his right
15 internal carotid artery, which sits in the brain.
16 It caused bleeding into the subarachnoid space,
17 which in a large percentage of the people often
18 leads to a permanent disability.

19 Fortunately, for him he was able to get
20 to the hospital where they did a CT and transfer
21 him to a definitive care center by flight and he
22 had two stents put in to block off the aneurysm.
23 And as he described they clotted and so then two
24 days later he had a third stent put in which has

1 remained functional and has prevented any further
2 bleeding.

3 Q Doctor, just to be clear for the record,
4 the medical condition he experienced is that a
5 stroke?

6 A Yes. Strokes can be hemorrhagic or they
7 can be from clots; hemolytic. In his case it was a
8 hemorrhagic stroke.

9 Q You heard his testimony regarding the
10 fact that he has been experiencing headaches with
11 some frequency and intensity that are brought on by
12 various conditions in the environment, including
13 physical exertion, exposure to heat, with frequency
14 since he had the treatment for the stroke. Are you
15 aware of what is causing those headaches or are you
16 able to say from the review of the medical records
17 what is causing the headaches?

18 A I am not able to determine the cause of
19 his headaches, based on the medical review that I
20 performed, no.

21 Q Okay. Doctor, given just your general
22 medical background and experience, if somebody
23 experiences the same condition that he had and the
24 subsequent treatment, do you believe that headaches

1 could be a resultant symptom or condition from that
2 treatment?

3 A I think it would be incorrect to group
4 every person that has a subarachnoid hemorrhage in
5 the category involving a hemorrhage headache.
6 There is a categorization which is used and he was
7 Grade I which really only speaks to what symptoms
8 he was having at the time of his bleed being
9 headache and not any neurologic deficit. Whether
10 that makes it more or less unlikely for him to have
11 a headache later, I don't know that we can really
12 say that. But in his most recent MRA there was no
13 evidence of any mass affect or raised intercranial
14 pressure.

15 Q Okay. Finally, based upon the review of
16 the medical records, did he report that he was
17 experiencing headaches -- did he make that report
18 consistent with all of the doctors who examined him
19 or treated him?

20 A From the time that he started reporting
21 headaches, which was after he left the hospital in
22 Denver, he was very consistent in that the history
23 that he provided today is very consistent with what
24 I saw in the medical record and what he provided to

1 me during our meeting.

2 Q During your examination, did he report
3 the headaches to you as well?

4 A Yes, he described it the same way that he
5 described it today. Primarily exertional
6 associated with stress, associated with high
7 temperatures.

8 MR. PINELLI: Thank you, doctor.

9 That is all the questions I have, Mr.
10 Chairman. May I ask counsel if he has any followup
11 questions?

12 CHAIRMAN FORTUNA: Trustees, are there
13 any questions for Doctor Peters?

14 MEMBER CONYEARS-ERVIN: I have a
15 question. This is actually -- I don't think that
16 this is -- how do I phrase it? I am just trying to
17 understand, doctor, how do you know if someone has
18 headaches?

19 DOCTOR PETERS: I know if somebody has a
20 headache if they report they have a headache during
21 their history.

22 MEMBER CONYEARS-ERVIN: You said what,
23 doctor?

24 DOCTOR PETERS: I know somebody has a

1 headache if they report to me during their history
2 -- when I am taking a history, they report a
3 headache, that's how I would know.

4 So during the medical exam you were able
5 to determine that Mr. Davilo was suffering from
6 headaches?

7 DOCTOR PETERS: That is what he reported
8 to me and it was consistent with what I had read in
9 his medical record.

10 MEMBER CONYEARS-ERVIN: That is what he
11 reported to you and it was consistent with what you
12 had read in your medical records?

13 DOCTOR PETERS: In his medical record
14 that I was provided, yes.

15 MEMBER CONYEARS-ERVIN: So are you able
16 to tell if he was suffering from headaches?

17 DOCTOR PETERS: There is not really an
18 objective test for the symptoms he's describing.
19 If he had had an abnormal MRI and there was
20 evidence of a mass or a mass affect, then that
21 would be considered objective. But I think many
22 people with headaches would just report that they
23 have a headache. There is not really a way to
24 objectively verify that they are actually having a

1 headache.

2 MEMBER CONYEARS-ERVIN: Thank you.

3 CHAIRMAN FORTUNA: Trustees?

4 MEMBER MCPHILLIPS: No questions.

5 CHAIRMAN FORTUNA: Anybody else?

6 Doctor, I do have a question. Consistent
7 with the testimony, do you believe that Mr. Davilo
8 could do the job of Paramedic?

9 DOCTOR PETERS: I think based on his
10 initial stroke he can return to work because that
11 has been treated. His followup MRAs have shown
12 that the stent is intact so I don't believe that
13 keeps him from being able to be a Paramedic. But
14 the headaches he is describing, being associated
15 with things I would expect him to deal with on a
16 daily basis during a shift, he wouldn't reliably be
17 able to do his job and take care of people.

18 CHAIRMAN FORTUNA: Okay. Thank you.

19 Any other questions?

20 MR. PINELLI: If I may, Mr. Chairman,
21 counsel, you certainly have the opportunity to
22 followup with the doctor. I would just encourage
23 you we have a very heavy docket today of cases.
24 This is just the first one. So given the fact that

1 the records have been presented to the Trustees, I
2 just encourage you to try to be as efficient as you
3 can but you may inquire.

4 MR. MARCONI: I definitely understand. I
5 just had a couple just to clear it up in my mind.

6 EXAMINATION

7 BY MR. MARCONI:

8 Q What does Grade I mean?

9 A That is a description of his symptomology
10 at the time that he presented. The only reason I
11 brought that up it is in his medical records from
12 the physicians that took care of him at the other
13 sites; at the first hospital he presented to and
14 then at the specialty neurologic center.

15 Specifically it has to do with what
16 symptoms he's having and what neurologic deficits
17 he's experiencing. So Grade I would be headache.
18 Where Grade V would be somebody in a comma and
19 posturing and then each grade gets more severe.

20 Q And then correct me if I am wrong, I
21 think you said that -- I don't know if you used the
22 word "usually". It could lead to permanent damage
23 but it sounds like Mr. Davilo got prompt care which
24 might have saved his life?

1 A *It did save his life, yes.*

2 Q *So this is a very, very serious condition*
3 *I assume, correct?*

4 A *Yes, it is.*

5 Q *In my internet research, I had a hard*
6 *time finding any long-term studies about stents and*
7 *their failures or the reason for failure. Has*
8 *there been a lot of studies on that?*

9 A *And how long the stent would be expected*
10 *to survive?*

11 Q *Yes. I guess what I am getting at he*
12 *obviously has three stents in his brain. Is there*
13 *an increased risk that with some extreme exertion*
14 *or heat or any kind of stress could that affect the*
15 *stent? I mean, we know that they are fine when he*
16 *goes in every year but he hasn't been back to work*
17 *yet. I was trying to figure out whether the stents*
18 *would place him more at-risk.*

19 A *I am not sure I understand your question.*
20 *They would place him more at-risk for what?*

21 Q *Well, he has three stents in his brain.*
22 *I am wondering is he at-risk for them to fail, for*
23 *them to burst, for more clotting, if he was to*
24 *undergo very heavy lifting, very high heat if he's*

1 at a fire or any of the things that are associated
2 with being a Firefighter or Paramedic?

3 A No. As I stated before from the
4 standpoint of the subarachnoid hemorrhage and
5 treatment, that doesn't prohibit him from returning
6 to work as a Paramedic.

7 Q Okay. And then as far as some of the
8 limitations he has mentioned about his abilities,
9 would that play a role in your opinion as to
10 whether or not he could perform the job of a
11 Paramedic?

12 A So I also said that before which I will
13 go over it again. He's reporting to me headaches
14 associated with the types of activities I would
15 expect he would do regularly during shift. So
16 those symptoms he's describing; debilitating
17 headaches, fatigue and stress and lifting, I think
18 would make it hard for him to do his job.

19 MR. MARCONI: Okay. Thank you. I don't
20 have anything else, Vince.

21 MR. PINELLI: Thank you. I have no
22 follow-ups of the doctor.

23 At this point, counsel, do you intend to
24 call any further witnesses?

1 MR. MARCONI: I do have two waiting. I
2 can be quick. One of them is Pete O'Sullivan who
3 has worked with Mr. Davilo both on-the-job as a
4 Paramedic as well as in the Union office. He would
5 probably testify to some of the limitations
6 personally observed around the union office.

7 MR. PINELLI: Again, it is your case and
8 it is your burden of proof so I don't want to
9 restrict you, but I do want to encourage you to do
10 it as quickly as possible within the limits of our
11 time constraints.

12 MR. MARCONI: Okay. I call Pete
13 O'Sullivan and I will be very brief. He would need
14 to be sworn.

15 (Witness sworn.)

16 PETER O'SULLIVAN

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

19 EXAMINATION

20 BY MR. MARCONI:

21 Q Good morning, Mr. O'Sullivan. I just
22 want to go a little bit through your background for
23 people who don't know you. Tell us how long that
24 you worked with the Chicago Fire Department, what

1 roles you played and also your association with the
2 Union.

3 A I had 42 years on the Chicago Fire
4 Department. Came on in January, '78. A couple of
5 months short of 42. I came on as a Paramedic. I
6 was a Paramedic on Ambulance 1 for at least 12
7 years. I was a paramedic with the Fire Department
8 for 15 years. Crossed over as a Firefighter. I
9 was a Firefighter and Lieutenant on Truck 11 and
10 Engine 19 for I believe it was 26 of those years.
11 As I said I was also a Paramedic. I was always
12 involved in the Union since the strike at least and
13 I was a Union Steward. I was on various
14 committees. I was the EMS Director I believe from
15 '90 to '93 with Local 2 and I was 1st District
16 Business Agent for the past 15 years before I
17 retired.

18 Q When did you retire, recently?

19 A October of last year.

20 Q Do you know the applicant Joe Davilo?

21 A Yes, sir.

22 Q For how long?

23 A I have to know Joe at least 20, 25 years.

24 Q Did you work with him when he was a

1 *Paramedic?*

2 *A I was detailed to certain houses and Joe*
3 *was detailed at the houses where I was at the time.*
4 *I did work with him on the Fire Department.*

5 *Q I can't remember if you said this or not,*
6 *were you also at one point the EMS Director?*

7 *A Yes, I was. I was the EMS Director for*
8 *Local 2.*

9 *Q Is that kind of overseeing paramedics?*

10 *A Yes.*

11 *Q Knowing what you know about Joe prior to*
12 *this stroke, was he able to perform 100 percent?*

13 *A Yeah, Joe was a go-getter. Joe was a*
14 *really sharp guy. I know a lot of the medics*
15 *turned to him. He was a Steward for a long time.*

16 *A few years ago they had a trial board*
17 *for six or seven paramedics that they wanted*
18 *removed from Local 2 and Joe was their counselor in*
19 *front of this trial board. Joe prevailed over it*
20 *over the people that the International Association*
21 *of Firefighters had to prosecute our seven members.*

22 *Joe has a pretty good standup reputation*
23 *with the Fire Department and Local 2.*

24 *Q As far as Local 2, did you work with him*

1 *hand-in-hand with various things in the Union?*

2 A *Yes. Joe come to me a lot because as a*
3 *previous EMS Director and having a Paramedic*
4 *license, I had a lot of history of what went on*
5 *prior to maybe Joe coming on the Fire Department or*
6 *operating in the capacity he was working in.*

7 Q *Okay. Now I am not going -- you*
8 *obviously know at some point he had a very serious*
9 *incident which occurred out of state. He suffered*
10 *a brain bleed; is that correct?*

11 A *That's correct.*

12 Q *Is it your understanding that after a*
13 *period of time he did come back to work at least in*
14 *his Union capacity; is that correct?*

15 A *That is correct.*

16 Q *After Mr. Davilo came back to work and*
17 *when you were working with him in the Union, did*
18 *you see any changes from say before he suffered*
19 *this hemorrhage?*

20 A *A lot of changes. I don't know if Joe is*
21 *listening to us right now, but go ahead. What is*
22 *your next question?*

23 Q *I just want you to tell the Board what*
24 *change did you see in Joe after he had this stroke?*

1 *board member and I called him. He said I almost*
2 *pulled over on the expressway to call an ambulance,*
3 *that's how bad he felt.*

4 *We tried to tell him on the board maybe*
5 *it is time to pack it in. You just can't handle*
6 *the stress anymore. It is not going to go good for*
7 *you.*

8 Q *Have you supervised other paramedics?*

9 A *Oh, yes. Yes, on the Fire Department and*
10 *as a Paramedic.*

11 Q *So your 43 years of experience, given*
12 *what you have seen about Mr. Davilo after this*
13 *incident, do you think he could go back and safely*
14 *perform the job of a Paramedic?*

15 A *No way. No way could Joe go back. I*
16 *don't think he could handle the 24-hour shift.*
17 *Number two, I don't know how his Paramedic skills*
18 *are now. What he retains, what he doesn't retain.*
19 *I think that there would be a liability to put him*
20 *on the street for the City because like I say I*
21 *don't know what Joe -- the way his mental capacity*
22 *is now I don't know if he's really all with it.*
23 *Basically, he couldn't handle the demand. There is*
24 *no doubt in my mind.*

1 Q Why do you say that?

2 A EMS, especially EMS, you get on a lot of
3 these ambulances, they are up 18, 20 hours a day.
4 They are not eating properly. They are never at
5 home for meals most of time. No way Joe can handle
6 that especially at his age and for what has
7 happened to him now a couple of years ago with the
8 stroke.

9 Q Would you have safety concerns if Joe
10 went back out on the street as a Paramedic?

11 A Not only for himself but for anybody who
12 had to work with him.

13 Q Or a patient?

14 A Or a patient. If Joe said tomorrow,
15 Pete, I'd like to go back to work. I am thinking
16 on going back to work. I really would have to tell
17 him you have completely lost your mind. There is
18 no way he could go back to work in my estimation.

19 MR. MARCONI: Vince, I don't have
20 anything else.

21 MR. PINELLI: Mr. Chairman, any questions
22 from the Board?

23 CHAIRMAN FORTUNA: Any questions for Pete
24 O'Sullivan?

1 Hearing none, move on, please.

2 MR. PINELLI: Thank you. I have no
3 questions.

4 MEMBER O'SULLIVAN: Thanks, guys. I
5 appreciate it.

6 MR. PINELLI: Counsel, anything further?
7 We're running close to a hour now.

8 MR. MARCONI: Alright. Let me put it
9 this way. I have Mr. Davilo's wife ready. She's
10 going to basically say the same things as Mr.
11 Davilo as far as his limitations and observations.

12 I realize it's my burden of proof. If
13 any of the board members think that it is
14 necessary, that they want to hear from Ms. Davilo,
15 I mean she has been a nurse for over 30 years. She
16 works at a Level I trauma center. I could call
17 her. If the Board has heard enough, I don't want
18 to prolong this.

19 CHAIRMAN FORTUNA: Trustees?

20 MEMBER MCPHILLIPS: I'm sorry, counselor,
21 are you suggesting that the testimony would be the
22 same as the previous witnesses?

23 MR. MARCONI: Yes. As an offer of proof,
24 it essentially is going to be the same where she

1 has witnessed his inability to stay up for long
2 periods of time. She was there when he tried to
3 move the refrigerator. She would probably add a
4 couple of things about unable to drive long periods
5 of time, the sleep patterns and that would be it.
6 So there is a lot of overlap with what Mr. Davilo
7 has already testified to.

8 MEMBER MCPHILLIPS: I don't see a need to
9 hear that testimony then. I don't know if anyone
10 else does.

11 MR. PINELLI: That being the case then,
12 counsel, would you rest at this point?

13 MR. MARCONI: Yes, sir.

14 MR. PINELLI: No further evidence to be
15 presented.

16 CHAIRMAN FORTUNA: Are there any motions,
17 Trustees?

18 MEMBER MCPHILLIPS: Motion to grant.

19 CHAIRMAN FORTUNA: There is a motion to
20 grant by Trustee McPhillips.

21 MEMBER CONYEARS-ERVIN: I apologize. I
22 was trying to unmute. If Trustee McPhillips is
23 willing to pull the motion for now, I wanted to
24 make a motion for Executive Session.

1 MEMBER MCPHILLIPS: Yes, that would be
2 great. I will second that motion. Thank you,
3 Trustee.

4 MS. BURNS: It would be a motion to go
5 into closed session pursuant to Section 2(c)4 of
6 the Open Meetings Act and Trustee Conyears-Ervin is
7 making that motion. Is there a second?

8 CHAIRMAN FORTUNA: There is a second by
9 Trustee McPhillips.

10 CHAIRMAN FORTUNA: Trustee Soni.

11 MEMBER SONI: Yes.

12 CHAIRMAN FORTUNA: Trustee
13 Conyears-Ervin.

14 MEMBER CONYEARS-ERVIN: Yes.

15 CHAIRMAN FORTUNA: Trustee McPhillips.

16 MEMBER MCPHILLIPS: Yes.

17 CHAIRMAN FORTUNA: Trustee Holt.

18 MEMBER NANCE-HOLT: Yes.

19 CHAIRMAN FORTUNA: Trustee Murphy.

20 MEMBER MURPHY: Yes.

21 CHAIRMAN FORTUNA: And I am a yes.

22 (Whereupon, the Board went into
23 executive session off the record.

24 No action was taken in Executive

1 *Session.)*

2 *CHAIRMAN FORTUNA: I don't know if there*
3 *was a second on Trustee McPhillips' motion. I*
4 *don't recall if there was a second.*

5 *MEMBER MURPHY: Second.*

6 *CHAIRMAN FORTUNA: There's a second by*
7 *Trustee Murphy.*

8 *Trustee Soni.*

9 *MEMBER SONI: Yes.*

10 *CHAIRMAN FORTUNA: Trustee*
11 *Conyears-Ervin.*

12 *MEMBER CONYEARS-ERVIN: No.*

13 *CHAIRMAN FORTUNA: Trustee McPhillips.*

14 *MEMBER McPHILLIPS: Yes.*

15 *CHAIRMAN FORTUNA: Trustee Holt.*

16 *MEMBER NANCE-HOLT: Yes.*

17 *CHAIRMAN FORTUNA: Trustee Murphy.*

18 *MEMBER MURPHY: Yes.*

19 *CHAIRMAN FORTUNA: And I am a yes.*

20 *The motion carries.*

21 *I am going to need a motion for reexam.*

22 *MEMBER MCPHILLIPS: I make that motion*
23 *for reexam consistent with the Board's policies.*

24 *MEMBER NANCE-HOLT: Second.*

1 *Findings of Fact and the Board's decision.*

2 *Thank you and good luck.*

3 *MR. DAVILO: Thanks, Dan, I appreciate*
4 *it.*

5 *MS. BURNS: Mr. Garcia, are you on the call?*

6 *MR. GARCIA: Yes, ma'am, I am right here.*

7 *MS. BURNS: The record should reflect*
8 *that this is the Occupational Disease Disability*
9 *application of Israel Garcia.*

10 *Mr. Garcia is on the phone. Mr. Garcia,*
11 *I would ask that you and Doctor Peters raise your*
12 *right hands.*

13 *(Israel D. Garcia and Michael I.*

14 *Peters were sworn to testify.)*

15 *ISRAEL D. GARCIA*

16 *a witness herein, having been first duly sworn, was*
17 *examined and testified as follows:*

18 *EXAMINATION*

19 *BY MR. PINELLI:*

20 *Q Good morning, Mr. Garcia. I am one of*
21 *the attorneys for the Pension Fund. I will be*
22 *conducting this hearing for the record.*

23 *Just a few preliminary matters before we*
24 *start the evidence. First of all, there are six*

1 *trustees present to hear the evidence on your*
2 *application. If you don't know you should know you*
3 *need the yes vote of at least five of those*
4 *Trustees in order to receive this benefit.*

5 *Mr. Garcia, did you understand what I*
6 *just said?*

7 A *Yes, I did, sir.*

8 Q *Thank you. It's clear you are proceeding*
9 *without an attorney, that is your desire today; is*
10 *that correct?*

11 A *Yes, sir.*

12 Q *By way of procedures, I am going to start*
13 *by asking you some questions under oath. The board*
14 *members may or may not have questions of you. Then*
15 *I will call Doctor Peters to testify. If there is*
16 *anything I don't ask him that you think is*
17 *important, just let me know and you will be given*
18 *that opportunity. Do you understand the*
19 *procedures?*

20 A *Yes, I do, sir.*

21 Q *Please, state your name for the record.*

22 A *My name is Israel D. Garcia.*

23 Q *Mr. Garcia, what is your current rank*
24 *with the Fire Department?*

1 A *Ambulance Commander, Ambulance 36.*

2 Q *Prior to today's date, did you receive a*
3 *copy of Board Exhibits 1 through 12?*

4 A *Yes, I did, sir.*

5 Q *Did you have a chance to review them?*

6 A *I had a chance to look over them, yes, I*
7 *did.*

8 Q *Do you have any objections to their*
9 *admission into the record in support of your*
10 *application?*

11 A *No, sir, no objections whatsoever.*

12 MR. PINELLI: *Thank you.*

13 Mr. Chairman, *I move for admission of*
14 *Board's Exhibits 1 through 12, without objection*
15 *from the applicant.*

16 CHAIRMAN FORTUNA: *Please admit without*
17 *objection.*

18 *(Board Exhibits 1 through 12 were*
19 *admitted into evidence.)*

20 MR. PINELLI: *Thank you.*

21 BY MR. PINELLI:

22 Q *Mr. Garcia, you are applying for an*
23 *Occupational Disease Disability benefit based upon*
24 *a medical condition that you have and what is that,*

1 *sir?*

2 A *Pancreatic cancer.*

3 Q *You entered service with the Fire*
4 *Department in 1993; is that correct?*

5 A *Yes, sir. November 16, 1993.*

6 Q *Did you develop that condition since the*
7 *time you entered service with the Fire Department?*

8 A *Yes, I did.*

9 Q *Can you tell us just briefly what*
10 *assignments you have had from when you came on in*
11 *'93 to your most recent assignment?*

12 A *I started as a Relief Firefighter*
13 *Paramedic in the old 4th District for two years.*
14 *After that I was assigned to Ambulance 10 for three*
15 *more years. In 1998, I took the promotion to PIC*
16 *and I was assigned to Ambulance 34 for seven years.*
17 *During that time I went to Public Education for a*
18 *year. After Ambulance 34, I went to Ambulance 9.*
19 *And during Ambulance 9 for seven years I also did a*
20 *year again in Public Education. After Ambulance 9*
21 *I was assigned to Ambulance 25 for three years and*
22 *during my tenure at Ambulance 25 I took the*
23 *promotion to Ambulance Commander and then was*
24 *assigned to Ambulance 36.*

1 Q Thank you, sir. Are you still receiving
2 treatment for your condition?

3 A No, sir. Due to the Covid-19, I was
4 supposed to start a clinical trial but that was put
5 on hold.

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

8 A No, sir, not at all.

9 MR. PINELLI: Thank you. That is all the
10 questions I have, Mr. Chairman, of this applicant.

11 CHAIRMAN FORTUNA: Trustees, any
12 questions?

13 Hearing none.

14 MR. PINELLI: Then I would call Doctor
15 Peters to testify.

16 (Witness previously sworn.)

17 MICHAEL I. PETERS, M.D.

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

20 EXAMINATION

21 BY MR. PINELLI:

22 Q Sir, please, state your name?

23 A Michael I. Peters.

24 Q You are a physician, correct?

1 A Yes.

2 Q Are a copy of your qualifications
3 attached to the Board Exhibits?

4 A Yes.

5 Q Do you perform a function as a consultant
6 to this Fund in which you review medical records,
7 either examine or interview applicants and report
8 to the Board?

9 A Yes, I do.

10 Q Did you follow that procedure with
11 respect to Mr. Garcia?

12 A Yes.

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

15 A Yes, I did.

16 Q In the case of Mr. Garcia, did you
17 interview him?

18 A No, I spoke to him on the telephone due
19 to the Covid-19 pandemic.

20 Q Okay. Was the information he provided
21 you in that telephone interview consistent with the
22 information you found in the medical records you
23 reviewed?

24 A Yes, it was.

1 Q Doctor, can you tell us what medical
2 condition is he receiving treatment for?

3 A Mr. Garcia was diagnosed with metastatic
4 pancreatic cancer in April of 2019. It was
5 determined to be inoperable. He had been having
6 symptoms for about six months before the diagnosis
7 was made. He completed two courses of
8 chemotherapy.

9 At the time that I spoke to him on the
10 phone he was an inpatient at the University of
11 Chicago due to a reobstruction of his biliary stent
12 and he was having it replaced. He's had multiple
13 other complications related to his illness.
14 Sepsis, DVT and PE. Cellulitis.

15 He was scheduled to be part of a clinical
16 trial at the U of C, but again due to the pandemic
17 that has been put on hold.

18 Q Doctor Peters, has the International
19 Agency for Research on Cancer listed pancreatic
20 cancer as a type of cancer that may be caused by
21 exposure to heat, radiation or known carcinogens?

22 A Yes.

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

1 CHAIRMAN FORTUNA: Trustees, any
2 questions for Doctor Peters?
3 Hearing none.
4 MEMBER MCPHILLIPS: Motion to grant.
5 MEMBER NANCE-HOLT: Second.
6 CHAIRMAN FORTUNA: There is a motion to
7 grant by Trustee McPhillips. Seconded by Trustee
8 Holt.
9 Trustee Soni.
10 MEMBER SONI: Yes.
11 CHAIRMAN FORTUNA: Trustee
12 Conyears-Ervin.
13 MEMBER CONYEARS-ERVIN: Yes.
14 CHAIRMAN FORTUNA: Trustee McPhillips.
15 MEMBER McPHILLIPS: Yes.
16 CHAIRMAN FORTUNA: Trustee Holt.
17 MEMBER NANCE-HOLT: Yes.
18 CHAIRMAN FORTUNA: Trustee Murphy.
19 MEMBER MURPHY: Yes.
20 CHAIRMAN FORTUNA: And I am a yes.
21 I am looking for a motion for reexamine.
22 MEMBER MCPHILLIPS: Motion for reexam
23 consistent with Fund policy.
24 MEMBER MURPHY: Second.

1 CHAIRMAN FORTUNA: Motion for reexam.

2 *Seconded by Trustee Murphy. All in favor?*

3 *(Chorus of ayes.)*

4 CHAIRMAN FORTUNA: *Opposed?*

5 *Hearing none, motion carries.*

6 *Is there a motion to adopt the Findings*
7 *of Fact prepared in this matter?*

8 MEMBER MCPHILLIPS: *Motion to adopt the*
9 *Findings of Fact.*

10 MEMBER NANCE-HOLT: *Second.*

11 CHAIRMAN FORTUNA: *Motion to adopt the*
12 *Findings of Fact by Trustee McPhillips. Seconded*
13 *by Trustee Holt. All in favor?*

14 *(Chorus of ayes.)*

15 CHAIRMAN FORTUNA: *Opposed?*

16 *Hearing none, motion carries.*

17 *Based on the Findings of Fact and*
18 *conclusions of law made by the Trustees, the*
19 *Trustees have voted to grant you the benefit you*
20 *have requested.*

21 *You will be notified by mail of the*
22 *Findings of Fact and the Board's decision.*

23 *Good luck and thank you.*

24 MR. GARCIA: *Thank you, very much to you*

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MICHELLE JASKULSKI

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

EXAMINATION

BY MR. PINELLI:

Q Good morning, Ms. Jaskulski. My name is Vince Pinelli. I am one of the attorneys for the Pension Fund. I will be conducting this hearing for the record.

Before we start, I would like to advise you of a couple things. First of all, there are six trustees currently in the hearing in the meeting. They would be the ones to hear the evidence. If you don't know you should know you need the yes vote of at least five of those six trustees in order to receive this benefit. Do you understand?

A Yes, I do.

Q And there has been no appearance by an attorney on your behalf so I am assuming you wish to proceed without an attorney; is that correct?

A That is correct.

Q Lastly, it is the applicant's burden of proof to present sufficient evidence to the Board

1 *in order for the Board to grant the benefit that*
2 *the applicant is seeking. Do you understand it is*
3 *your burden of proof?*

4 A *Yes, I do.*

5 Q *By way of procedures, I am going to start*
6 *by asking you some questions. The board members*
7 *may or may not have questions of you. Then I will*
8 *call Doctor Peters, the Fund physician consultant,*
9 *to testify. If there is anything I don't ask him*
10 *that you think is important for the Board to know,*
11 *just let me know and you will be given that*
12 *opportunity. Do you understand the procedures?*

13 A *Yes, I do.*

14 Q *Thank you. Then we are ready to proceed.*
15 *For the record, could you please just*
16 *state your name and spell your last name?*

17 A *Michelle Lynn Jaskulski.*

18 *J-a-s-k-u-l-s-k-i.*

19 Q *What is your current rank with the Fire*
20 *Department?*

21 A *Lieutenant Paramedic.*

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

24 A *I was the ARC Commander of Truck 6-5-5.*

1 Q Thank you. Directing your attention to
2 the group of exhibits you should have received
3 prior to today's hearing, those are Board Exhibits
4 1 through 11. Did you receive them and did you
5 have a chance to review them?

6 A Yes, I did.

7 Q Do you have any objection to their
8 admission into this record in support of your
9 application?

10 A No, I do not.

11 MR. PINELLI: Thank you.

12 Mr. Chairman, I move for admission of
13 Board Exhibits 1 through 11, without objection from
14 the applicant.

15 CHAIRMAN FORTUNA: Admitted without
16 objection.

17 (Board Exhibits 1 through 11 were
18 admitted into evidence.)

19 MR. PINELLI: Thank you.

20 BY MR. PINELLI:

21 Q Now, Ms. Jaskulski, you are applying for
22 an Occupational Disease Disability benefit based
23 upon a heart condition you have; is that correct?

24 A That is correct.

1 Q *Just tell us briefly what that condition*
2 *is and what treatment you receive for it.*

3 A *I have an ascending aortic aneurysm at*
4 *4.3 centimeters. I see a cardiologist at Lutheran*
5 *General Hospital.*

6 Q *What is the name of your cardiologist?*

7 A *Doctor Dariush Takhtehchian.*

8 Q *Has Doctor Takhtehchian placed certain*
9 *restrictions on you based upon your condition?*

10 A *Yes, he has.*

11 Q *Those would be lifting restrictions as*
12 *well as not engaging in certain stressful working*
13 *conditions; is that correct?*

14 A *That is correct.*

15 Q *Now you entered service with the Fire*
16 *Department in 1991; is that correct?*

17 A *Yes.*

18 Q *Did you develop this condition with your*
19 *heart during the time you have been in service with*
20 *the Fire Department?*

21 A *Yes, I did.*

22 Q *Have you engaged in any activities by*
23 *which you earn income since you went on layup?*

24 A *No, I have not.*

1 Q Are you taking any medications prescribed
2 by your doctor for your condition?

3 A I am.

4 MR. PINELLI: Thank you. That is all the
5 questions I have.

6 CHAIRMAN FORTUNA: Trustees any
7 questions?

8 Hearing none.

9 MR. PINELLI: I would call Doctor Peters.

10 (Witness previously sworn.)

11 MICHAEL I. PETERS, M.D.

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

14 EXAMINATION

15 BY MR. PINELLI:

16 Q For the record, please state your name.

17 A Michael I. Peters.

18 Q You are a physician; is that correct?

19 A Yes.

20 Q A copy of your qualifications are
21 attached to the Board Exhibits?

22 A Yes.

23 Q Do you perform a function as a consultant
24 to this Fund?

1 A Yes, I do.

2 Q In that capacity, do you review medical
3 records, examine or interview applicants and report
4 to the Board?

5 A Yes.

6 Q Did you follow that procedure with
7 respect to Ms. Jaskulski?

8 A Yes, I did.

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

11 A Yes.

12 Q Doctor, could you please summarize for us
13 what her current medical treatment is and for what
14 condition?

15 A Lieutenant Jaskulski was diagnosed with
16 an ascending aortic aneurysm as a part of a workup
17 or evaluation she was having and a screening for
18 cardiovascular disease. It was an incidental
19 finding.

20 Her management at the present time is
21 strict blood pressure control and she is taking
22 Losartan and Carvedilol.

23 If and when the aneurysm were to become
24 5.5 centimeters, she would need to have a surgery

1 *due to the risk of rupture.*

2 *Q Doctor, did you review the medical*
3 *records with respect to her treating physician?*

4 *A Yes, I did.*

5 *Q Did he place certain restrictions on her*
6 *ability to perform certain physical tasks?*

7 *A Yes, he did. He placed her on a 20-pound*
8 *lifting restriction.*

9 *Q Based upon your knowledge, would those*
10 *restrictions impair her ability to return to work*
11 *on full unrestricted duty?*

12 *A She would not be able to do full and*
13 *unrestricted duty.*

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

16 *CHAIRMAN FORTUNA: Trustees, any*
17 *questions for Doctor Peters?*

18 *Hearing none, Vince.*

19 *MEMBER MCPHILLIPS: Motion to grant.*

20 *MEMBER HOLT: Second.*

21 *CHAIRMAN FORTUNA: There is a motion by*
22 *Trustee McPhillips. Seconded by Trustee Holt.*

23 *Trustee Soni.*

24 *MEMBER SONI: Yes.*

1 CHAIRMAN FORTUNA: Trustee

2 *Conyears-Ervin.*

3 MEMBER CONYEARS-ERVIN: Yes.

4 CHAIRMAN FORTUNA: Trustee McPhillips.

5 MEMBER McPHILLIPS: Yes.

6 CHAIRMAN FORTUNA: Trustee Holt.

7 MEMBER NANCE-HOLT: Yes.

8 CHAIRMAN FORTUNA: Trustee Murphy.

9 MEMBER MURPHY: Yes.

10 CHAIRMAN FORTUNA: And I am a yes.

11 *Is there a motion for reexam?*

12 MEMBER MCPHILLIPS: Motion for reexam

13 *consistent with Fund policy.*

14 MEMBER MURPHY: Second.

15 CHAIRMAN FORTUNA: There's a motion for
16 *reexam by Trustee McPhillips. Seconded by Trustee*
17 *Murphy. All in favor?*

18 *(Chorus of ayes.)*

19 CHAIRMAN FORTUNA: Opposed?

20 *Hearing none, motion carries.*

21 MEMBER MCPHILLIPS: Motion to adopt the
22 *Findings of Fact.*

23 MEMBER CONYEARS-ERVIN: Second.

24 CHAIRMAN FORTUNA: Motion to adopt the

1 *Findings of Fact pertaining to this matter. That*
2 *motion is made by Trustee McPhillips and seconded*
3 *by Trustee Conyears-Ervin. All in favor?*

4 *(Chorus of ayes.)*

5 *CHAIRMAN FORTUNA: Opposed?*

6 *Hearing none, motion carries.*

7 *Based on the Findings of Fact and*
8 *conclusions of law made by the Trustees, the*
9 *Trustees have voted to grant you the benefit you*
10 *have requested.*

11 *You will be notified by mail of the*
12 *Findings of Fact and the Board's decision.*

13 *Good luck and thank you.*

14 *MS. JASKULSKI: Thank you. I'd like to*
15 *thank the Board for their time and service and stay*
16 *healthy everybody.*

17 *MR. PINELLI: You as well.*

18 *MS. BURNS: Ms. Guerin, are you on the*
19 *phone?*

20 *MS. GUERIN: Yes, ma'am.*

21 *MS. BURNS: Is Doctor Samo doing this*
22 *one?*

23 *DOCTOR SAMO: Yes.*

24 *MS. BURNS: If you would both, Ms. Guerin*

1 *and Doctor Samo, please raise your right hands.*

2 *(Julie A. Guerin and Daniel*
3 *Samo, M.D. were sworn.)*

4 *JULIE A. GUERIN*

5 *a witness herein, having been first duly sworn, was*
6 *examined and testified as follows:*

7 *EXAMINATION*

8 *BY MR. PINELLI:*

9 Q *Good morning, Ms. Guerin. As you have*
10 *been told, I am one of the attorneys for the*
11 *Pension Fund. I will be conducting this hearing*
12 *for the record. I'd like to advise you of some*
13 *preliminary procedures before we start the*
14 *evidence.*

15 *First of all, there are six trustees*
16 *present at this time to hear the evidence on your*
17 *application. You would need the yes vote of at*
18 *least five of those six trustees under the Pension*
19 *Code to receive this benefit. Do you understand?*

20 A *Yes, I do.*

21 Q *Thank you. I see you do not have an*
22 *attorney with you. Is it your desire to proceed*
23 *with this hearing without an attorney?*

24 A *Yes.*

1 Q *And, lastly, it is the applicant's burden*
2 *of proof to present sufficient evidence to the*
3 *Board in order for the Board to grant the benefit*
4 *you are seeking. Do you understand it is your*
5 *burden of proof?*

6 A *Yes.*

7 Q *By way of procedures, I am going to start*
8 *by asking you some questions. The Board Members*
9 *may or may not have questions of you. Then I will*
10 *call Doctor Samo, the Fund's physician consultant,*
11 *to testify. If there is anything I don't ask him*
12 *that you think is important for the Board to know,*
13 *let me know and you will be given that opportunity.*
14 *Do you understand the procedures?*

15 A *I do.*

16 Q *Then we are ready to proceed. Could you*
17 *please state your name for the record?*

18 A *Julie A. Guerin.*

19 Q *What is your current rank with the Fire*
20 *Department?*

21 A *Paramedic.*

22 Q *Where were you last assigned before you*
23 *went on layup?*

24 A *Ambulance 39.*

1 Q Directing your attention to the board
2 exhibits, you should have received a copy of them,
3 Board Exhibits 1 through 14, in advance of the
4 hearing.

5 A I did.

6 Q Did you have a chance to review them?

7 A Yes, sir.

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

11 A No.

12 MR. PINELLI: Thank you. Then I am going
13 to move to admit Board Exhibits 1 through 14,
14 without objection from the applicant.

15 CHAIRMAN FORTUNA: The exhibits will be
16 admitted without objection.

17 (Board Exhibits 1 through 14 were
18 admitted into evidence.)

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

20 BY MR. PINELLI:

21 Q Now, Ms. Guerin, understanding that the
22 Board has had the opportunity to review your sworn
23 statement, I would still like to have you briefly
24 summarize for them, if you would, where you were on

1 *May 18, 2019 and what happened to you to cause you*
2 *an injury that is the basis of your application.*

3 *A Sure. It was approximately, I don't*
4 *know, about seven o'clock in the evening. We went*
5 *on a run. We got to a restaurant. I went to the*
6 *side to get the QRB bag, grabbed it out of the*
7 *side, put it on my shoulder. I felt a sharp pinch.*
8 *Was uncomfortable but it is what it is.*

9 *We go to go into the restaurant and*
10 *somebody at the restaurant says, oh, well, he's on*
11 *the floor. I said, oh, okay. Thank you. Turned*
12 *around and went back to the side door. Threw the*
13 *QRB onto the stretcher because now I am going to*
14 *get a board and collar and a stretcher. Throwing*
15 *it back onto the stretcher again I had pain in the*
16 *shoulder, it was bothering me, but I did what I had*
17 *to do. I went inside.*

18 *We ended up taking the guy out to*
19 *Lutheran General. He was a very large man. We did*
20 *call for a company. I do believe one came to help*
21 *us move him but we had him all boarded and collared*
22 *up on the board and ready to move and took him to*
23 *Lutheran General.*

24 *I remember feeling tingling automatically*

1 *from my left lateral shoulder down the arm that*
2 *continued throughout the whole run and was seen at*
3 *Lutheran after we took the patient into the room*
4 *and was done with that.*

5 Q *You were examined right at the emergency*
6 *room where you had taken the patient?*

7 A *Yes, sir.*

8 Q *Did they determine at that time what had*
9 *happened to your shoulder, if you recall?*

10 A *He said it was probably just a shoulder*
11 *strain I think he said. Just to follow-up with*
12 *your doctor, with the ortho doctor. I said okay.*
13 *I contacted Medical after that.*

14 Q *Did you in fact seek treatment from an*
15 *orthopedic for your shoulder?*

16 A *Yes. I went to Medical and they sent me*
17 *to a doctor who sent me to therapy, PT therapy, and*
18 *I had a MRI or CAT scan and it showed possible*
19 *tear, rotary labrum possible, and to go see Doctor*
20 *Petrovich I think his name is. He sent me to*
21 *therapy and I went there three times a week I want*
22 *to say for about four mounts or so. Wasn't getting*
23 *any better. Things were not going anywhere. Then*
24 *they suggested maybe injections into the shoulder*

1 to try and numb it up, which ouch, very painful,
2 but that appeared to hide the symptoms. So I went
3 back to therapy feeling much better but as it wore
4 off again same thing was going on. It wasn't
5 improving. I had weakness and pain in the overhead
6 and outward motions consistently.

7 They wanted me to see another doctor
8 because they were concerned because they said
9 something was going on with my neck. I said, well,
10 I am not complaining of neck issues. I just want
11 to get back to work. I was really, really pushing
12 to get back to work. I don't like to be home.

13 Anyway, I went to that doctor, a neck
14 doctor, because whoever evaluated me at Sports and
15 Ortho was concerned about whatever findings they
16 were finding with my neck so Medical said, please,
17 go see a doctor.

18 So I did what they wanted. I went to see
19 a doctor. He says, yeah, you have some issues
20 going on but it is nothing surgical at this point
21 in time so I am going to release you. I said okay.
22 Went back to Medical. They said we want you to see
23 another doctor because I wasn't really feeling -- I
24 wasn't getting anywhere with the first doctor that

1 I was dealing with. He was just sending me to
2 therapy.

3 I went to see Doctor Portland. He
4 suggested the surgery. I was petrified. I didn't
5 want it but I had never had surgery before. I
6 don't normally have medical issues.

7 Anyway, I ended up having surgery and I
8 am having lots a problem still. Actually a lot
9 worse problems. Weakness. I am a lefty. I am
10 real active. Unfortunately, I am now learning to
11 use my right arm because my left arm is just not
12 working the way it should.

13 The mobility in the arm is just not as
14 well as I would like it to be and I have been
15 pushing it and pushing it and I am always in a lot
16 of pain especially when I am in therapy because I
17 am pushing so darn hard. It's just not advancing
18 the way I'd like it to advance. I've gotten to my
19 year and now we are here.

20 Recently trying to calm down inflammation
21 that is going on in the elbow and the shoulder and
22 in the back. I have lots of inflammation going on
23 which doesn't really help too much.

24 Q This was your left shoulder; is that

1 correct?

2 A Yes, sir.

3 Q Had you ever had any injuries to your
4 left shoulder before this incident?

5 A No, I have never had any issues with the
6 shoulder. I want to say years -- I don't know how
7 many years ago. There was something with the
8 scapula that I had that I want to say. Whatever it
9 was, it was a strain and I came right back to work,
10 that was quite a few years ago. Other than that,
11 no, there's been nothing. I am a lefty so I
12 definitely would have a problem if there was a
13 problem.

14 Q You are left hand dominant and it is your
15 left shoulder?

16 A Yes, I am.

17 Q Let me understand, currently are you in
18 physical therapy or are you taking a break to try
19 to let it calm down or what is the status?

20 A I would love to take a break. But, no, I
21 have been pushing it and I am in therapy two to
22 three times every week.

23 Q Tell the Board what limitations or
24 symptoms you're still having today as we speak.

1 A Well, I can carry anything with my arm
2 straight. I will feel a little pulling but I can
3 do the straight. It is the outward motion. It is
4 like carrying groceries. You can let it hang on
5 your wrist to carry it in. I don't have the
6 strength to get it up onto the counter. I have to
7 use my right hand or put it on the floor and pick
8 it up with my right and put it on the counter.

9 Putting a gallon of milk into the
10 refrigerator, I can't get it up on that shelf. I
11 am like this is crazy. I should be able to do
12 this. I was able to do it before the surgery and
13 now I can't do it.

14 I have chronic pain in the clavicle and
15 in the top head of the shoulder, which radiates
16 down my biceps/triceps right in the middle of the
17 arm. I have lots of problems with my left.
18 Underneath my arm there is a huge muscle that is
19 balled up. They have been trying to get it to
20 release. It's part of my triceps. So that maybe
21 we can release some of the muscle tension so that
22 we can work better on my mobility.

23 Picking like -- moving flowers around in
24 the yard. I am not capable of picking my arm to

1 pick it up to move it down. I have to use my right
2 arm. It is anything upward or outward that I don't
3 have the strength or mobility to do.

4 Q Okay. Thank you.

5 A Riding a bike. I went for a bike ride
6 with my son. The stress of my shoulder from riding
7 the bike, I didn't even think about that. I was
8 miserable. This is ridiculous.

9 I am a lefty. I have been working on my
10 right hand to throw a ball to him. I have an
11 11-year old. He likes to play catch.

12 Q Okay. So you have become ambidextrous,
13 that's not bad.

14 A I am working on it. I am definitely
15 working on it.

16 Q The surgery was November of last year.
17 Has Doctor Portland told you you have achieved MMI
18 or Maximum Medical Improvement yet?

19 A No. He just recently -- the last visit
20 was to start trying to add more strength to get the
21 strength to work in the arm more because it is not
22 as fast as everyone else maybe. He keeps telling
23 me everyone is different. Everyone heals at
24 different rates. Shoulders can be I guess very

1 different. I don't know I guess is what he would
2 say.

3 Q So it is your intention though and you
4 would like to continue to rehabilitate to get to a
5 point --

6 A Absolutely.

7 Q -- to get back to work?

8 A Yes. It is not healthy to be home. No
9 offense if you like to be home, but not me.

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

12 A No. Absolutely not.

13 Q Are you taking any medications for the
14 pain, prescribed medications?

15 A No. I was taking steroids and Ibuprofen
16 or Tylenol. I will take NyQuil to sleep sometimes
17 because I can't sleep on my stomach. I can't bring
18 my arm up over my head the way I like to sleep. I
19 have to bring it down to my side. So a lot of
20 times I have problems with sleeping so I take
21 NiQuil and Melatonin to try to get me to sleep.

22 Q Do you have any appointments scheduled
23 with Doctor Portland at this time?

24 A Oh, yes. I have one tomorrow.

1 MR. PINELLI: Thank you. That is all the
2 questions that I have, Mr. Chairman.

3 CHAIRMAN FORTUNA: Any questions?

4 Hearing none, Vince.

5 MR. PINELLI: Thank you.

6 (Witness previously sworn.)

7 DANIEL SAMO, M.D.

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

10 EXAMINATION

11 BY MR. PINELLI:

12 Q Doctor Samo, would you please state your
13 name for the record?

14 A Daniel Samo.

15 Q Are your qualifications as a physician
16 attached to the Board Exhibits?

17 A Yes, they are.

18 Q Do you perform a function as a consultant
19 to the Fund?

20 A Yes.

21 Q In that capacity, do you review medical
22 records, examine applicants and report to the
23 Board?

24 A Yes, I do.

1 Q *Did you follow that procedure with*
2 *respect to Ms. Guerin?*

3 A *Yes.*

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

6 A *Yes.*

7 Q *With respect to Ms. Guerin, did you*
8 *interview her?*

9 A *It was a tele exam so it was done under*
10 *the pandemic regulations.*

11 Q *In that process, did she provide you with*
12 *information regarding her medical condition?*

13 A *Yes, she did.*

14 Q *Was it consistent with the information*
15 *you saw in the medical records you reviewed?*

16 A *Yes, it was.*

17 Q *Can you just summarize for us doctor what*
18 *injuries she experienced and what stage of*
19 *treatment she is at?*

20 A *Sure. She had an acute onset of pain*
21 *when she was lifting on a run. About two weeks*
22 *later she had got a MRI, which showed some partial*
23 *thickness tears in some of her rotor cuff tendons,*
24 *some arthritis and possibly a labral injury in her*

1 left shoulder.

2 She did see Doctor Petkovich and he put
3 her into therapy. He did not feel surgery was
4 indicated and she attended therapy for quite
5 awhile. She did get an injection which helped
6 temporarily. But she really wasn't getting any
7 better and so she was referred to Doctor Portland,
8 another orthopedist, who felt that she did have a
9 slap tear and at this point that surgery was
10 indicated. She really didn't want to have surgery.
11 She wanted to try to go back to work. I did clear
12 her but she was unable to do her duties.

13 She also was seen by Doctor Shapiro, who
14 is a spine surgeon, about her neck and he felt her
15 symptoms were not coming from her neck.

16 So it was decided that Doctor Portland
17 would go ahead and do her shoulder surgery, which
18 was done at the end of November of 2019. Had
19 repair of the labrum and decompression of the
20 shoulder.

21 She has been making progress since then
22 but it is slow, which is not atypical for
23 shoulders. At the time of her last visit, she was
24 still in PT and the plan was to go and move forward

1 to work conditioning, Work Hardening Program.

2 Q Doctor Portland has not determined yet
3 that she is at MMI; is that correct?

4 A Correct.

5 Q Doctor, based upon that as well as her
6 stated desire to try to return to work, would you
7 recommend case management given her current
8 condition and treatment?

9 A Yes, I would. It is certainly possible
10 that she will continue to improve. Shoulders are
11 notoriously long to heal and she is working hard at
12 it. It is certainly possible that she could have
13 significant improvement.

14 MR. PINELLI: Thank you, doctor, that is
15 all the questions I have.

16 CHAIRMAN FORTUNA: Trustees, any
17 questions for Doctor Samo?

18 Hearing none, Vince.

19 MEMBER MCPHILLIPS: Motion to grant.

20 MEMBER NANCE-HOLT: Second.

21 CHAIRMAN FORTUNA: Motion to grant by
22 Trustee McPhillips. Seconded by Trustee Holt.

23 Trustee Soni.

24 MEMBER SONI: Yes.

1 CHAIRMAN FORTUNA: Trustee

2 *Conyears-Ervin.*

3 MEMBER CONYEARS-ERVIN: Yes.

4 CHAIRMAN FORTUNA: Trustee McPhillips.

5 MEMBER McPHILLIPS: Yes.

6 CHAIRMAN FORTUNA: Trustee Holt.

7 MEMBER NANCE-HOLT: Yes.

8 CHAIRMAN FORTUNA: Trustee Murphy.

9 MEMBER MURPHY: Yes.

10 CHAIRMAN FORTUNA: And I am a yes.

11 *Is there a motion for reexam?*

12 MEMBER MCPHILLIPS: Motion for reexam

13 *consistent with Fund policy.*

14 MEMBER MURPHY: Second.

15 CHAIRMAN FORTUNA: There is a motion for

16 *reexam by Trustee McPhillips. Seconded by Trustee*

17 *Murphy. All in favor?*

18 *(Chorus of ayes.)*

19 CHAIRMAN FORTUNA: Opposed?

20 *Hearing none, motion carries.*

21 *I would entertain a motion for Findings*

22 *of Fact prepared in this matter.*

23 MEMBER MCPHILLIPS: Motion to adopt the

24 *Findings of Facts.*

1 MEMBER NANCE-HOLT: *Second.*

2 CHAIRMAN FORTUNA: *There is a motion to*
3 *adopt the Findings of Fact by Trustee McPhillips.*
4 *Seconded by Trustee Holt. All in favor?*

5 *(Chorus of ayes.)*

6 CHAIRMAN FORTUNA: *Opposed?*

7 *Hearing none, motion carries.*

8 *Based on the Findings of Fact and*
9 *conclusions of law made by the Trustees, the*
10 *Trustees have voted to grant you the benefit you*
11 *have requested.*

12 *You will be notified by mail of the*
13 *Findings of Fact and the Board's decision.*

14 MS. GUERIN: *Thank you, very much.*

15 MS. BURNS: *Edward Koranda, we are going*
16 *to proceed with your hearing, if you are available.*

17 MR. KORANDA: *Okay. Yes. Thank you.*

18 MS. BURNS: *Thank you, sir.*

19 *Doctor Samo, is this one of your matters?*

20 DOCTOR SAMO: *Yes, it is.*

21 MS. BURNS: *Thank you.*

22 *Let the record reflect that this is the*
23 *Duty Disability application of Edward Koranda, III,*
24 *EMT Firefighter, Fire Engine 34.*

1 *Would you both raise your right hands,*
2 *please?*

3 *(Edward Koranda and Daniel*
4 *Samo, M.D. were sworn to testify.)*

5 EDWARD KORANDA
6 *a witness herein, having been first duly sworn, was*
7 *examined and testified as follows:*

8 EXAMINATION

9 BY MR. PINELLI:

10 Q *Good afternoon, Mr. Koranda. I am one of*
11 *the attorneys for the Pension Fund. I will be*
12 *conducting this hearing.*

13 *I want to advise you of some preliminary*
14 *matters before we start evidence. There are*
15 *currently five trustees on the line. We may be*
16 *joined by a sixth; we'll see. But we have a quorum*
17 *so we can proceed with five trustees.*

18 *If you don't know you should know you*
19 *need the yes vote of at least five trustees in*
20 *order to receive this benefit. Are you aware of*
21 *that?*

22 A Yes.

23 Q *I see you do not have an attorney. Is it*
24 *your desire to proceed without an attorney?*

1 A *That is correct.*

2 Q *Lastly, it is the applicant's burden of*
3 *proof to present sufficient evidence to the Board*
4 *in order for the Board to grant the benefit that*
5 *the applicant is seeking. Do you understand it is*
6 *your burden of proof?*

7 A *Yes, sir.*

8 Q *By way of procedures, I am going to start*
9 *by asking you some questions. The board members*
10 *may or may not have questions of you. Then I will*
11 *call Doctor Samo to testify. If there is anything*
12 *I don't ask him that you think is important for the*
13 *Board to know, just let me know and you will be*
14 *given that opportunity. Do you understand the*
15 *procedures?*

16 A *Yes, sir.*

17 Q *Then we are ready to proceed. Please*
18 *state your name for the record.*

19 A *My name is Edward Koranda, III.*

20 Q *What is your current rank with the Fire*
21 *Department?*

22 A *Firefighter EMT.*

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

1 A *Engine 34.*

2 Q *You should have received a copy of Board*
3 *Exhibits 1 through 15 in advance of today's*
4 *hearing. Did you receive them?*

5 A *Yes, sir.*

6 Q *Did you have a chance to review them?*

7 A *I did, sir.*

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

11 A *No, sir.*

12 MR. PINELLI: *Thank you.*

13 *Mr. Chairman, I move for admission of*
14 *Board Exhibits 1 through 15, without objection from*
15 *the applicant.*

16 CHAIRMAN FORTUNA: *Admitted without*
17 *objection.*

18 *(Board Exhibits 1 through 15 were*
19 *admitted into evidence.)*

20 BY MR. PINELLI:

21 Q *Now, Mr Koranda, understanding that the*
22 *Board has the benefit of your sworn statement with*
23 *your application to review what happened to you,*
24 *could you please just summarize for us in your own*

1 words where you were on May 22, 2019 and what
2 happened to you to cause you an injury that is the
3 basis of your application?

4 A Yes, sir. So we had gotten a call for a
5 person who needed help off the bathroom floor. I
6 forgot the exact -- going to lift the person off
7 the floor in a tight bathroom, it was me and I
8 believe my officer. I squatted for the lift.

9 As I started to lift the patient I had
10 stopped. I felt a pain right away in my groin. At
11 the time the officer told me to get the stair
12 chair. I walked out and got the stair chair but I
13 had to keep my left hand pressed on my groin as I
14 was walking. This continued.

15 We were able to get back to the
16 firehouse. The officer asked me if I was okay
17 when he seen me walking off the rig. I told him,
18 no, I feel pain.

19 We called the ambulance. The ambulance
20 took me from quarters straight to MacNeal Hospital.
21 They did a CT and they found a lateral inguinal
22 hernia and I think diverticulosis I believe.

23 I went to the doctor after this. They
24 decided to do the hernia mesh implant. They did

1 two pieces of mesh. Instantly when I woke up from
2 the surgery I was in pain. It has hurt ever since
3 then to use the bathroom. I have gone through
4 therapies.

5 It took seven months to convince the
6 doctor to remove the mesh. On January 7th, we were
7 going to remove the mesh. Ten minutes before the
8 procedure, I was already in my gown, heparin shots
9 IV locked, the doctor sits next to my wife and says
10 he doesn't think it's in my best interest to remove
11 the mesh. He wanted to do a triple neurectomy.

12 We had talked about that a long with
13 chewing gum mesh removal. I was semi prepared for
14 this. I figured as my doctor that is what he
15 recommends this is what we are going to go with.

16 After this procedure, I am still in pain.
17 Now my groin is numb. Problems still using the
18 bathroom. I am getting awoken up in the middle of
19 the night when my bladder is full because I feel
20 that pressure between the mesh and my bladder I am
21 assuming and anxiety.

22 Q Let me just stop you there, before we get
23 any further into your treatment. Back to the
24 incident, though, had you ever had a problem with

1 *your --*

2 A *Never.*

3 Q *-- abdominal area prior to this date?*

4 A *Never. I was playing racquetball every*
5 *other day at the firehouse. I never had an issue*
6 *whatsoever with a hernia, no.*

7 Q *And if I heard you correctly, you had the*
8 *initial surgery on June 17th of 2019 following the*
9 *incident, right?*

10 A *Right. Yes, sir.*

11 Q *You had the second surgery was just in*
12 *January of this year; is that correct?*

13 A *That's correct.*

14 Q *And you're still, according to your*
15 *testimony, experiencing problems, symptoms, pain*
16 *and limitations; is that correct?*

17 A *Yes, sir. That's correct. The more I*
18 *strain the more -- I have been in therapy four days*
19 *a week. Two for pelvic floor and two for regular*
20 *therapy to try to regain some functionality.*

21 Q *Okay. Since you went on layup because of*
22 *this incident, have you engaged in any activity by*
23 *which you earn income?*

24 A *No.*

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DANIEL SAMO, M.D.

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

EXAMINATION

BY MR. PINELLI:

Q Doctor Samo, please state your name for the record.

A Daniel Samo.

Q And you are a physician; is that correct?

A Yes.

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

A Yes.

Q Do you perform a function as a consultant to the Fund?

A Yes.

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

A Yes.

Q Did you follow that procedure with respect to Mr. Koranda?

A Yes, I did.

Q Have you filed a written report with the

1 Board that is marked as Board Exhibit Number 2?

2 A Yes.

3 Q Doctor, you did a teleconference with the
4 applicant; is that correct?

5 A Yes. This is a telephonic exam, yes.

6 Q And was the information he provided you
7 in that interview consistent with the information
8 you saw in his medical records?

9 A Yes. There was some issues the week
10 prior to the incident, which were in the medical
11 records.

12 Q What was the issue or what did it
13 indicate?

14 A So for about a week prior to the event he
15 had been having some lower back and abdominal
16 pains. He had seen his personal physician and been
17 diagnosed with an urinary tract infection and
18 treated with antibiotics. And then two days before
19 the event symptoms got worse and he went to the
20 emergency room and he had pain with urination and
21 aching in his side.

22 He did have a CAT scan, which was looking
23 for kidney stones mostly, but did not find any but
24 they did note the bilateral hernias so he had the

1 *hernias present before the event.*

2 *At the time of the event, however, he had*
3 *sudden pain at the sites of the hernia and then the*
4 *rest of his history is that he continued to have*
5 *pain. About three weeks after that he ended up*
6 *seeing a surgeon who recommended surgery.*

7 *Unfortunately, he had a complication of*
8 *that surgery where the ilioinguinal nerves can get*
9 *trapped either by sutures, by the mesh or sometimes*
10 *by scar tissue and cause pain.*

11 Q *Doctor, based upon his description of*
12 *what he was doing prior to having the pain while he*
13 *was at work, would that type of activity be a cause*
14 *or contribute to the onset of acute hernia*
15 *problems?*

16 A *Yes, I think it is what caused him to*
17 *become symptomatic.*

18 Q *Now, with respect to his current*
19 *condition, what did he indicate to you he's*
20 *experiencing?*

21 A *So he currently continues to have*
22 *significant amount of pain in his lower abdomen*
23 *into his groin. It is worse when he urinates.*
24 *When he strains with stool. With any kind of*

1 *physical activity; bending, twisting, all make it*
2 *worse. He actually can't even wear anything that*
3 *is tight across his lower abdomen so he has*
4 *difficulty wearing things with belts. All that*
5 *increases his pain.*

6 *Q Based upon your experience, would those*
7 *symptoms impair his ability to perform his duties*
8 *with the Fire Department?*

9 *A Yes.*

10 *MR. PINELLI: Thank you. That is all the*
11 *questions I have of the doctor.*

12 *CHAIRMAN FORTUNA: Trustees, any*
13 *questions for Doctor Samo?*

14 *Hearing none.*

15 *MR. PINELLI: The record is complete.*

16 *MEMBER MCPHILLIPS: Motion to grant.*

17 *MEMBER HOLT: Seconded by Trustee Holt.*

18 *CHAIRMAN FORTUNA: There's a motion to*
19 *grant by Trustee McPhillips. Seconded by Trustee*
20 *Holt.*

21 *Trustee Soni.*

22 *MEMBER SONI: Yes.*

23 *CHAIRMAN FORTUNA: Trustee*

24 *Conyears-Ervin.*

1 MEMBER CONYEARS-ERVIN: Yes.

2 CHAIRMAN FORTUNA: Trustee McPhillips.

3 MEMBER McPHILLIPS: Yes.

4 CHAIRMAN FORTUNA: Trustee Holt.

5 MEMBER NANCE-HOLT: Yes.

6 CHAIRMAN FORTUNA: Trustee Murphy.

7 MEMBER MURPHY: Yes.

8 CHAIRMAN FORTUNA: And I am a yes.

9 I would entertain a motion for reexam.

10 MEMBER MCPHILLIPS: Motion for reexam
11 consistent with Fund policy.

12 MEMBER MURPHY: Second.

13 CHAIRMAN FORTUNA: Motion for reexam by
14 Trustee McPhillips. Seconded by Trustee Murphy.
15 All in favor?

16 (Chorus of ayes.)

17 CHAIRMAN FORTUNA: Opposed?

18 Hearing none, motion carries.

19 MEMBER MCPHILLIPS: Motion to adopt the
20 Findings of Fact.

21 MEMBER NANCE-HOLT: Second.

22 CHAIRMAN FORTUNA: Motion to adopt the
23 Findings of Fact prepared in this matter by Trustee
24 McPhillips. Seconded by Trustee Holt. All in

1 favor?

2 (Chorus of ayes.)

3 CHAIRMAN FORTUNA: Opposed?

4 Hearing none, motion carries.

5 Based on the Findings of Fact and
6 conclusions of law made by the Trustees, the
7 Trustees have voted to grant you the benefit you
8 have requested.

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

11 Thank you and good luck.

12 MR. KORANDA: Thank you, ladies and
13 gentlemen. MS. BURNS: Trustee Soni, I
14 know you indicated you have to leave at noon.

15 MEMBER SONI: Yes.

16 MS. BURNS: Trustee Holt, what time will
17 you need to leave?

18 MEMBER NANCE-HOLT: I am heading to a
19 dedication for one of our fellow members. It's
20 going to be soon. Probably around 12, 12:15 at the
21 latest.

22 MS. BURNS: We will lose a quorum if both
23 of you leave.

24 Let's start, Vince, as quickly as we can.

1 *Mr. Marconi, perhaps you can keep that in*
2 *mind, that we may need to stop the hearing if we*
3 *lose our quorum.*

4 *MR. MARCONI: Fully understood. I am*
5 *willing to go as quick as I can. I think a lot of*
6 *the evidence is contained in the packet so I am not*
7 *going to rehash things.*

8 *MS. BURNS: Thank you, sir.*

9 *Mr. Inguanti and Doctor Peters, if you*
10 *could raise your right hands.*

11 *(Mario S. Inguanti and Michael*
12 *I. Peters were sworn to testify.)*

13 *MR. PINELLI: Counsel, would you agree to*
14 *the introduction of Board Exhibits 1 through 13,*
15 *without objection?*

16 *MR. MARCONI: Absolutely.*

17 *CHAIRMAN FORTUNA: Board Exhibits 1*
18 *through 13 are received, without objection.*

19 *(Board Exhibits 1 through 13 were*
20 *received into evidence.)*

21 *MR. PINELLI: Then that being said, I can*
22 *proceed with calling the doctor, if you are okay*
23 *with that?*

24 *MR. MARCONI: That's fine.*

1 MICHAEL I. PETERS, M.D.

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

4 EXAMINATION

5 BY MR. PINELLI:

6 Q Doctor, please state your name.

7 A Michael I. Peters.

8 Q You're a physician with qualifications
9 attached to the Board Exhibit?

10 A Yes.

11 Q So did you review medical records,
12 interview the applicant and file a written report
13 with the Board?

14 A Yes.

15 Q Doctor, can you tell us what medical
16 condition did the applicant experience?

17 A Mr. Inguanti had symptoms consistent with
18 -- he had chest pain while he was rolling hose
19 after doing hose testing at O'Hare, that was on May
20 29, 2019.

21 He was seen in the emergency department
22 and diagnosed with a non-ST elevation myocardial
23 infarction for which he had a coronary artery stent
24 placed for 99 percent stenotic coronary artery.

1 He has done very well with his exercise
2 tolerance since then without developing angina, but
3 he remains on dual antiplatelet therapy because of
4 the stent, with Ticagrelor and aspirin.

5 Q Is there an indication that his treating
6 doctor, Doctor Patel, has also placed certain
7 restrictions on him, including no lifting more than
8 50 pounds and avoidance of exposure to extreme
9 temperatures and smoke, et cetera.

10 A Yes.

11 Q Doctor, was it clear from the emergency
12 room records and the medical records you reviewed
13 whether or not his heart attack actually began
14 while he was on-duty on May 30, 2019 rolling that
15 hose?

16 A I think it's clear that he had a
17 myocardial infarction while he was rolling hose at
18 work on that day. There is a question or
19 documentation from two other physicians that he had
20 symptoms that might be consistent with angina the
21 day before at home. But during my interview with
22 Mr. Inguanti, he said that the way that was
23 described was inaccurate. But the bottom line is
24 the documentation of his MI was after the events at

1 work the next day.

2 Q Is that supported by the elevated enzyme
3 results?

4 A Yes. He had two elevated proponent
5 enzymes in the Emergency Department.

6 Q Okay. Based upon those current
7 limitations, would he be able to perform his full
8 unrestricted duties with the department?

9 A My opinion is that the platelet therapy
10 he is on, specifically Ticagrelor, can lead to risk
11 of hemorrhage.

12 MR. PINELLI: That is all the questions I
13 have of the doctor.

14 MEMBER CONYEARS-ERVIN: I don't know if
15 it was just me, the doctor's last statement froze
16 on my end.

17 MEMBER MURPHY: Mine, too.

18 MS. BURNS: Doctor Peters, could you
19 repeat, please?

20 DOCTOR PETERS: The answer to the
21 question about whether he could return to work?

22 MR. PINELLI: Yes.

23 DOCTOR PETERS: It is my opinion that he
24 can't return to work because he's on dual

1 *antiplatelet therapy which puts him at risk for*
2 *hemorrhage, specifically Ticagrelor.*

3 *MR. PINELLI: Thank you.*

4 *CHAIRMAN FORTUNA: Any questions for*
5 *Doctor Peters?*

6 *Hearing none, Vince.*

7 *MEMBER MCPHILLIPS: Motion to grant.*

8 *MS. BURNS: Let's make sure before you go*
9 *forward that Mr. Marconi is comfortable proceeding*
10 *without putting any evidence on, other than the*
11 *doctor.*

12 *MR. MARCONI: Maybe I misheard Doctor*
13 *Peters, I thought he said the incident was May 29th*
14 *and I believe it was May 30th in the application*
15 *and in the records so maybe I misheard him but I*
16 *thought he said May 29th.*

17 *MR. PINELLI: Doctor, could you clarify*
18 *that?*

19 *DOCTOR SAMO: Yes, I am sorry for any*
20 *confusion. The incident he described at his house*
21 *was May 29th. The incident that occurred while he*
22 *was rolling a line after hose training was on May*
23 *30th and that was when he was diagnosed with the*
24 *myocardial infarction.*

1 MS. BURNS: Given that the exhibits have
2 been admitted into evidence, Mr. Marconi, are you
3 comfortable with the Board proceeding on a motion
4 to grant?

5 MR. MARCONI: Yes, I am. I am sure Mario
6 is on the phone and I think he understands.

7 MR. INGUANTI: I understand everything
8 that is going on.

9 MS. BURNS: Thank you, Mr. Inguanti.
10 There has been a motion to grant.

11 CHAIRMAN FORTUNA: There's a motion on
12 the floor. I need a second.

13 MEMBER MURPHY: Second.

14 CHAIRMAN FORTUNA: Seconded by Trustee
15 Murphy.

16 Trustee Soni.

17 MEMBER SONI: Yes.

18 CHAIRMAN FORTUNA: Trustee
19 Conyears-Ervin.

20 MEMBER CONYEARS-ERVIN: Yes.

21 CHAIRMAN FORTUNA: Trustee McPhillips.

22 MEMBER McPHILLIPS: Yes.

23 CHAIRMAN FORTUNA: Trustee Holt.

24 MEMBER NANCE-HOLT: Yes.

1 CHAIRMAN FORTUNA: *Trustee Murphy.*

2 MEMBER MURPHY: *Yes.*

3 CHAIRMAN FORTUNA: *And I am a yes.*

4 *Is there a motion for reexam?*

5 MEMBER MCPHILLIPS: *Motion for reexam*
6 *consistent with Fund policy.*

7 MEMBER CONYEARS-ERVIN: *Second.*

8 CHAIRMAN FORTUNA: *Motion for reexam by*
9 *Trustee McPhillips. Seconded by Trustee Conyears*
10 *Ervin. All in favor?*

11 *(Chorus of ayes.)*

12 CHAIRMAN FORTUNA: *Opposed?*

13 *Hearing none, motion carries.*

14 MEMBER MCPHILLIPS: *Motion to adopt the*
15 *Findings of Fact.*

16 MEMBER MURPHY: *Second.*

17 CHAIRMAN FORTUNA: *Motion to adopt the*
18 *Findings of Fact by Trustee McPhillips. Seconded*
19 *by Trustee Murphy. All in favor?*

20 *(Chorus of ayes.)*

21 CHAIRMAN FORTUNA: *Opposed?*

22 *Hearing none, motion carries.*

23 *Based on the Findings of Fact and*
24 *conclusions of law made by the Trustees, the*

1 *Trustees have voted to grant you the benefit you*
2 *have requested.*

3 *You will be notified by mail of the*
4 *Findings of Fact and the Board's decision.*

5 *Thank you and good luck.*

6 *MR. INGUANTI: May I say quickly thank*
7 *you and God bless you all. I never thought I would*
8 *go out this way. I am really disappointed but*
9 *thank you.*

10 *MS. BURNS: Before we lose the rest of*
11 *the Trustees, could we just do the Guth matter? If*
12 *you remember, the Guth matter was decided last*
13 *month and in the ensuing weeks Vince circulated*
14 *Findings of Facts and Conclusions of Law in the*
15 *Guth matter, that document was in your Board*
16 *portals.*

17 *Is there a motion to adopt the Findings*
18 *of Fact and the Conclusions of Law in the Guth*
19 *matter.*

20 *CHAIRMAN FORTUNA: Do you want me to read*
21 *through the whole thing, Mary Pat?*

22 *MS. BURNS: It is up to you, sir.*

23 *CHAIRMAN FORTUNA: Does everybody*
24 *understand? As a reminder, last month the Board*

1 *heard evidence on an application for an*
2 *Occupational Disease Disability benefit filed by*
3 *Andrew Guth.*

4 *After the completion of the evidence, we*
5 *granted Mr. Guth the benefit that he sought. Since*
6 *the last meeting, counsel has distributed proposed*
7 *Findings of Facts and Conclusions of Law.*

8 *Having had an opportunity to review those*
9 *findings in Mr. Guth's matter, I would need a*
10 *motion to adopt the Findings of Fact and the*
11 *Conclusions of Law. I would need a motion and a*
12 *second.*

13 *MEMBER MCPHILLIPS: One more time, Dan.*
14 *What motion are you requesting?*

15 *MS. BURNS: If you remember, Mr. Guth*
16 *last month was on the Agenda for a Duty Disability.*
17 *He then changed his application at the meeting to*
18 *an Occupational. There were no Findings of Fact*
19 *prepared because he changed his application.*

20 *You made the decision last month to grant*
21 *him an Occupational Disease Disability Benefit.*
22 *All we need now is a motion to adopt the Findings*
23 *of Fact and Conclusions of Law in the Guth matter.*

24 *MEMBER MCPHILLIPS: I make a motion to*

1 adopt the Findings of Facts in the Guth matter. Do
2 I have a second?

3 MEMBER NANCE-HOLT: Second.

4 CHAIRMAN FORTUNA: There is a motion by
5 Trustee McPhillips and there is a second by Trustee
6 Holt.

7 Trustee Soni.

8 MEMBER SONI: Yes.

9 CHAIRMAN FORTUNA: Trustee
10 Conyears-Ervin.

11 MEMBER CONYEARS-ERVIN: Yes.

12 CHAIRMAN FORTUNA: Trustee McPhillips.

13 MEMBER McPHILLIPS: Yes.

14 CHAIRMAN FORTUNA: Trustee Holt.

15 MEMBER NANCE-HOLT: Yes.

16 CHAIRMAN FORTUNA: Trustee Murphy.

17 MEMBER MURPHY: Yes.

18 CHAIRMAN FORTUNA: And I am a yes.

19 MS. BURNS: Trustees, if we lose Trustee
20 Soni and Trustee Holt, we lose a quorum, right?

21 CHAIRMAN FORTUNA: Yes.

22 MEMBER NANCE-HOLT: I have to go. I am
23 here at the dedication.

24 MS. BURNS: Thank you, very much, Trustee

1 Holt.

2 (Member Holt left the conference call.)

3 MS. BURNS: Trustee Soni, are you able to
4 stay for a little bit as we discuss the audit and
5 actuary report?

6 MEMBER SONI: I am already ten minutes
7 late for my other meeting. Is there anything
8 pressing?

9 MS. BURNS: Usually those reports sort of
10 fit in with the City's Financial Statements.

11 MEMBER SONI: From my side Steve and I
12 have spoken about what the City needs and we're
13 getting the information. We are gathering things.
14 There's nothing else really pending on our side,
15 unless you have any concerns that I don't know
16 about.

17 MR. SWANSON: We just need the Board to
18 accept the report.

19 MEMBER SONI: Can I give my vote that I
20 accept it because I already looked through the
21 financials?

22 MS. BURNS: Technically, no, we have to
23 have a quorum.

24 MR. SWANSON: I can try to see if I can

1 get Trustee Martin.

2 CHAIRMAN FORTUNA: We are going to lose
3 Trustee Soni anyway.

4 Thank you for staying on and we're going
5 to try and get someone else on the phone.

6 (Member Soni left the conference call.)

7 MS. BURNS: We are going to try to get
8 Trustee Martin on the phone.

9 We could start with the actuaries, even
10 though we don't have a quorum and we may not be
11 able to take action.

12 We can start the presentation on the 2019
13 actuarial report, if that is okay with, Mr.
14 President.

15 CHAIRMAN FORTUNA: Yes.

16 MS. BURNS: Matt, we are going to
17 proceed. We don't have a quorum at this time. If
18 you could begin to walk the Trustees through the
19 Actuarial Report and then if we get a Trustee to
20 join us we will take action.

21 MR. STROHM: Thank you. We want to thank
22 you for the opportunity to be your actuary. This
23 is the first time meeting with the Board since we
24 were hired.

1 As being our first valuation, one of the
2 first steps that we did as part of our transition
3 process was collect all the data from last year's
4 valuation, the 2018, and attempt to replicate that.

5 I want you to know that process went
6 pretty smoothly. We had a really good replication
7 so there were really no issues that were uncovered
8 from that, that is some good news there.

9 With that, we have just prepared a short
10 presentation on our valuation. I will walk you
11 through the slides and feel free to ask questions
12 as we go along. I know you had a pretty busy
13 morning so far so I will try to go through it with
14 some level of expeditiousness here.

15 On Slide 2, we'll start with the Summary
16 of the Results and then look at some of the
17 details. Again, the full Actuarial Report has a
18 tremendous amount of details in it, but we will
19 save that for some bedtime reading for everyone.

20 I am going to move to Page 3 to the
21 Purpose of the Valuation. This is actually a
22 snapshot in time of the funded status of the plan.

23 When we look at, as of December 31, 2019,
24 we report what the actuarial assets are. As you

1 know those are a different measure than the market
2 value of assets. It is a number that includes some
3 smoothing. So the peaks and the valleys of the
4 market value don't necessarily find their way into
5 some of the calculations like the funded ratio so
6 that is one purpose.

7 Another one is to calculate the liability
8 so we focus on the present value of benefits earned
9 to-date, benefits expected to be earned in the
10 future, and use that as a measure as well.

11 Clearly, and particularly now with the
12 funding mechanism that is in place in statute, one
13 of the important things that we do is we calculate
14 the statutorily required contribution that is in
15 the statute, that is the one based on the
16 projection of the 2055 and the 90 percent target.
17 That amount gets compared to what we call an
18 Actuarially Determined Contribution or the ADC.

19 The ADC is really like a benchmark and
20 it's based on the Board's funding policy. We
21 understand this money is the money going in, but we
22 want to have some kind of comparison or benchmark
23 to compare that to and that is what that is.

24 It consists of really two components.

1 *Essentially one is the normal cost of benefits,*
2 *that is the benefits that are being earned in the*
3 *upcoming year, and then also a component to*
4 *amortize or pay down unfunded liability.*

5 *You have the unfunded liability. You*
6 *want to pay part of that. You also want to pay the*
7 *benefits that are being earned to-date, that is*
8 *what you want to use as your benchmark.*

9 *Another thing we do is we have last*
10 *year's valuation. We compare it to this year.*
11 *What is the difference from year to year? If there*
12 *is anything interesting, we can report on that.*
13 *And then also we do some information for the*
14 *Financial Statement so we report a pension*
15 *liability for the Fund's Financial Statements. As*
16 *you are aware there is also now the retiree medical*
17 *subsidy is back in limited form based on the*
18 *Underwood lawsuit. So there's a nonpension or an*
19 *OPEB liability associated with that, that gets*
20 *reported on the City's Income Statement and also*
21 *the Fund's Financials. And we have that, that's*
22 *not covered here, but that is another item.*

23 *On Page 4, these are the highlights of*
24 *the valuation. As you know, the market value of*

1 *assets returned nearly 20 percent. That is a Segal*
2 *calculation that should be pretty consistent with*
3 *the investment consultant.*

4 *So a 20-year return for calendar year*
5 *2019 was really good compared to the expected*
6 *return. However, when we are looking at actuarial*
7 *smooth assets, a lot of that 20 percent gets*
8 *deferred into the future for future recognition,*
9 *which is good. Then we are bringing in some other*
10 *components of prior gains and losses.*

11 *The net effect of that was roughly about*
12 *a 6 percent return, if you looked at last year's*
13 *actuarial value to this year's actuarial value.*
14 *Roughly about a 6 percent return which represents a*
15 *pretty small loss relative to the 6.75 percent*
16 *assumption.*

17 *How does that translate to the funded*
18 *ratio? The funded ratio is the Fund's liabilities*
19 *or assets divided by liabilities.*

20 *When you look at the numerator being the*
21 *market value of assets, the ratio there actually*
22 *increased because of the good return so it was*
23 *16.8 percent last year. Now it is up to 18.4*
24 *percent this year.*

1 On the actuarial value, it stayed kind of
2 constant. A little bit of a decrease from 18.36
3 percent to just under 18.2 percent on an actuarial
4 basis.

5 Again, I mentioned the contributions.
6 There is a little bit of a schedule here of the
7 different contributions. So for 2019, so that is
8 the contribution for tax levy year 2019, this was
9 the last amount of the fixed contributions that
10 were in the statutory schedule before the 90
11 percent target kicks in, that amount was 245
12 million. The actual amount that was paid in 2020
13 on behalf of the 2019 year was about 255.

14 So in the 2020 column you now have the
15 371 million represents the first of the numbers
16 that were calculated based on the 90 percent
17 target, that was calculated in last year's
18 valuation for 2020 payable in 2021.

19 We have calculated the ADC to compare to
20 that amount on this valuation, which is about 466
21 million and again it is about 95 million dollars
22 higher.

23 Again, the reasons are things like the
24 371 was based on a 90 percent target. It's based

1 *on projections out to 2055. Whereas, the ADC*
2 *targets 100 percent of the liability and it is a*
3 *slightly smaller amortization period of 30 years.*

4 *Also there's an open group projection*
5 *that goes into the statutory remark that reflects*
6 *the fact that new people coming into the system are*
7 *Tier 2 and that that type of calculation is not*
8 *really part of the ADC, that is based on the*
9 *snapshot valuation date. Those are some of the*
10 *things that contribute to there being a*
11 *contribution deficiency.*

12 *Lastly, on this page, the number that is*
13 *calculated based on the 2019 valuation, the one we*
14 *just did, is a 2021 contribution to be paid in 2022*
15 *of 367 million dollars. That is slightly less than*
16 *what was reflected last year primarily due to the*
17 *fact that of the 20 percent market return that*
18 *amount does get reflected as you go out and project*
19 *into 2055 so there is a slight increase in the*
20 *required contribution since last year and that is*
21 *due to the good return.*

22 *I am going to move to Slide 5, if there*
23 *is no question on the Summary.*

24 **MEMBER MCPHILLIPS:** *You said the primary*

1 *cause of going from 371.3, can you go back to that*
2 *screen, in 2020 and the lower amount in 2021 of*
3 *367.1 was due primarily to the market return in*
4 *2019?*

5 *MR. STROHM: Correct. That is absolutely*
6 *correct. There is several things in there that*
7 *make it different, not least of which is the change*
8 *of actuary and different systems. The primary*
9 *driver is the good return.*

10 *MEMBER MCPHILLIPS: Okay.*

11 *MR. STROHM: 5 is an overview of the*
12 *membership. And I apologize the last slide kind of*
13 *the numbers went from left to right and now they*
14 *are backwards. It is going to be the most recent*
15 *information is on the left now.*

16 *The number of active members. We're*
17 *showing actives in retirees and beneficiaries. The*
18 *actives are up a little by about 3 percent so more*
19 *actives in the Fund this year.*

20 *If you look at the average age and*
21 *average service, they are both down by about a*
22 *year, which means it is a younger group compared to*
23 *last year so a younger group. Looking at the*
24 *retirees and beneficiaries. More retirees, too,*

1 *this year. About a 2 percent increase in retirees.*

2 *Another interesting number there is the*
3 *average monthly benefits, which is up to 5,662.*

4 *That represents roughly a 3 to 3 and a half*
5 *increase over last year's average of the retiree*
6 *benefits.*

7 *On Page 6, these are the highlights of*
8 *the liability side in talking about the*
9 *liabilities, the assets and the unfunded liability.*
10 *So last year's liability, which was 12-31-18, was*
11 *6 billion 156 million, that increased to about 100*
12 *million dollars so 6 billion 256.*

13 *As noted I think on the Summary slide,*
14 *which I didn't go over, there was a little*
15 *demographic gain on the liability side. Meaning*
16 *that just going from last year to what was expected*
17 *this year was slightly higher than 6.25 billion,*
18 *but the actual experience of the Fund was more*
19 *favorable than what was assumed so that was a small*
20 *gain there that resulted in the 6 billion 256*
21 *liability.*

22 *And then you add the actuarial value of*
23 *assets, which we talked about before. They stayed*
24 *relatively constant. Again, with deferring some of*

1 the gains from the past year, but then recognizing
2 gains and losses from prior years.

3 So, again, not much increase in the
4 unfunded 5 billion to 5.1 billion this year and not
5 a lot of movement on the funded ratio. 18.36
6 compared to 18.18.

7 Next we are going to look at a few graphs
8 and that will be really it actually.

9 So, on Page 7, is a graph of required
10 contributions from the employer; the City. What
11 you're looking at is like a split. So you have
12 2019 is the valuation date. So numbers prior to
13 2020 represent historical values and then 2020 and
14 going forward represent future values.

15 In green, you have historical
16 contributions and as noted going from 2019 to tax
17 levy year 2020, you have that increase. Again,
18 that is really just due to the 90 percent target
19 coming into play and the last of the fixed payments
20 in that schedule was due for 2019.

21 Again, as I mentioned, you see from 2020
22 the 2021 a small down take attributable primarily
23 to that return and then contributions beyond 2021
24 are calculated to be a low percentage of payroll.

1 *As payroll is projected to increase, those dollar*
2 *amounts are also expected to increase.*

3 *I will point out, too, that later in the*
4 *document, in the appendix, which we won't go*
5 *through, I think on Page 15 is a full schedule of*
6 *the entire projection. Page 17 is a full graph of*
7 *all the projected contributions.*

8 *On 16, there's a schedule of the funded*
9 *ratio, but on Page 8, which we will move to right*
10 *now, this is another short graph of historical*
11 *compared to the next five years of funded ratios.*

12
13 *Again, this is on an actuarial value*
14 *basis but there's been a slight increase in the*
15 *funded ratio. You went from last year to this year*
16 *18.6 to 18.18, but as the big investment gain from*
17 *last year starts working its way to the smoothing*
18 *mechanism and the assets and the higher*
19 *contributions are coming in from the City, that*
20 *value is expected to improve. So next year's*
21 *expected actuarial funded ratio will jump up to*
22 *19.45 percent to continue to improve as the*
23 *contributions are coming in.*

24 *The last slide that we wanted to talk*

1 *about is a look at the cash flow. So, again, we*
2 *got some history and some projections. The red*
3 *lines represents historical contributions and admin*
4 *expenses so effectively outflows of the plan. The*
5 *purple triangles to the left of 2019 represent*
6 *total contributions coming in. Not only is that*
7 *the employer money but also the member money that*
8 *is coming in as well.*

9 *You can see with the red line higher than*
10 *the purple in the last several years there's been a*
11 *negative net cash flow.*

12 *Starting now with 2020 with more -- the*
13 *first 90 percent target contribution coming in and*
14 *the member money, you are going to look at now*
15 *going back basically a cash positive position*
16 *starting in 2020 and at least for the next several*
17 *years. Benefit payments are going to continue to*
18 *increase but so will those contributions relative*
19 *to payroll. So some good news there with a*
20 *positive cash flow to be expected starting next*
21 *year.*

22 *As I mentioned, there is some slides*
23 *beyond this. A little bit of background which we*
24 *won't go over, and I know that the time is tight*

1 today, but if you do get to a meeting where there
2 is maybe a lighter agenda and you are looking for a
3 refresher on what is an actuarial liability, what
4 are all the assumptions, how does everything work,
5 feel free to tell Steve and we can come back and do
6 some kind of a presentation, an educational
7 presentation.

8 So I will apologize for throwing around
9 some of the vernacular that we use, but I did want
10 to be respectful of everyone's time and move
11 through this pretty quickly.

12 Let me know if there is any questions on
13 this material or anything else.

14 MEMBER MCPHILLIPS: I have a question.
15 This is Tim McPhillips one of the Trustees.

16 Probably the most important number in my
17 mind is what we are going to get next year. That
18 used to be based on just a static amount or based
19 on previous payroll, but now it's based on
20 actuarial projections.

21 I was looking at what was projected last
22 year and I think for 2021 we were projecting, this
23 was the previous actuary, 378 million dollars.

24 You're now projecting 167 million dollars. The

1 total is about 11.5 million dollar difference. We
2 are going to get less compared to what was
3 projected last year. You had stated that was
4 because of the market return in 2019?

5 MR. STROHM: Correct.

6 MEMBER MCPHILLIPS: When I look at the
7 GRS actuary statement from last year, every year
8 the amount goes up. It just keeps going up and up
9 until 2055. That is the same thing with yours,
10 yours goes up every year from 2020 all the way to
11 2056 it goes up.

12 MR. STROHM: Right.

13 MEMBER MCPHILLIPS: Except for 2021 it
14 goes down and then it goes back up. Can you kind
15 of help me understand that?

16 MR. STROHM: Yes. So if you go back to
17 2018, 12-31-18, when GRS did that valuation, they
18 used the 2018 liability and projected that forward
19 to -- it is an open projection so they had a model
20 that they were bringing in.

21 So as the software expects people to
22 retire, maybe terminate with a deferred benefit and
23 move through the workforce, it is bringing in new
24 entrants and skipping a level of active population

1 going forward. But it does project the liability
2 out to 2055 and that is one part of the
3 calculation.

4 Another part is that they look at the
5 assets as of 12-31-18 and they are looking for --
6 beyond the final fixed payment, they are looking
7 for the first payment for 2020 that would come in
8 during 2021 but call it the 2020 payment. That as
9 a level percentage of payroll -- I guess, the other
10 factor in there is active member payroll and how
11 that progresses over time.

12 So what dollar amount would need to be
13 made for 2020 such that it would increase -- I
14 should say it would earn investment return at 6 and
15 3 quarters starting at 12-31-18 over time until
16 when it got to 2055. The ratio there would be 90
17 percent. It would improve from 18 percent up to 90
18 percent. That was the calculation that they did
19 and came up with the 371 million number and then
20 the 378 or 379 number is basically that number
21 increased that payroll. Payroll probably increases
22 around maybe 3 to 3 and a half percent. It would
23 be that same increase in payroll. However the
24 payroll moves is how those dollars moved up.

1 So when we do this year's valuation we do
2 the same thing, except we're now a year later and
3 we now have a higher starting point of an asset
4 value. At 12-31-19, we have a higher value of
5 assets than what they had, what they used, at
6 12-31-18 because of that return. That is going to
7 also earn the 6 and 3 quarters over time.

8 It's going to require now less future
9 money to get to that 90 percent target because of
10 the good return during 2020.

11 Again, I mentioned there is some other
12 nuances and one of those is the projection of
13 payroll. We got pretty close to their projection
14 of payroll but not exact so the shift of how that
15 progression and the increases each year might be
16 slightly different and that when it tilts a little
17 bit in dollar amounts it might contribute to being
18 like 11 million dollars less. Part of it is going
19 to be the projection of payroll. A lot of it is
20 due just starting with more money at 12-31-19 than
21 their projections predicted when they did that.

22 MEMBER MCPHILLIPS: I am not quite sure
23 that answered my question. Maybe I can ask it a
24 different way. Is there a difference in inputs

1 then what GRS is saying or a difference in
2 assumptions or maybe both?

3 MR. STROHM: There is no difference in
4 assumptions. The difference in inputs are -- the
5 census data has been updated for a year so we have
6 a year of experience. As I mentioned before, there
7 was a small gain on liabilities so the liability
8 projection is lower. The asset value is higher.
9 So looking at their one year projection to get to
10 12-31-19 and then the actual values that were used,
11 there were gains on both of those things that would
12 reduce the future requirements going forward.

13 MEMBER MCPHILLIPS: So the statutory
14 contribution drops for next year but then it starts
15 to ramp back up again?

16 MR. STROHM: Right. Instead of it being
17 a level amount, we have this payroll that is -- I
18 think it is like 400 million dollars. I can't
19 remember from the earlier slide. 450 million
20 dollars. That is projected to increase every year.

21 We're calculating what amount now as a
22 percentage -- what amount now that could increase
23 at the same rate as payroll through time. That
24 would make the assets grow faster than the

1 liabilities and improve the funded ratio from
2 18 percent to 90 percent by 2055.

3 Because of the positive affect on the
4 assets and the liabilities from last year's
5 valuation to this year, that dollar amount needed
6 went down slightly.

7 Again, so next year there could be
8 unfavorable return on assets. There could be some
9 unfavorable demographic experience. And the 367 is
10 the number we feel is the number that the City can
11 budget.

12 Next year's valuation is we are going to
13 come in and calculate what the 367 should be. That
14 number will likely be different just because of
15 experience. It could be up or down. Right now the
16 market is down so I expect the 376 will increase
17 when we come back for next year's valuation just
18 because of how the market has been.

19 MEMBER MCPHILLIPS: You felt that is what
20 the City could Budget?

21 MR. STROHM: Just because of the timing.
22 So the 371 is the number that is calculated from
23 last year's valuation. It is calculated in like a
24 12-31-18 valuation but it is for 2020, the 2020

1 *budget year or the 2020 tax levy year, and it is*
2 *paid in 2021.*

3 *We didn't attempt to change that number.*
4 *Our calculations were to calculate the requirement*
5 *for the next year which was 2021. Even though 2020*
6 *the amounts that go into the 371, those amounts*
7 *haven't been paid, we're not attempting to change*
8 *that number because that is what has been reported*
9 *and what is being relied on for the contributions.*
10 *The number that we are calculating is the number*
11 *that is due for 2021 payable in 2022.*

12 *Every year there is going be that true-up*
13 *on that calculation and as you would expect as we*
14 *get closer and closer to 2055 there is going to be*
15 *more volatility because theoretically that boggy at*
16 *2055 is not going to change. The 90 percent is not*
17 *going to change. But the amount of time to smooth*
18 *out experience will change; a little bit shorter.*

19 *MEMBER MCPHILLIPS: Okay. No further*
20 *questions. Anyone else?*

21 *MEMBER MARTIN: Just for the record, I*
22 *am, Trustee Martin, on the line.*

23 *MS. BURNS: Thank you, Trustee Martin.*

24 *CHAIRMAN FORTUNA: Are there any more*

1 *questions?*

2 *We are going to have a motion to adopt*
3 *what, Mary Pat?*

4 *MS. BURNS: If somebody would be willing*
5 *to make a motion to accept and file the 2019*
6 *Actuarial Report prepared by Segal.*

7 *MEMBER MCPHILLIPS: What would be the*
8 *implications if we waited until next month? Does*
9 *this holdup the City's process?*

10 *MR. SWANSON: We are required to file our*
11 *reports with the City by June 30th. I believe it's*
12 *part of the Pension Code so we wouldn't be able to*
13 *meet that deadline. And we are required to file it*
14 *with the Department of insurance as well.*

15 *MS. BURNS: I think it's more the*
16 *Department of Insurance.*

17 *MEMBER MCPHILLIPS: Does any other*
18 *trustees have concerns that we are dropping from*
19 *what was scheduled under the previous Actuarial*
20 *Report? Dropping the 11.5 million dollars, what*
21 *we're going to be getting next year. I'm sorry,*
22 *the year after.*

23 *MEMBER MARTIN: I have a concern, but I*
24 *think it was pretty much explained, Trustee*

1 *McPhillips. I just might try to provide us a*
2 *synopsis that the actuaries could agree with or*
3 *disagree with. Would that be okay?*

4 *MEMBER MCPHILLIPS: No, I don't need*
5 *that. Because to be honest, I think we'll be here*
6 *forever if you try to do that.*

7 *MEMBER MARTIN: I'd like to ask a*
8 *question, Mr. President.*

9 *MEMBER MCPHILLIPS: Go ahead.*

10 *CHAIRMAN FORTUNA: Go ahead, Tony.*

11 *MEMBER MARTIN: So I guess my concern and*
12 *the concern is the change in the dollar amount, but*
13 *the dollar amount is determined by the --*
14 *essentially the dollar amount was determined by the*
15 *performance of the Fund over that period of time.*
16 *Would that be it in a nutshell? Does that change*
17 *the contribution to the actuary?*

18 *MR. STROHM: The dollar amount of*
19 *contribution goes down just because it reflects the*
20 *experience from the good experience during 2019.*

21 *So that investment gain grows over time,*
22 *that wasn't factored in to the 2021 amount that was*
23 *from last year's projected value. It assumed a*
24 *6 and 3 quarter percent return. The fact that it*

1 was 20 percent that investment gain decreases
2 future contribution requirements.

3 MEMBER MCPHILLIPS: I have another
4 question. Is it possible that an actuary can use
5 sound actuary practices and come up with a number
6 that is 11 million dollars different or is it just
7 because of the additional returns that occurred in
8 2019?

9 MR. STROHM: So I guess could someone
10 come in and use information of 2019 and come up
11 with something that is either 378 or 356, like a 11
12 million dollar swing?

13 MEMBER MCPHILLIPS: Sure.

14 MR. STROHM: That would be a pretty big
15 swing actually for one year just from the actuaries
16 projection and then not factoring in experience.

17 MEMBER MCPHILLIPS: I guess where I
18 struggle, and this could be my limitations,
19 typically large gains are smoothed out and here we
20 seem to be taking a big gain in 2021 and then we
21 are ramping up again 367 to 376 and then to 386.
22 Can you help me understand that?

23 MR. STROHM: The increase from 367 to
24 376, 386, 398 and so forth, that is just because

1 our starting point for 2021 is calculated at a
2 level percentage of payroll which is expected to
3 increase. That is a budgeting mechanism which
4 allows the contribution to align with payroll and
5 that is where those increases come from.

6 But for each year we will do a valuation
7 and so next year's valuation we will calculate --
8 the 367 is done, that is going to be hopefully
9 accepted with this valuation. Next year we are
10 going to come in and use actual data at 12-31-20,
11 the year we're in right now, and calculate what the
12 requirement is for what is now 376. That is an
13 estimate but we are going to calculate that next
14 year and that will factor in experience during
15 calendar year 2020 whether good or bad.

16 The 376 will likely change upwards or
17 downwards, that is just the nature of this
18 projection and how it's done.

19 MEMBER MCPHILLIPS: Again, in terms of
20 the two criteria, the assumptions and then the
21 inputs, the big input that has changed has just
22 been the returns for 2019, no other assumptions
23 have changed?

24 MR. STROHM: No other assumptions have

1 *changed.*

2 *MEMBER MCPHILLIPS: No increases?*

3 *MR. STROHM: No. All the same*

4 *assumptions.*

5 *CHAIRMAN FORTUNA: Any other concerns*

6 *here?*

7 *MEMBER MCPHILLIPS: No. I just can't*
8 *comprehend why the number changed that much and*
9 *then ramps back up the year after that. No*
10 *assumptions have changed. No inflation*
11 *assumptions. No wage growth inflation changes. It*
12 *is just a matter of a change -- not a change but a*
13 *difference in 2019 returns.*

14 *I just can't get my mind around it. No*
15 *offense to you, it could be me. It just doesn't*
16 *seem like a good explanation.*

17 *As you understand, my fellow Trustees,*
18 *this is very important because this determines how*
19 *much cash and input we get from the City. A 11.5*
20 *million dollars swing under a 17 percent funded*
21 *Pension Fund is concerning.*

22 *Anyone have any input on that or concern*
23 *or is it just me? Any other Trustees? No. Okay.*

24 *CHAIRMAN FORTUNA: Mary Pat.*

1 MS. BURNS: Again, it would be a motion
2 by someone to accept and file the 2019 Actuary
3 Report as prepared by Segal.

4 CHAIRMAN FORTUNA: Is there a motion?

5 MEMBER MURPHY: Motion.

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

8 MEMBER MARTIN: I will second it.

9 CHAIRMAN FORTUNA: Seconded by Trustee
10 Martin. All in favor?

11 MEMBER MARTIN: Yes.

12 MEMBER MURPHY: Yes.

13 MEMBER CONYEARS-ERVIN: Yes.

14 CHAIRMAN FORTUNA: I am a yes.

15 Opposed?

16 MEMBER MCPHILLIPS: I am opposed as of
17 now.

18 CHAIRMAN FORTUNA: The motion fails.

19 MEMBER MARTIN: Point of order, just as a
20 question, Mary Pat.

21 MS. BURNS: Yes, sir.

22 MEMBER MARTIN: Since that last motion
23 didn't involve the expenditure of funds, it does
24 reflect the amount of income coming into the Fund.

1 *But since it doesn't involve the expenditure of*
2 *funds, does that motion then fail?*

3 *MS. BURNS: That is a good question. I*
4 *guess we can take it that the motion passes because*
5 *the majority of those present, if we did a roll*
6 *call vote would have voted in favor of it. We*
7 *didn't do a roll call, but if we did a roll call,*
8 *we could probably get it to pass because there*
9 *would be four in favor and one opposed.*

10 *MEMBER MARTIN: Mr. President, would you*
11 *like to do a roll call vote on that?*

12 *MS. BURNS: We have five people. It*
13 *would be four to one and the vote would pass*
14 *because it doesn't technically involve an*
15 *expenditure of money. It involves the acceptance*
16 *of an Actuarial Report.*

17 *Thank you, Trustee Martin, I think that*
18 *is actually correct.*

19 *CHAIRMAN FORTUNA: Then I would have to*
20 *entertain a whole new motion.*

21 *MS. BURNS: Yes, sir. It would be the*
22 *same motion to accept and file the 2019 Actuary*
23 *Report. If Trustee Murphy would be willing to make*
24 *that motion again --*

1 MEMBER MURPHY: I can make the motion to
2 accept and file the Actuarial Report.

3 MS. BURNS: And, Trustee Martin, if you
4 would be willing to make a second.

5 MEMBER MARTIN: Second.

6 MS. BURNS: Then if you would call a roll
7 on that.

8 CHAIRMAN FORTUNA: I am going to take a
9 roll call. Trustee Martin.

10 MEMBER MARTIN: Yes.

11 CHAIRMAN FORTUNA: Trustee Murphy.

12 MEMBER MURPHY: Yes

13 CHAIRMAN FORTUNA: Trustee

14 Conyears-Ervin.

15 MEMBER CONYEARS-ERVIN: Yes.

16 MS. BURNS: Thank you.

17 CHAIRMAN FORTUNA: I am a yes.

18 Trustee McPhillips.

19 MEMBER MCPHILLIPS: No.

20 MS. BURNS: So that motion will pass for
21 accepting and filing the 2019 Actuarial Report
22 because it is a four to one vote of the trustees
23 present.

24 Thank you, Trustee Martin.

1 Now we will get back to the audit report.

2 MR. THOMPSON: I am going to present
3 today these are the draft audited Financial
4 Statements for the year ended December 31, 2019.
5 We expect to issue the final Financial Statements
6 on Monday, June 22nd, without any significant
7 changes from the draft that I am presenting here
8 today.

9 One item I wanted to point out that if
10 you were unable to finalize your Actuarial Report,
11 I wouldn't be able to issue your audited Financial
12 Statements so I just wanted to point that out.

13 These Financial Statements, looking
14 through, I am going to go through them pretty
15 quick. Maybe two or three minutes.

16 The first item is on Pages 1 through 3 of
17 the Financial Statements. This is the independent
18 auditors report from Legacy. This is an unmodified
19 or a clean opinion. It states that everything is
20 fairly stated in these Financial Statements.

21 There is, on Page 2, an Emphasis of
22 Matter Opinion. This has to do with that
23 reinstatement of the retiree health insurance
24 supplement. So we have had to go back to the old

1 *three column combining statement presentation that*
2 *we had a couple of years ago. As a result of that,*
3 *we had to add some additional footnote disclosures*
4 *regarding the health insurance supplement as*
5 *required supplemental information in the back of*
6 *the Financial Statements.*

7 *I am going to go through and hit the*
8 *numbers that will be on Page 4a. You will be able*
9 *to see my cheat sheet notes, that's fine.*

10 *The Fund had just over 1.236 billion in*
11 *assets as of 12-31-19 versus 1.135 billion from the*
12 *prior year. The bulk of those assets are made up*
13 *of the Fund's investments of 887 million and*
14 *receivables of 268 million. The bulk of that is*
15 *the employer contribution receivable from the City.*
16 *There is also investment income and a few other*
17 *receivables in there.*

18 *Finally, we have the collateral held for*
19 *securities on loan of 80 million, that number is*
20 *offset by the payables. Those two numbers zero*
21 *out. Once we take the total assets, less the total*
22 *liabilities, there is also some payables here of*
23 *6.9 million. We are left with a Plan Net Position,*
24 *that is kind of the bottom line of what the plan is*

1 *worth as of December 31, 2019 of 1 billion 149*
2 *million versus the prior year 1 billion 35 million*
3 *so we had an increase in total Plan Net Position of*
4 *114 million.*

5 *We can see that on the next page. Here's*
6 *a condensed statement in changes in Plan Net*
7 *Position. Total additions 464 million for '19*
8 *versus 237 for '18. Big increase there.*

9 *The employers contributions, those are*
10 *statutorily based, 155 million for '19 versus 279*
11 *for '18. The plan member contributions holding*
12 *steady, up a little bit, about 1.6 from 45 million*
13 *to 46 million. Big change here.*

14 *Obviously, the Fund had very good*
15 *investment performance for '19. Positive net*
16 *investment income 160.6 million versus the net*
17 *investment loss from '18 of 58 million in the*
18 *deficit.*

19 *A little bit of securities lending and*
20 *other income makes up our total additions, total*
21 *deductions, 350 million for '19 versus 327 million*
22 *for 2018. Benefit payments 342 million. Those*
23 *obviously have increased. We expect those to*
24 *increase every year with the COLA, with new*

1 *increase in annuitants and the new annuitants*
2 *coming out of the rolls, generally higher level*
3 *then leaving the rolls.*

4 *Administrative expense is the cost to run*
5 *the plan right around 3.2 million. It's been that*
6 *number for probably the past ten years or so, that*
7 *number is holding steady.*

8 *This litigation settlement you see right*
9 *here, that is the payment of those retro amounts on*
10 *the Underwood case so the people that have applied*
11 *to get that retiree health insurance subsidy. I*
12 *believe that was primarily for the amounts that*
13 *were due for 2017, that is what the plan paid in*
14 *2019 for that amount.*

15 *Refunds of contributions that seems to*
16 *waiver right around the 3 and a half, 4 million*
17 *mark every year.*

18 *When you take the total additions, less*
19 *total deductions, the plan made, it ended up with a*
20 *positive net position increase of 114 million for*
21 *'19 versus a total loss last year of negative 90*
22 *million.*

23 *Continuing on to the next couple of*
24 *pages, Page 4d, this is -- I know the actuary just*

1 hit all this stuff. I just want to point out this
2 is where it appears in the MD&A.

3 This is the GASB 67 Employer Net Pension
4 Liability. We can see here the 5.392 billion
5 dollars. This is the amount that the City will
6 recognize in their Financial Statements for the
7 plan's underfunded status. So we have the
8 percentage of the total pension liability of 17.5
9 percent.

10 The next page after that, this is new,
11 this is the City's OPEB liability. This is the
12 retiree health insurance supplement piece where the
13 \$21 or \$55 a month, depending on whether or not
14 they are Medicare or non-Medicare, is paid per
15 month for annuitants for that certain subset.

16 The actuary did a new actuarial valuation
17 for 2019 to go and give us the information for
18 reporting in the plan. So we can see here as of
19 12-31-19 there was a total pension liability of
20 just a little over 10 million dollars for this
21 liability. There is no assets that have been put
22 into this plan. It is entirely funded on a pay as
23 you go basis, that is why this number is zero here.
24 The City then has a Net Pension Liability that they

1 will recognize on their books as that 10 million
2 dollars.

3 Continuing after that, we have all of the
4 detailed Financial Statements.

5 MEMBER MCPHILLIPS: Can I interrupt a
6 second? Can you go back up to that unfunded
7 liability?

8 Mary Pat, this question is for you. I
9 know you might be covering this later in Legal but
10 maybe this would be a good time to touch on it.

11 Is it possible Judge Cohen might make
12 additional changes that would cause this to
13 increase in terms of decisions on this health care?

14 MS. BURNS: It is always possible because
15 the action is not completed. We don't anticipate a
16 change in this, but the issue that is up on appeal
17 is whether or not the Fund has to provide a
18 healthcare plan. But, yes, it is possible.

19 MEMBER MCPHILLIPS: Not probable it
20 doesn't sound like.

21 MS. BURNS: I would say probably less
22 likely than more likely.

23 MEMBER MCPHILLIPS: Is that jump from 8.7
24 million to 10 million is that -- again, I

1 *apologize, I don't recall. Is that related to a*
2 *decision Judge Cohen made or does that have to do*
3 *with some other assumptions, do we know?*

4 *MR. THOMPSON: That is just the growth of*
5 *the liability over the course of the year. The*
6 *actuary can explain it a lot better than I could.*

7 *They calculated what the liability was as*
8 *of the beginning of the year and then they backed*
9 *it into the numbers as of the beginning of the*
10 *year.*

11 *I am not as good as an actuary at*
12 *explaining some of these items but that is*
13 *primarily just the different measurement points of*
14 *that liability of whatever happened during the year*
15 *as far as interest on the liability or service*
16 *costs or some of these other things that move that*
17 *number around.*

18 *MEMBER MCPHILLIPS: That is what I am*
19 *trying to understand, if it is just additional*
20 *benefits have been added or just the calculation of*
21 *benefit that hasn't changed? That is okay, thank*
22 *you. I appreciate it.*

23 *MR. THOMPSON: I think in the back here*
24 *in the RSI, we can see the details of how the*

1 number changed here. It says 1.36 million on here,
2 the service costs, the interest on that liability
3 number, the differences between the expected and
4 the actual experience. They had some assumption
5 changes.

6 MR. STROHM: That is the discount rate
7 that changed, that decreased quite a bit, that
8 drove the liability.

9 MR. THOMPSON: That number was about 2.74
10 I think.

11 MR. STROHM: Right. That moved that
12 quite a bit. Does that answer your question?

13 MEMBER MCPHILLIPS: Continue. Thank you.

14 MR. THOMPSON: After the MD&A, these are
15 the actual detailed Financial Statement schedules
16 on Pages 5, 6 and 7. I am not going to go through
17 those in detail.

18 Starting on Page 8 is the footnotes to
19 the Financial Statements. There's been two items
20 of note in the footnotes of the Financial
21 Statements that I just wanted to point out. Other
22 than these two items, everything has been updated
23 to all the current year presentation. The current
24 numbers as far as investments there are lots and

1 *lots of investment disclosures. All that updated*
2 *to the current numbers.*

3 *The two items I wanted to point out is*
4 *there is a new footnote, Number 10. This is all in*
5 *regards to required disclosures under GASB 74 for*
6 *that health insurance supplement plan.*

7 *This goes and describes the plan. It*
8 *gives a little detail of what has transferred, that*
9 *kind of kicked it on, and has all of the rest of*
10 *the information regarding the plan in here.*

11 *So this is brand new. I want you to take*
12 *a read through this particular footnote. I am not*
13 *going to go through it in detail. I believe the*
14 *actuary probably covered it and I will just be*
15 *doing a worse job of explaining that stuff.*

16 *Matt brought up the discount rate of 2.74*
17 *percent because there's no assets in the plan, that*
18 *is what they used to measure it. They measure the*
19 *entire liability.*

20 *I like this particular table because it*
21 *actually shows that 1 percent increase and*
22 *decrease. So you can see how much liability will*
23 *move just kind of based on the little assumption*
24 *rate change shows that sensitivity. So that is*

1 *footnote 10.*

2 *One other item that I wanted to bring up*
3 *in here is the very last footnote there is a*
4 *subsequent event. Obviously, COVID-19 has created*
5 *-- it exists now so as a result the plan*
6 *anticipates there could be some impact on the*
7 *plan's investments, contributions, benefit*
8 *payments, going forward. So we do disclose and*
9 *recognize that existed subsequent to year-end so we*
10 *disclosed that in there.*

11 *That is a quick brief nutshell. I wasn't*
12 *going to go through a whole lot more with all the*
13 *numbers. Unless anybody wanted me to get into some*
14 *more details on this, that is about all I have.*

15 *CHAIRMAN FORTUNA: Any more questions?*
16 *Any questions?*

17 *I would need a motion to accept.*

18 *MEMBER MARTIN: Motion to accept the*
19 *Auditors Report.*

20 *MEMBER MURPHY: Second.*

21 *CHAIRMAN FORTUNA: Motion by Trustee*
22 *Martin. Seconded by Trustee Murphy.*

23 *This is going to be a roll call also.*

24 *Trustee Martin.*

1 MEMBER MURPHY: *Second.*

2 CHAIRMAN FORTUNA: *There is a motion and*
3 *a second. All in favor?*

4 *(Chorus of ayes.)*

5 CHAIRMAN FORTUNA: *Opposed?*

6 *Hearing none, motion carries.*

7 MS. BURNS: *The last action item is*
8 *Approval of the Administrative Expenses for Board*
9 *Review and Approval.*

10 MEMBER MARTIN: *I am make that motion,*
11 *Mr. President, to approve the expenses.*

12 MEMBER MURPHY: *Second.*

13 CHAIRMAN FORTUNA: *Motion by Trustee*
14 *Martin. Seconded by Trustee Murphy. All in favor?*

15 *(Chorus of ayes.)*

16 CHAIRMAN FORTUNA: *Opposed?*

17 *Hearing none, motion carries.*

18 MS. BURNS: *Then, sir, the last thing we*
19 *were going to talk about briefly is I think we gave*
20 *everybody notice that Public Act 101-0633 was*
21 *passed and this is the Act that will allow for Line*
22 *of Duty Death Benefits for Firefighters who are*
23 *killed in the line of duty as a result of COVID-19.*

24 *We will work on procedures with you and*

1 /Old Business, just a motion to adjourn.

2 CHAIRMAN FORTUNA: Is there a motion to
3 adjourn?

4 MEMBER MURPHY: Motion.

5 MEMBER McPHILLIPS: Second.

6 CHAIRMAN FORTUNA: Motion by Trustee
7 Murphy to adjourn. Seconded by Trustee McPhillips.

8 All in favor?

9 (Chorus of ayes.)

10 CHAIRMAN FORTUNA: Motion carries.

11 Thank you so much everyone.

12

13 (WHICH WERE ALL THE PROCEEDINGS

14 IN THE ABOVE-ENTITLED MEETING

15 AT THIS DATE AND TIME.)

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

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

Debbie Tyrrell
DEBBIE TYRRELL, CSR
License No. 084-001078

\$	<p>1.6^[1] - 178:12 1.7^[1] - 35:7 10^[7] - 40:24, 92:14, 180:20, 181:1, 181:24, 184:4, 185:1 100^[4] - 60:13, 79:12, 155:2, 157:11 101-0633^[1] - 187:20 101-0640^[2] - 3:24, 4:14 1075^[1] - 1:7 10948^[1] - 13:14 11^[8] - 41:1, 78:9, 101:4, 101:13, 101:17, 164:18, 170:6, 170:11 11-year^[1] - 117:11 11.5^[3] - 162:1, 168:20, 172:19 114^[2] - 178:4, 179:20 11912^[2] - 24:12, 25:13 12^[5] - 78:6, 91:3, 91:14, 91:18, 137:20 12-31-18^[6] - 157:10, 162:17, 163:5, 163:15, 164:6, 166:24 12-31-19^[5] - 164:4, 164:20, 165:10, 177:11, 180:19 12-31-20^[1] - 171:10 1200^[1] - 131:3 12603^[1] - 26:17 12:15^[1] - 137:20 12th^[2] - 35:4, 41:8 13^[3] - 138:14, 138:18, 138:19 13473^[1] - 24:13 14^[9] - 43:17, 43:24, 44:4, 52:10, 52:11, 52:12, 110:3, 110:13, 110:17 14027^[1] - 13:14 14826^[1] - 27:19 149^[1] - 178:1 14th^[1] - 51:21 15^[7] - 50:7, 78:8, 78:16, 127:3, 127:14, 127:18, 159:5 15.9^[1] - 31:2 15230^[1] - 26:16 155^[1] - 178:10 156^[1] - 157:11 15617^[1] - 26:18 16^[4] - 8:12, 33:23, 92:5, 159:8 16.4^[1] - 34:3 16.8^[1] - 153:23</p>	<p>160.6^[1] - 178:16 16369^[1] - 26:18 167^[1] - 161:24 16th^[1] - 8:24 17^[4] - 1:14, 3:2, 159:6, 172:20 17.5^[1] - 180:8 17th^[2] - 52:18, 130:8 18^[6] - 9:18, 11:1, 83:3, 111:1, 163:17, 166:2 18.18^[2] - 158:6, 159:16 18.2^[1] - 154:3 18.36^[2] - 154:2, 158:5 18.4^[1] - 153:23 18.6^[1] - 159:16 18th^[2] - 29:11, 49:15 19^[1] - 78:10 19.45^[1] - 159:22 1991^[1] - 102:16 1993^[2] - 92:4, 92:5 1998^[2] - 49:15, 92:15 1st^[4] - 36:24, 38:20, 78:15</p>	<p>130:8, 139:20, 140:14, 149:12, 150:23, 153:5, 154:7, 154:8, 154:13, 155:13, 156:4, 158:12, 158:16, 158:20, 160:5, 162:4, 168:5, 169:20, 170:8, 170:10, 171:22, 172:13, 173:2, 174:22, 175:21, 176:4, 178:1, 179:14, 180:17 2020^[28] - 1:14, 3:2, 6:12, 6:13, 6:14, 8:12, 20:22, 53:16, 154:12, 154:14, 154:18, 156:2, 158:13, 158:17, 158:21, 160:12, 160:16, 162:10, 163:7, 163:8, 163:13, 164:10, 166:24, 167:1, 167:5, 171:15 2021^[14] - 154:18, 155:14, 156:2, 158:22, 158:23, 161:22, 162:13, 163:8, 167:2, 167:5, 167:11, 169:22, 170:20, 171:1 2022^[2] - 155:14, 167:11 204,000^[1] - 17:16 2055^[9] - 151:16, 155:1, 155:19, 162:9, 163:2, 163:16, 166:2, 167:14, 167:16 2056^[1] - 162:11 218,000^[1] - 17:16 22^[2] - 128:1, 188:14 22nd^[1] - 176:6 23^[1] - 58:4 237^[1] - 178:8 24-hour^[5] - 50:14, 59:16, 59:19, 64:13, 82:16 245^[1] - 154:11 25^[3] - 78:23, 92:21, 92:22 25.1^[1] - 35:19 25.3^[3] - 36:4, 41:10, 41:12 255^[1] - 154:13 256^[2] - 157:12, 157:20 26^[1] - 78:10</p>	<p>268^[1] - 177:14 279^[1] - 178:10 29^[1] - 139:20 29th^[3] - 142:13, 142:16, 142:21</p>
'	<p>'18^[3] - 178:8, 178:11, 178:17 '19^[5] - 178:7, 178:10, 178:15, 178:21, 179:21 '78^[1] - 78:4 '90^[1] - 78:15 '93^[2] - 78:15, 92:11</p>			
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