



Deposition of:
Talbot County Council Meeting
September 28, 2021

In the Matter of:
Talbot County Council Meeting

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COUNTY COUNCIL OF TALBOT COUNTY, MARYLAND

Council Meeting

September 28, 2021; 6:00 p.m.

Council Chambers, Easton, Maryland

COUNCIL MEMBERS:

Chuck F. Callahan

Pete Leshner

Frank Divilio

Corey W. Pack

Laura E. Price

Reported by

Diane Houlihan

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TRANSCRIPT OF PROCEEDINGS

MR. CALLAHAN: Okay. Good evening,
everybody. Welcome to tonight's meeting.

So could everybody stand for Vice
President is going to say the, Pete Leshner is
going to say the prayer, and then we're going
to do the Pledge of Allegiance of the flag.
Thank you.

(Prayer and Pledge of Allegiance.)

MR. CALLAHAN: Thank you, Mr. Vice
President. You did a good job on that.
Appreciate that. Okay.

Let's see what tonight's agenda is going
to bring us tonight. So the Council has an
agenda for September 28th before us. Are there
any additions, deletions, or corrections to the
agenda? Hearing none, the chair moves that the
agenda be accepted as unanimous consent.

I forget to mention that Mr. Pack is
actually on the phone. He's up here.

1 So Corey, can you hear us?

2 MR. PACK: Yes. I can hear you loud and
3 clear, Chuck.

4 MR. CALLAHAN: Okay. I appreciate it. So
5 if you need something, we're here. Just holler
6 if you need us. Okay?

7 MR. PACK: Will do. Thanks.

8 MR. CALLAHAN: Okay. Now let's go over
9 the minutes, August 24th and September 14th.
10 Council has had a chance to review the 24th and
11 the 14th. Are there any additions, deletions,
12 or corrections to the minutes? Hearing none,
13 the chair moves that the minutes be accepted as
14 unanimous consent. Okay.

15 Disbursements are next for September 21st
16 and 28th. Council has had a chance to see the
17 disbursements for the 21st and the 28th. Are
18 there any additions, deletions, or corrections?
19 Hearing none, the chair moves that the
20 disbursements be accepted as unanimous consent.
21 Okay. The first presentation of a proclamation

1 tonight is Captain Murray. Would he come up?

2 MR. LESHAR: And Mr. Kokolis?

3 MR. CALLAHAN: Yeah, Mr. Kokolis, you come
4 on up, that would be great.

5 Welcome, guys.

6 MR. KOKOLIS: Good to be here.

7 MR. CALLAHAN: Terry, I'm going to hand it
8 over there to you a little bit. Do you want
9 anybody else to come up?

10 MR. KOKOLIS: No. I know that Captain
11 Murray's family --

12 MR. CALLAHAN: Okay.

13 MR. KOKOLIS: I wanted to make sure that
14 they were able to come in.

15 MR. CALLAHAN: Yeah. Absolutely. Come on
16 in. Yup. Okay.

17 I'm going to open the floor to you.

18 MR. KOKOLIS: Thank you, Mr. President,
19 Members of the County Council.

20 For the record, I'm Terry Kokolis. And
21 I'm here to celebrate a wonderful career by

1 Captain Everett Murray, who is seated directly
2 to my right.

3 He has done so much for this department
4 through the years. The transitions, he has
5 seen so many people come and go, and that's on
6 both sides of the bars.

7 Captain Murray had a sterling career in
8 the US Marine Corps and brought his talents,
9 structure, and abilities to persevere and be
10 creative to the Department of Corrections. And
11 I say that because he has mentored so many
12 people that have the same qualities that he
13 has.

14 So it's a pleasure for me to be here
15 tonight to celebrate him, even though I'm sorry
16 to see him go.

17 MR. CALLAHAN: I'm sure you are.

18 MR. KOKOLIS: So I'd like to turn it over
19 to Captain Murray.

20 MR. CALLAHAN: Go ahead, Captain Murray.
21 You've been waiting for this a long time.

1 CAPTAIN MURRAY: Yes. Yeah. I think 27
2 years of incarceration is enough.

3 MR. CALLAHAN: I think so. Yeah, yeah.

4 CAPTAIN MURRAY: But I've really enjoyed
5 my career. I've had a good run. I've enjoyed
6 working with the people that I've worked with.
7 But I think it's now time for me to move on so
8 I can enjoy the next 50 years of my life.

9 MR. CALLAHAN: Yes, sir. Good for you,
10 good for you.

11 Okay. So Council, I'm going to open it
12 up. Ms. Price.

13 MS. PRICE: Do you want to have her read
14 the proclamation first?

15 MR. CALLAHAN: Yeah. That would be great.

16 SECRETARY: Proclamation, in honor of
17 Captain Everett D. Murray.

18 Whereas, Everett D. Murray began his
19 career as a corrections professional with
20 Talbot County on December 21, 1993. And during
21 his career, rose through the ranks to achieve

1 rank of captain through hard work and promoting
2 innovations in the ever-changing field of
3 corrections.

4 And whereas, while employed by Talbot
5 County, Captain Murray served in specialized
6 areas, spending many years managing security
7 operations, most recently administrative
8 operations. He was instrumental in the
9 development of central booking, along with his
10 assignment as administrator for criminal checks
11 of all new arrivals through transmittal of live
12 scan fingerprints. He was also tasked with
13 planning, scheduling, and implementation of all
14 in-service training requirements mandated by
15 the Maryland Police and Correctional Training
16 Commission.

17 And whereas, having chosen September 30,
18 2021, as his official date of retirement,
19 Captain Murray will have served 27 years and
20 nine months in the corrections profession and
21 will truly be missed.

1 Now, therefore, we, the County Council of
2 Talbot County, do hereby congratulate Captain
3 Everett D. Murray on his retirement, thank him
4 for the many contributions he made over the
5 past 27-plus years to the safety of our
6 community and to the quality of life enjoyed by
7 all residents of and visitors to Talbot County
8 and offer him best wishes for a long and happy
9 retirement.

10 Given under our hands and the great seal
11 of Talbot County this 28th day of September in
12 the year of our Lord, 2021.

13 MR. CALLAHAN: Thank you, Madam Secretary.

14 Is there a motion and a second to approve
15 this proclamation?

16 MS. PRICE: So moved.

17 MR. DIVILIO: Second.

18 MR. CALLAHAN: Madam Secretary, can you
19 call the roll.

20 SECRETARY: Mr. Callahan.

21 MR. CALLAHAN: Aye.

1 SECRETARY: Mr. Divilio.

2 MR. DIVILIO: Aye.

3 SECRETARY: Mr. Leshner.

4 MR. LESHNER: Aye.

5 SECRETARY: Ms. Price.

6 MS. PRICE: Aye.

7 SECRETARY: Mr. Pack.

8 MR. PACK: Aye.

9 MR. CALLAHAN: Okay. So you want to go
10 down and present that to him? That would be
11 great.

12 MS. PRICE: You want to join me?

13 MR. CALLAHAN: Come on up front.

14 MS. PRICE: You're fine. You're going to
15 get your picture taken.

16 Don't give up your day job, Terry.

17 MR. KOKOLIS: Perfect.

18 MS. PRICE: Congratulations. Thank you so
19 much.

20 CAPTAIN MURRAY: I just want to thank my
21 family for being here also, for showing up.

1 MR. CALLAHAN: We just want to say a
2 couple more words to you.

3 CAPTAIN MURRAY: Oh, okay.

4 MR. CALLAHAN: We're not done yet. We got
5 to praise you a little bit here now. Okay.

6 Mr. Divilio.

7 MR. DIVILIO: Twenty-seven years is
8 fantastic. That's an incredible career to stay
9 in one place and under a couple of different
10 directors. I greatly appreciate your
11 commitment to the community.

12 This is a Detention Center here, and it's
13 part of the rehabilitation process. And your
14 commitment for that long shows a dedication to
15 rehabilitating and maintaining Talbot County.

16 There's a lot of individuals who made a
17 mistake one time, a drug-related offense that
18 need to get back into society and get back to
19 where they were corrected. And you've made a
20 tremendous impact on their lives. So I want to
21 thank you for that effort being in there.

1 Seeing the facility, getting the tour and
2 seeing all that you do to keep them safe and to
3 rehabilitate them, is incredible. So thank you
4 for your work.

5 CAPTAIN MURRAY: Thank you.

6 MR. CALLAHAN: Thank you, Mr. Divilio.

7 MR. LESHAR: Captain Murray, when the
8 courts remove somebody from society and put
9 them in your care, you're responsible for their
10 every need and their safety.

11 And what you have done for their safety
12 and consequently for our safety over all those
13 years is not to be understated. Thank you very
14 much for your service.

15 CAPTAIN MURRAY: Thank you.

16 MR. CALLAHAN: Thank you, Mr. Leshar.

17 Ms. Price.

18 MS. PRICE: Well, I'm very honored to have
19 been able to hand you that certificate. And in
20 this day and age when people don't stay in jobs
21 nearly as long, to spend your entire career

1 here with us is a testament to your dedication
2 and to your service and especially in the field
3 of public safety. I think it's even harder.
4 It's a very draining thing, but I'm hoping it
5 was very rewarding for you.

6 So I thank you very much for your service.

7 CAPTAIN MURRAY: Thank you.

8 MR. CALLAHAN: And I'll wrap it up.
9 What's it feel like to be retired, huh? Does
10 it feel good?

11 CAPTAIN MURRAY: Yeah. I feel free.

12 MR. CALLAHAN: That's good, that's good,
13 that's good. Well, we're all proud of you
14 here, that's for sure.

15 MR. PACK: Don't forget about me,
16 Mr. Callahan.

17 MR. CALLAHAN: You know, I'm glad you said
18 something now. Okay. I'll give you a minute
19 here.

20 MR. PACK: (Inaudible.)

21 MR. CALLAHAN: So I really appreciate your

1 service years ago, really appreciate that.

2 And all you've done for Talbot County,
3 like Council said. So we can't thank you
4 enough for putting your heart in and investing
5 your career here.

6 And we wish you the best. And whatever we
7 can do to help you in the future, we're here
8 for you.

9 CAPTAIN MURRAY: Thank you.

10 MR. CALLAHAN: Yup, yup. Mr. Pack.

11 MR. PACK: Yes. Thank you very much,
12 Mr. Callahan.

13 Everett, I am so glad that we were able to
14 talk this morning as I was entering the
15 facility there so I could give you
16 congratulations on a job well done.

17 You will be sorely missed. I know that
18 the director and the staff down there feels the
19 same way that I do.

20 You have been a fine example of what a
21 correctional officer should be. The way that

1 you've handled yourself and the way that you --
2 the professionalism that you've shown to your
3 profession and dedication you've shown to
4 Talbot County Department of Corrections cannot
5 be understated.

6 We've lost some good people along the way
7 through retirement, and that in the person of
8 Horace Johnson and Leone Tillman and now you.
9 And of course, we also lost Ms. -- the former
10 captain as well. Her name escapes. I do
11 apologize.

12 But you all have shown the example of what
13 a professional correctional staff look like,
14 how it should operate. And I just want to say
15 thank you to you as you move on to your future
16 endeavors. Wish you the very best.

17 I think you said you're going to be doing
18 some driving down the road a bit?

19 CAPTAIN MURRAY: A little bit, yeah. Just
20 a little bit.

21 MR. CALLAHAN: Okay. Is that it,

1 Mr. Pack?

2 MR. PACK: That's it. Thank you.

3 MR. CALLAHAN: Okay. Well, thanks a lot.

4 We wish you the best, and we're always
5 here for you.

6 CAPTAIN MURRAY: Thank you.

7 MR. CALLAHAN: Okay. Are we ready? Beth
8 Anne is coming in here. Good, good.

9 MS. LANGRELL: You want me over there now?

10 MR. CALLAHAN: We're getting close. I'm
11 just letting you guys come on in, that's all,
12 and get settled. Okay.

13 Let's get started on the next one. On the
14 agenda here is a proclamation for Suicide
15 Prevention Month. So Madam Secretary, could
16 you read the proclamation into the record,
17 please.

18 SECRETARY: Proclamation. No Matter What,
19 You Matter, Suicide Prevention Month,
20 October 2021.

21 Whereas, in the United States, one person

1 dies by suicide every 11 minutes and is the
2 tenth leading cause of death overall. In
3 Maryland, it's the third leading cause of death
4 for individuals ages ten to 34, the fourth
5 leading cause of death for individuals ages 35
6 to 44. And even though most of these deaths
7 are preventable, on average one Marylander dies
8 by suicide every 13 hours, with more
9 Marylanders dying by suicide than by homicide
10 every year.

11 And whereas, 47,511 people in United
12 States, including 657 people in Maryland, died
13 by suicide in 2021, with a single loss to
14 suicide, affecting an average of 115 people.

15 And whereas, the 2019 youth risk behavior
16 survey conducted by local school systems in
17 conjunction with the CDC revealed that at least
18 one in five midshore teenagers ages 14 to 18
19 had seriously considered attempting suicide in
20 the 12 months prior to the survey, 25 percent
21 reported symptoms of depression, and rates of

1 attempted suicide amongst midshore teens have
2 risen 41 percent over the past decade.

3 And whereas, many of those individuals who
4 died never received effective behavioral health
5 services for numerous reasons, including the
6 difficulty of accessing the services of health
7 care providers professionally trained to reduce
8 suicide risk, the stigma of using behavioral
9 health treatment, and the stigma associated
10 with losing a loved one to suicide.

11 And whereas, a Kaiser Family Foundation
12 survey indicated that 45 percent of adults in
13 the United States reported that their mental
14 health has been negatively impacted due to
15 worry and stress over the coronavirus, with the
16 COVID-19 pandemic having far reaching effects,
17 including keeping people from seeking emergency
18 care for suicidal thoughts, as evidenced by a
19 28 percent decrease in emergency room mental
20 health visits and a 60 percent decrease in
21 visits related to suicidal thoughts in the

1 month after the stay-at-home order took effect.

2 And whereas, For All Seasons Behavior
3 Health and Rape Crisis Center served 2,783
4 clients in fiscal year 2021, a 17 percent
5 increase from the previous year. And that to
6 help the increase, a total of 19 crisis
7 appointments are now available weekly to
8 clients in need, including same day crisis
9 appointments for people having suicidal
10 thoughts. And the agency created the Ask,
11 Listen, Share campaign, empowering all
12 individuals to play a role in suicide
13 prevention on the Eastern shore.

14 And whereas, the governor's Commission on
15 Suicide Prevention, dedicated to reducing the
16 frequency of suicide attempts and deaths and
17 the pain of those affected by suicide through
18 research projects, educational programs, and
19 interventional and bereavement services urges
20 all Talbot County citizens to recognize suicide
21 as a significant public health risk and to

1 declare suicide prevention and mental health
2 support a priority, and to support the
3 development of accessible behavioral health
4 care services for all citizens of our county in
5 an effort to reduce the risk of suicide and
6 mental health challenges for people of all ages
7 and backgrounds.

8 Now, therefore, we, the County Council of
9 Talbot County, do hereby declare the month of
10 October as No Matter What, You Matter Suicide
11 Prevention Month and urge all citizens to
12 actively work toward the prevention of suicide
13 and to reach out to one another and ask are you
14 okay, listen without judgment, and share vital
15 resources to promote an inclusive and mentally
16 healthy community.

17 Given under our hands in the great seal of
18 Talbot County this 28th day of September in the
19 year of our Lord, 2021.

20 MR. CALLAHAN: Thank you, Madam Secretary.
21 Good job.

1 Beth Anne, you want to come on up? You
2 have somebody you want to bring up, too?

3 MS. LANGRELL: No. She wants to stay in
4 the wings.

5 MR. CALLAHAN: Okay. How are you?

6 MS. LANGRELL: I am good. How are you?

7 MR. CALLAHAN: That's great. That's
8 great.

9 MS. LANGRELL: Good to see you.

10 MR. CALLAHAN: Yeah. Good seeing you,
11 too.

12 MS. LANGRELL: I just want to thank the
13 Council for having For All Seasons here today.

14 September is the National Suicide
15 Prevention Month across our country. And in
16 working in conjunction with our Going Purple
17 campaigns, we decided five years ago to make
18 October No Matter What, You Matter Month in
19 Talbot County. And you all as Council members
20 have been so supportive of all the work that we
21 have done.

1 This year is a special year for us. The
2 campaign No Matter What, You Matter started in
3 2017 when a group of teachers and
4 administrators, county folks, mental health
5 professionals were able to go down and see the
6 musical Dear Evan Hansen when it opened on
7 Broadway in 2017. That is really where the No
8 Matter What, You Matter campaign came from.

9 On the back way on the bus ride, we were
10 able to really think about the impact that that
11 suicide theme within that musical could have,
12 and that's where our campaign started.

13 We're really excited to share with you
14 that on Sunday, For All Seasons was able to
15 work with some of our high school students,
16 Ricky Potanovich and EJ Austerly. And we
17 rented out the theater, and it was a way to
18 give the students an opportunity to view now
19 the movie Dear Evan Hansen that came out this
20 week and did a great talk back with our
21 students about the importance of the Ask,

1 Listen, and Share campaign.

2 What we've seen through COVID and what we
3 are continuing to see as suicide numbers rise
4 and as folks who are experiencing mental health
5 symptoms continue to rise, is the ability to be
6 connected and to be able to be vulnerable
7 enough to say I'm not doing okay, is a
8 conversation that if we do not continue to
9 have, then the suicide numbers will not
10 continue to do anything other than rise.

11 And so this year, we're doing the
12 campaign. Our new banners will be going up in
13 the month of October. And it really encourages
14 the community that everyone plays a role in
15 suicide prevention.

16 If we can send a text message, if we can
17 pick up the phone, if we can check in with
18 people and not be in a space of so busy to get
19 to the next meeting or so busy to get to the
20 next class for our high school students, but to
21 actually stop and say Pete, how are you doing,

1 and listening to the response that people give.

2 And the number one message that I really
3 want our Council to continue to spread and to
4 those that are watching tonight or here that
5 are present, it's okay if you don't have the
6 answer when you say to someone how are you
7 doing. And if they say to you I'm not doing
8 okay, it's okay to say something along the
9 lines of I'm not really -- I don't really have
10 the words. I'm not really sure what to say,
11 but I'm so glad you shared with me and I want
12 to help connect you. Because the goal that we
13 have through this Ask, Listen, and Share
14 campaign is that the questions are asked,
15 people are taking the time to listen, and that
16 we, as community members, continue to share the
17 resources.

18 As you heard in the proclamation, For All
19 Seasons has 19 crisis appointments that we hold
20 each week. Prior to the coronavirus, we only
21 had ten. So we have almost doubled the number

1 of crisis appointments.

2 And I can tell you as the CEO of the
3 agency, those appointments are filled every
4 week. And there are some times where we are
5 asking our clinicians to put lunch on hold to
6 get an additional person in on any given day.

7 So I just want to say thank you to all of
8 you for the work that you do, to the community,
9 to our law enforcement, our emergency services,
10 our fire department. It really is a
11 collaborative effort. We cannot do this by
12 ourselves. It is a community response that
13 continues to move these numbers in a downward
14 motion. And we really encourage folks this
15 month to visit your local business community.

16 We have over 30 businesses that are coming
17 on board with us to celebrate the campaign and
18 to help provide the funding that we need to
19 continue to keep these crisis appointments
20 available. And so just want to say thank you
21 so much.

1 And Suicide Prevention Month across the
2 nation is in September. Just because it's one
3 month that celebrates it, doesn't mean that the
4 next month we forget about it. So I encourage
5 everyone to just continue to think through No
6 Matter What, You Matter, check in with people,
7 and do Ask, Listen, and Share with everyone you
8 see.

9 MR. CALLAHAN: That's great. Thank you,
10 Beth Anne.

11 Madam Secretary, would you go ahead.
12 We'll make a motion to go ahead and approve and
13 accept the proclamation.

14 MR. LESHER: I will so move.

15 MR. DIVILIO: I'll second.

16 MR. CALLAHAN: Okay. Madam Secretary,
17 could you call the roll.

18 SECRETARY: Mr. Callahan.

19 MR. CALLAHAN: Aye.

20 SECRETARY: Mr. Divilio.

21 MR. DIVILIO: Aye.

1 SECRETARY: Mr. Lesher.

2 MR. LESHHER: Aye.

3 SECRETARY: Ms. Price.

4 MS. PRICE: Aye.

5 SECRETARY: Mr. Pack.

6 MR. PACK: Aye.

7 MR. CALLAHAN: Okay. Thank you, Madam
8 Secretary.

9 Mr. Lesher, you want to present her that
10 proclamation, that would be great.

11 MR. LESHHER: Thank you.

12 MS. LANGRELL: Thank you.

13 MR. CALLAHAN: Beth Anne, could we just --

14 MS. LANGRELL: Absolutely.

15 MR. CALLAHAN: That'd be great.

16 Mr. Divilio.

17 MR. DIVILIO: So it comes as no surprise
18 to me that those appointments have doubled in
19 the last year. The stress that I've seen on
20 the community is greatly compounded. Financial
21 stress on business owners, on employees out of

1 work. Things have been very difficult.

2 And for you to have stepped up and to be
3 able to almost double capacity, I greatly
4 appreciate that.

5 It's incredibly difficult times right now.
6 And I just hope that individuals, anyone who is
7 in need of help, knows where to turn. And your
8 organization has always been there for them.

9 So if there's anything that we can do to
10 increase your capacity so you can hold more, I
11 would do that. I know that you'd probably
12 triple the need. The need is out there.

13 But I appreciate all the efforts that
14 you're doing. And I know how hard your staff
15 is working, while they're stressed out too and
16 dealing with difficult situations in their own
17 lives, school and everything else that's going
18 on.

19 So thank you to them as well.

20 MS. LANGRELL: Thank you. I'll pass that
21 on.

1 MR. CALLAHAN: Okay. Thank you,
2 Mr. Divilio.

3 Mr. Leshner.

4 MR. LESHNER: I was first touched by this,
5 by suicide when I was in ninth grade, a senior
6 in our high school, and followed by two more.
7 And that impact has long stayed with me.

8 The work that you are doing is so
9 important. And the need, as we've heard, is so
10 great today.

11 Thank you for all you're doing.

12 MS. LANGRELL: Thank you.

13 MR. CALLAHAN: Thank you, Mr. Vice
14 President.

15 Ms. Price.

16 MS. PRICE: I, too, have been touched by
17 this. Fortunately, my friend survived. But
18 getting help and recognizing the problems that
19 lead to it are so critical.

20 And it changes the people around that
21 loved one, whether they are successful or not.

1 It forever changes the people around them. I
2 know I'll never be the same after having
3 experienced that, even though they survived.

4 So it's very personal for me as well. I'm
5 sure so many people like Mr. Leshner have been
6 touched by this. And so we're incredibly
7 grateful for the work that you do on this.

8 Thank you.

9 MR. CALLAHAN: Thank you, Ms. Price.

10 Mr. Pack.

11 MR. PACK: Yeah. Thanks, Mr. Callahan.

12 Beth Anne, again, thanks so much for all
13 that you do and your staff there at For All
14 Seasons. And you all, even though when you're
15 not present before Council on TV, you're still
16 at work making sure that you're taking care of
17 these people in their most vulnerable state,
18 when they're dealing with so much stress and
19 conflict in their life.

20 So to you and your staff, I just want to
21 say thank you for being there on the front

1 lines, for being there on the wall, for helping
2 people deal with these situations in their
3 life, and hopefully to bring them to a very
4 successful conclusion.

5 So again, thank you so much for what
6 you're doing.

7 MS. LANGRELL: Thank you.

8 MR. CALLAHAN: Thank you, Mr. Pack.

9 I want to tell you, Beth Anne, a few weeks
10 ago when we were over to the event underneath
11 the tent there, that event, was it called Ark?

12 MS. LANGRELL: It was the 9/11
13 remembrance.

14 MR. CALLAHAN: Yeah. So you did an
15 absolutely phenomenal job with your speech.

16 MS. LANGRELL: Thank you.

17 MR. CALLAHAN: And that really touched a
18 lot of people. I think Mr. Lesher was there.
19 And it touched a lot of people.

20 And we are really, really blessed to have
21 you in Talbot County with running that program

1 and all the people that you are helping. So I
2 really personally want to thank you for all
3 you're doing for Talbot County. That's for
4 sure. And all the people that rely on you and
5 your programs and stuff.

6 You know, I know. Like Mr. Leshner and
7 Ms. Price, so I was touched, too. I had my
8 best friend commit suicide 17 years ago, too.
9 So when you physically go in there and see
10 somebody that's done that and have to carry
11 them out, just like Ms. Price said, that
12 changes your life forever.

13 MS. LANGRELL: Absolutely, absolutely.

14 MR. CALLAHAN: So I feel for people like
15 that. I really do.

16 But you said it perfectly. Please open up
17 to people because it's not that bad. People
18 will listen to you. You can get help, but
19 please don't do the worst thing that could
20 happen. It's so many other avenues you can go
21 and get help.

1 So please don't do that and think about
2 your loved ones.

3 Thanks a lot for everything.

4 MS. LANGRELL: I just want to say thank
5 you all for sharing your story because I think
6 one of the things that we know is that when
7 people share our story, when people share their
8 stories, we recognize that we're not the only
9 one who has gone through it.

10 And I say time and again that we are all
11 only one family member or friend away from a
12 mental illness.

13 So I know that it is a personal story that
14 you shared tonight. And I just want to say I
15 so appreciate the kudos to the work that we are
16 doing. But this could not be done without the
17 89 other people that show up every day and
18 bring their hearts. So I just want to also
19 acknowledge the staff that is standing side by
20 side every day.

21 MR. CALLAHAN: Absolutely, absolutely.

1 MS. LANGRELL: So thank you so much for
2 sharing your stories.

3 MR. CALLAHAN: I appreciate staff. Thanks
4 a lot. Appreciate it.

5 MS. LANGRELL: Take care.

6 MR. CALLAHAN: Okay. Everybody, just kind
7 of tuck that away in your mind and make sure
8 you practice every day and you wake up in the
9 morning, say a little prayer and how grateful
10 it is to wake up and sun shine and just look up
11 at the sky and thank the Lord and how positive
12 things could be. So let's just start
13 practicing that. Okay.

14 So Dr. Maguire, how are you?

15 DR. MAGUIRE: Hello.

16 MR. CALLAHAN: She's going to give us a
17 little bit of update that it's almost to an
18 end, right?

19 DR. MAGUIRE: You know, I would bring --

20 MR. CALLAHAN: Almost to an end. We got
21 another week. We got one more week of it,

1 right?

2 DR. MAGUIRE: That's it. Well, thank you,
3 everyone, for inviting me to give you an update
4 today.

5 MR. CALLAHAN: No problem.

6 DR. MAGUIRE: I did submit some slides.
7 Oh, thank you. All right. Perfect.

8 So thank you, again, for inviting me down
9 to speak. It's been, what, maybe a month and a
10 half since I gave my last update. So I wanted
11 to give an update primarily on, of course,
12 COVID, but also some other things that are
13 going on.

14 So to start off with where are we. So we
15 have been in our Delta surge for a good almost
16 two months now. And we are seeing effects of
17 Labor Day, of school starting currently.

18 I like to always present our level of
19 community transmission with COVID. And that is
20 mathematically the total number of our cases in
21 the past seven days per 100,000 people. And

1 again, obviously we have fewer than 100,000
2 people in Talbot County.

3 But where we are as of today is 306. Any
4 number above 100 is considered high by the CDC
5 and above 50 is substantial. So that's the
6 threshold that, of course, the CDC gives for
7 recommending mask wearing indoors by the
8 general public.

9 And so we -- just to harken back to July,
10 we were there. We were low. We can get there
11 again. But right now, we are feeling the
12 significant effects of this Delta surge.

13 And the maybe good news is that the rest
14 of Maryland may be starting to see a plateau.
15 Certainly in the rest of the country, we're
16 seeing a little bit of a plateau. Whether this
17 can continue or not is difficult to guess
18 because we do have some other effects going on,
19 especially the continuance of cases spreading
20 in school.

21 But we do tend to in this county follow

1 the rest of the state by about three weeks or
2 so. So I'm hoping that in a few weeks, we will
3 be able to decrease our numbers like the rest
4 of the state may be seeing.

5 Part of this is that our neighboring
6 counties have really been hot spots. And by
7 that I mean really Dorchester, Caroline,
8 Wicomico, Somerset. And we were able to avoid
9 some of the hot spot for a little bit this past
10 month and a half. But it seems like that's
11 catching up to us the past week or so.

12 Currently the whole state, except for two
13 counties, is in this high transmission mode.
14 And the counties that are not, they're in
15 substantial. And that's Montgomery and Howard.
16 And the reason I think that they are lower than
17 the rest of the state is because their
18 vaccination numbers are much ahead, a lot
19 farther ahead than every other county. They're
20 really approaching the 70 or 75 percent of
21 their entire population having been fully

1 vaccinated against COVID. And I think they're
2 starting to see that benefit, that light at the
3 end of the tunnel.

4 And as more of the population gets
5 vaccinated, I'm really hoping that the rest of
6 the counties follow suit.

7 We are almost there. We are third in our
8 population in terms of fully vaccinated, but
9 not quite there.

10 So again, why is the surge happening.
11 It's the Delta variant. I mentioned this
12 before. It's accounting for over 99 percent of
13 the cases in Maryland right now. And again,
14 the reason for that is because it is just that
15 much more contagious, just spreading that much
16 more fast, affecting everyone who it almost
17 gets in its path.

18 And so we are seeing in this past month,
19 we have had about 346 cases. And in the past
20 week, 114 cases.

21 And what we're seeing is a shift downward

1 in terms of the ages that's being affected. So
2 the number that's really significant this week
3 is that 31 percent of our cases are in kids
4 under age 12. And that figure was, that figure
5 was much lower a few weeks ago. So even just
6 about three, four weeks ago, the number of our
7 cases in kids under 18 was only about
8 20 percent. And so now, certainly it's about
9 37 percent. We're just seeing that now.

10 Part of this I think is just numerical in
11 the sense that right now, kids are getting
12 tested a lot because they're in school and
13 they're getting quarantined and exposed. And
14 so maybe in the summer, we just weren't seeing
15 it as much in that age group. But there has
16 been a significant population shift.

17 This is consistent with the rest of the
18 state. So in the past week in the rest of
19 Maryland, about 30 percent of new cases are in
20 kids under age 18.

21 MS. PRICE: Dr. Maguire, real quick before

1 you move on.

2 DR. MAGUIRE: Sure.

3 MS. PRICE: What's happening to them?

4 I mean they're children. So when this
5 first started happening, we knew who was at
6 risk, the elderly and the people that had the
7 co-morbidities. And those were the ones who
8 were really getting sick.

9 So the children who are testing positive,
10 are they severely sick? What is typical for
11 these children under 12 and 18?

12 DR. MAGUIRE: Right. So the good news
13 about in children, they do tend to have milder
14 courses.

15 However, what we've seen is that -- so
16 children are accounting for about two percent
17 of hospitalizations. That doesn't seem like a
18 lot. But really in January, they were
19 accounting for about .5 percent of
20 hospitalizations. So that number has
21 increased.

1 Children have the benefit of generally
2 good health usually. And so we are not -- and
3 our numbers are very low locally. But we have
4 had kids in the hospital, kids transferred,
5 kids with chronic manifestations of COVID, and
6 also some complications, such as the
7 multisystem inflammatory disorders.

8 So generally, yes. We aren't seeing the
9 significantly high rates of death or
10 hospitalizations as we would in an older
11 population. But it is extremely disruptive.

12 And the problem is also whenever you think
13 about children is you don't know the long-term
14 effects. There's always this kind of
15 multiplying factor of we expect them to live
16 for decades more, and we want to make sure that
17 they're not unnecessarily exposed to something.

18 And so you're right that they are not
19 experiencing the high rates of death that we
20 had seen in especially seniors. But I believe
21 that a lot of the cases we're seeing in kids

1 are preventable, and that's something that we
2 should be focusing on.

3 MS. PRICE: Sixty-eight percent of the
4 cases. 37 percent under age 18, 31 percent
5 under age 12. That's not a total of 68? Going
6 to be a total of 37 percent, is that right, on
7 that slide?

8 Go back one slide.

9 DR. MAGUIRE: So the -- okay. Yeah. So
10 of the 114 cases in the past week, yeah,
11 37 percent were under 18.

12 MS. PRICE: So it's not between ages 12
13 and 18?

14 DR. MAGUIRE: No, no, no, no, no.

15 And actually in this past week, that
16 number is six percent, that difference, the 12
17 to 18 is --

18 MS. PRICE: But it's 37 percent of the
19 cases and only two percent of the
20 hospitalizations. That's hopefully considered
21 a positive.

1 DR. MAGUIRE: Yeah, yes. I'm grateful
2 that there are low -- what we are seeing,
3 though, is a higher increase in 20-year-olds,
4 30-year-olds being hospitalized. People that
5 we didn't assume would get hospitalized several
6 months ago.

7 And so you know, here is the thing. The
8 more kids that get exposed, that means the more
9 that will get sick and the more that just by
10 laws of numbers, the more that will get
11 hospitalized.

12 We've been lucky so far in that the death
13 rates are really low in kids. But in my
14 opinion, any death in what is now a vaccine
15 preventable illness in a kid is a real tragedy.

16 So that's where I think we really need to
17 focus on.

18 MS. PRICE: Last question. Do they keep
19 statistics for the ones that are going in the
20 hospital as far as co-morbidities, someone with
21 asthma or some other underlying health

1 condition? Are they keeping statistics on
2 something like that with the ones who end up
3 getting more severely ill or in the hospital
4 when they have an underlying health condition?

5 DR. MAGUIRE: Yes. And while it is more
6 likely for someone with significant illness to
7 potentially get hospitalized or have a worse
8 course, COVID is extremely unpredictable in
9 children. And so children who are a healthy
10 three-year-old or a healthy 12-year-old can
11 very well likely end up in the ICU. And so
12 that's the piece. It doesn't follow the
13 textbook really well for kids, as we would
14 maybe assume it does for adults.

15 And we're kind of seeing that in adults,
16 too, with 30-year-olds being transferred or
17 passing away. We wouldn't expect that either.

18 And so I think that's the issue, is it's
19 just extremely unpredictable as to who is
20 really affected in these younger age groups.
21 And that's something that's concerning.

1 MS. PRICE: Thank you.

2 DR. MAGUIRE: Thanks. And so this graph
3 is from the American Academy of Pediatrics.
4 They put out a weekly report of the effect of
5 COVID on kids. So in the number of cases -- so
6 this starts in, this starts in April of last
7 year, all the way through now.

8 And so the big bump in the middle was the
9 winter surge, January. And actually what
10 happened during this Delta surge is there were
11 many more infections in kids. So that may be
12 surprising. But again, kids were mostly
13 unvaccinated when Delta came along. So they're
14 just getting affected by it more.

15 And in terms of the percent of cases in
16 kids, they now account for nationally about
17 27 percent of the total COVID cases.

18 So and again, in the winter, it was much
19 more something we were seeing in adults and
20 seniors. And this is really the effect of
21 Delta. And really if we didn't have as many

1 adults vaccinated at this point, the adult's
2 burden of disease would be much higher, too.

3 So back to hospitalizations. So in the
4 past month, we've had 12 residents
5 hospitalized. And what we're seeing really
6 mimics what's going on in the rest of the state
7 and the country where about 90 percent of
8 people being hospitalized are not fully
9 vaccinated. That does include young children
10 who do not even have the opportunity to get
11 vaccinated.

12 But that is what we're seeing where -- and
13 the ones who are fully vaccinated, those
14 break-through cases getting hospitalized, those
15 are actually majority in seniors and older
16 population, which is why now we have boosters
17 coming on the scene.

18 In general, what we're seeing Eastern
19 Shore throughout Maryland is a younger
20 population. So in the past month, most of our
21 hospitalized cases have actually been in people

1 under age 65.

2 So a lot of people ask me well, you know,
3 you can still spread COVID if you're
4 vaccinated, you can -- why aren't vaccinated
5 people required to quarantine. And really the
6 reason is that it's five times less likely that
7 you're going to get infected in the first place
8 and you're ten times less likely to be
9 hospitalized. And so that's really the
10 protective effect of vaccination. So that's
11 where we're seeing how important it is to get
12 vaccinated.

13 And again, at the beginning of this whole
14 experience, one of the main things was we have
15 to make sure that we don't overburden our
16 hospital system. And that's exactly what we're
17 seeing in certain states.

18 Maryland is one of the more vaccinated
19 states, fortunately. But we are seeing even
20 locally our hospitals cancel elective surgeries
21 now and have trouble with staffing. So we are

1 seeing a bit of that effect.

2 The big difference since the last time I
3 presented, of course, is that schools in the
4 county have begun the new academic year. And
5 of course, in Maryland there is a mask
6 requirement.

7 The CDC did come out with a study recently
8 showing that in states and locations where
9 masks were not required in school, they were
10 three and a half times more likely to have
11 outbreaks. So that is something that hopefully
12 will keep our kids protected.

13 But the big difference this year compared
14 to last year, at least with schools, is that
15 the goal was trying to allow as many students
16 experience in-person learning, a full
17 curriculum, rather than having to do virtual
18 learning.

19 We talk about mental health burdens, and
20 that was a huge problem with kids last year and
21 being so disconnected from school and peers.

1 The flip side is when you get a lot of
2 kids, almost three times as many in one room as
3 last year, we are seeing some cases. And so
4 there's been a big burden on the quarantine
5 process. And it's this constant battle of
6 trying to balance the risk of potential spread
7 of COVID in schools with the benefit of
8 in-school attendance.

9 So this year we really tried to lessen the
10 burden of quarantining. And so we follow the
11 CDC guidelines, the MSDE guidelines, the MDH
12 guidelines. And that includes a more limited
13 definition of close contact.

14 So for instance, last year we heard about
15 six feet apart is the definition of if you're
16 close to someone. And in schools, it actually
17 went down to three feet apart. So that allows
18 more kids in the schools.

19 What we're actually finding difficult is
20 that a lot of kids are moving class to class to
21 class throughout the day, they're having lunch,

1 not masked during the lunch. And so while we
2 want to limit the number of kids that do get
3 quarantined, it's a really push pull.

4 And the good news is that anyone fully
5 vaccinated, like I mentioned, does not need to
6 quarantine. So theoretically, every kid 12 and
7 over may not need to quarantine if they were
8 vaccinated. Right now, we're not there. But
9 that would be amazing if no one in the high
10 school had to quarantine.

11 And we are actually looking now at
12 innovative ways to further reduce the need to
13 quarantine through some testing protocols
14 because our goal is really to try to get -- to
15 try to allow the kids to stay in school and
16 experience a full school year.

17 The challenge we're seeing, though, is
18 also that there's a very high demand for
19 testing. And in the county and in the midshore
20 in general, we're having a lot of problems
21 finding adequate testing. Right now, it's

1 primarily local health departments, some
2 physician offices, and some local urgent care
3 centers that are offering testing.

4 Unfortunately, we don't have any pharmacies in
5 the county that do testing. And so you either
6 have to travel or wait on the line to get an
7 appointment.

8 Some places are having difficulty getting
9 supplies because there's just such a burden.
10 And so this is something that I keep telling
11 the state that we need help with because we,
12 unfortunately, don't have some of the resources
13 that some other parts of the states do
14 regarding testing.

15 Like I mentioned before, we are doing
16 relatively well in the state for vaccination.
17 About the third highest county in terms of
18 general vaccination rates. And really the path
19 out of this pandemic is really vaccination.
20 And we are making progress, but the progress
21 has slowed.

1 Right now, we're seeing about 400 doses of
2 vaccine a week. And so that has really slowed
3 over the past several months.

4 MR. CALLAHAN: Dr. Maguire, that's 400
5 coming to Easton?

6 DR. MAGUIRE: Yeah. So that is 400, and
7 they could be first doses or second doses,
8 every week.

9 MR. CALLAHAN: That's what we're getting
10 from the State?

11 DR. MAGUIRE: Oh, no, no, no, no. No, no,
12 no. The supply is not an issue.

13 This is how many doses are being given to
14 people.

15 MR. CALLAHAN: Here locally?

16 DR. MAGUIRE: In -- yeah. Let's say to
17 Talbot residents.

18 MR. CALLAHAN: I got you.

19 DR. MAGUIRE: They could get it anywhere.

20 And so a month ago, we were seeing about
21 500 doses a week. And that was kind of when

1 that Delta started to pick up. We saw a
2 demand, but it's actually kind of decreased a
3 little bit.

4 MR. CALLAHAN: Okay. Thanks.

5 DR. MAGUIRE: In the past few weeks.

6 Right now across our entire population,
7 age zero to 100-plus, 71 percent of our
8 population has received at least one dose of
9 the COVID vaccine. So that's really, really
10 good. And 66 percent of our population is
11 fully vaccinated.

12 So like I said, we are close. But
13 numerically, that means there are over 12,000
14 residents who are not fully vaccinated and
15 protected. And that's why we're seeing so many
16 cases spread so quickly now.

17 Of course, of these over 12,000 people,
18 about 4,400 of them are kids not eligible yet.
19 And so there's not much we can do about them
20 right now.

21 And I do know probably 15 to 20 percent of

1 people are resistant or concerned about getting
2 vaccinated themselves. But we are really,
3 really close to getting to the vaccination
4 rates that will help us see a decrease in our
5 cases.

6 The problem is that we're not seeing the
7 distribution of vaccination among the age
8 groups and among the demographics equal enough.
9 And so that's partly why we're seeing the case
10 burden on the younger teens and young adults.

11 MS. PRICE: Dr. Maguire, I have to ask the
12 same question I asked before.

13 Nowhere in any presentation do I ever see
14 the people who had COVID who have natural
15 immunity.

16 We can agree or disagree whether it has
17 longer effects or shorter effects than the
18 shot. But it exists. People do have natural
19 immunity. And nowhere. And it should be part
20 of that three-legged stool.

21 And until it is, it's just difficult.

1 You're seeing people get judged. And if they
2 have natural immunity, and there's no -- there
3 is a test for it, but it's never included in
4 the numbers.

5 And so I would encourage you because, as
6 you can see again --

7 DR. MAGUIRE: Let me just step back and
8 say --

9 MS. PRICE: -- whether as effective or
10 not, it exists.

11 DR. MAGUIRE: And the reason it's not as
12 protective is because the COVID 1.0 that
13 occurred last year is not going to be protected
14 against Delta.

15 MS. PRICE: Well, then neither is the
16 vaccine. (Inaudible.) It may keep you from
17 getting sick.

18 DR. MAGUIRE: That's not true at all. And
19 the reason is because of the way the mechanism
20 of the vaccine works. It works against the
21 common spike protein. And so the vaccine is

1 extremely effective against the Delta variant.

2 MS. PRICE: It doesn't stop the spread.
3 It may stop you from getting sick, but you're
4 telling me that it doesn't stop the spread.

5 DR. MAGUIRE: No. I'm telling you it
6 does. I'm telling you that the Delta is
7 winning right now.

8 MR. CALLAHAN: Can we keep it down now,
9 please? I appreciate that.

10 DR. MAGUIRE: So I can only tell you
11 what's factually correct from the studies and
12 from the science.

13 And what we're seeing, and let's go back,
14 let's go back to the counties that have the
15 highest vaccination rate, the countries that
16 have the highest vaccination rates are having a
17 much lower burden of disease. We know that.
18 We're seeing that.

19 You can look at Tennessee, you can look at
20 Florida, you can look --

21 MS. PRICE: All I said was you have to

1 include natural immunity. You have to. And
2 you aren't.

3 DR. MAGUIRE: The problem is it's very
4 difficult to quantify that. And the thing is
5 you're comparing apples and oranges.

6 So a year ago, COVID was not the same as
7 it is now. What we're learning, this is new,
8 what we're learning about COVID 2 is that
9 everyone's natural immunity may be different in
10 a way. It's not a controlled thing, like a
11 vaccination is, where we know exactly what the
12 mechanism of action is.

13 The mechanism of action of the vaccination
14 we know is it's vaccination against the common
15 element of this virus, the surrounding crown
16 some might say, around the virus. And so
17 that's partly why it's so effective, because we
18 know that your immunity is being developed
19 against something that's common across COVID.
20 Okay.

21 Whether or not your immunity develops an

1 adequate response may be on an individual basis
2 different.

3 But the thing is the COVID 1.0 is
4 different. And we're seeing reinfections in
5 people who got infected last year. We're
6 seeing that the natural immunity in general may
7 not last as long as vaccinations.

8 MS. PRICE: But if you're not testing for
9 it, then how can you really quantify it?
10 That's what I'm saying. It just should be part
11 of the conversation, and it just doesn't seem
12 to be. And I'll stop with that.

13 DR. MAGUIRE: Okay. Yeah. And the thing
14 is there are studies going on looking at
15 antibody levels. That is one piece of the
16 immune system. There's other pieces of the
17 immune system that you can't measure with
18 antibody titers.

19 And so and then, of course, we're
20 operating in a different story right now than
21 we were a year ago. So it's kind of hard to

1 compare.

2 But what we are seeing -- and of course,
3 vaccines are not perfect. They're not meant to
4 be perfect. Most vaccines require boosters.

5 MS. PRICE: So let me ask one more
6 question.

7 If someone gets infected now with the
8 Delta variant and they have natural immunity,
9 shouldn't that count? Even if you don't want
10 to go back to COVID 1.0, if someone's gotten
11 infected with the Delta variant in the last
12 couple of months, they have natural immunity
13 from that.

14 And again, it's just not part of the
15 conversation.

16 DR. MAGUIRE: Well, I think the problem is
17 it's really hard to standardize what is that
18 natural immunity. And so is it you're
19 measuring a certain antibody titer, you're
20 quantifying that, you're measuring the presence
21 of it, are you measuring your T cell response?

1 It can get -- the question you're asking
2 is kind of hard to answer in a way. So that's
3 why there's ongoing studies.

4 And so anyone who is infected with Delta,
5 we saw this surge happen in the US starting in
6 the summer. We need time to collect those
7 results and see what does natural immunity look
8 like.

9 But what we are seeing is someone who had
10 an infection with COVID and then is vaccinated
11 is having a very robust response because that's
12 almost like a booster in itself, if you get
13 your two-dose series after having had COVID.

14 And that's why we do recommend that
15 because it is that extra boost of your immune
16 system.

17 So getting back to what is going on with
18 the age groups and vaccination. So in our
19 teens, statewide there is about a 62 percent
20 rate of fully vaccination in our 12 to
21 17-year-olds. The Eastern Shore is behind on

1 this, and it's a bit unclear why.

2 On the Eastern Shore, Talbot does lead in
3 that over half of our teens are fully
4 vaccinated against COVID right now. But our
5 neighbors are really low.

6 And so this is something where, again, if
7 we don't have a more equal distribution of
8 protection, we're going to keep seeing cases
9 occur in teens and kids.

10 But there is reason to hope for some of
11 our younger kids. We are seeing a lot more
12 cases coming up now in the younger kids in our
13 schools, especially our elementary schools.
14 And actually just today, Pfizer submitted data
15 to the FDA on its effectiveness and safety in
16 five to 11-year-olds. So they're going to ask
17 for approval in a few weeks we expect. So
18 probably an FDA approval for this group.

19 And the reason, again, that this is
20 important is not necessarily that we're seeing
21 a huge number of kids hospitalized or dying of

1 COVID. But they do spread it, and they can get
2 sick. And this is the way that we can help end
3 COVID spread in our communities, which is
4 really the end goal.

5 And again, 12 percent of our population is
6 in this age group, 4,400 kids. Nationwide,
7 it's 28 million children.

8 And the interesting thing about kids right
9 now is they are a huge block of population that
10 is essentially, due to school attendance,
11 required to stay indoors with a lot of peers.

12 A lot of us are still working from home,
13 working remotely, working with six foot between
14 us. And so this is one reason why it's
15 important for this group of kids to get
16 vaccinated and why I think once they start
17 getting vaccinated, we will finally see a real
18 good turn in our cases and hope that by the end
19 of the year, we'll see a good downturn.

20 I did want to mention that we've been
21 vaccinating at the Health Department since

1 January. And we actually, as of tomorrow, are
2 moving our vaccine operations to Marlboro
3 Avenue in the former Hearth Stone location.

4 And as of next week, we will be operating
5 Monday through Friday. And you can come and
6 get your primary series, you can get your third
7 dose if you're immunocompromised, and we're
8 actually starting to give boosters of Pfizer
9 because that is the new thing.

10 So again, what you can do to get
11 vaccinated. Two doses of Pfizer, two doses of
12 Moderna, one dose of Johnson & Johnson will get
13 you fully vaccinated and protected.

14 Immunocompromised people, so that's people
15 with active cancer diagnosis, immunocompromised
16 conditions, they are eligible to get a third
17 Moderna or Pfizer dose at least 28 days after
18 their second dose of the same vaccine.

19 We have been giving those. And this is
20 because the thought is that individuals who do
21 not have a robust immune system are unable to

1 mount an adequate immune response.

2 And boosters, this is the new thing. So
3 for people who received Pfizer, six months
4 after they got their second dose they can come
5 and get a booster dose. And this is
6 recommended for anyone over 65, for adults with
7 high risk medical conditions, and for adults
8 who work -- who have a high risk of exposure
9 due to their occupations or a setting in which
10 they live.

11 Now, soon we expect Moderna to also be
12 approved for boosters. And so anyone can come
13 to the Health Department to get their Pfizer
14 booster starting tomorrow at our new location.

15 MR. CALLAHAN: Dr. Maguire, I just want to
16 make sure that people, when they hear the third
17 shot, it's the same shot but it's instead of
18 two, it's three?

19 DR. MAGUIRE: Yeah. So in Pfizer, it's
20 the same dose. In Moderna, they're looking at
21 potentially lower dose. So we'll have more

1 information on exactly what that means when it
2 gets approved.

3 MR. CALLAHAN: Okay.

4 DR. MAGUIRE: But that's, again, not going
5 to be for a few weeks.

6 And on that same point, one of the things
7 about the kids vaccination is Pfizer presented
8 data on a vaccine that's a third of the adult
9 dose. And they saw in their study that it
10 mounted the same response in the kids because
11 the goal is give as low a dose as possible to
12 be effective. And so that's where kind of
13 those differences may come in.

14 So our best practices right now are to get
15 vaccinated. There is overwhelming evidence of
16 safety and effectiveness. We have seen a lot
17 of misinformation out there. I receive a lot
18 of it myself. So there are some really good
19 places where you can go to see these myths
20 debunked. The Mayo Clinic has a great website.
21 Johns Hopkins, University of Maryland.

1 And really what we need to get to herd
2 immunity is for everyone who can to get
3 vaccinated. And that will protect all of those
4 around us.

5 And of course, the other thing is to
6 remember, back to my first slide, about the
7 transmission risk and to wear masks in indoor
8 public settings when we're in the substantial
9 or high transmission risk. We will get back
10 down to the time when we can take the masks
11 off, but not quite yet.

12 And it's not all COVID all the time. So
13 at the Health Department, I did want to just
14 mention we are back to our regular programming.
15 We are issuing birth and death certificates.
16 We are conducting in-home and community-based
17 services. We're expanding our chronic disease
18 self-management program. We're seeing
19 significant increase referrals for senior care.
20 We've been strengthening our partnership with
21 the Area Agency on Aging.

1 We're ensuring that the children in school
2 get caught up on their regular vaccinations
3 because that was one effect we saw of the
4 pandemic was kids got behind.

5 And we're working with local providers,
6 substance abuse prevention, coordinating
7 treatment services, and a lot more. So that's
8 all going on in the background.

9 And I'm really glad that over the past
10 several months, we've been able to get back
11 into our regular programming.

12 One of the big things coming up, of
13 course, which we engage in every year is flu
14 vaccination. So flu season is a big question
15 mark this year because last year there was
16 essentially no influenza activity.

17 Right now, flu activity is very low
18 nationally and in Maryland. And on this map,
19 Maryland is actually in the minimal category,
20 not zero, but minimal. Some places are seeing,
21 like Ohio, Nevada, are seeing somewhat

1 increased activity, but definitely nowhere near
2 where we are peaking.

3 So now is a great time to get vaccinated
4 against the flu. Several pharmacies offer it.
5 And you can receive your COVID vaccine and flu
6 vaccine on the exact same day. Make it easy,
7 two for one.

8 So we at the Health Department will be
9 conducting our normal community and site
10 specific flu vaccines, such as in schools and
11 certain workplaces. And that's something what
12 we're gearing up to do very soon. And
13 hopefully we will be able to offer it at our
14 vaccine center as well for anyone who wants to
15 come down.

16 So that is a brief update about what's
17 going on, mostly with COVID, but some other
18 things at the Health Department.

19 And again, thank you for inviting me down
20 to give you an update.

21 MR. CALLAHAN: Dr. Maguire, thank you.

1 Doctor...

2 MR. DIVILIO: That's not me.

3 MR. CALLAHAN: That's your father.

4 Mr. Divilio.

5 MR. DIVILIO: Thank you, Dr. Maguire, for
6 coming in.

7 Ms. Price's comments made me kind of
8 question. I don't think I've ever seen a
9 statistic on what percentage of the population
10 has had COVID-19. And that would be something
11 that I would be interested in seeing that
12 number.

13 DR. MAGUIRE: Yeah, yeah. So I can tell
14 you right now our official number, at least for
15 the county, is about, I believe it's about
16 3,300 right now.

17 However, that is an undercount. We know
18 there's many cases who either didn't get tested
19 or we knew didn't tested and were just
20 diagnosed. And so that puts us at about
21 ten percent.

1 Now, here is the thing. Some people got
2 reinfecting. So there are studies that look at,
3 for example, in sewage, looking at antibodies
4 and stuff. So the thought is somewhere
5 potentially in the 15 percent range. So it's
6 actually a lot more widespread than we have
7 numbers and tallies on.

8 MR. DIVILIO: Thank you. And so you
9 provide this information to us. And you've
10 been fantastic with providing information and
11 answering questions anytime I have one. And
12 anybody in the county who calls me with a
13 strange question, I bring it to you and you
14 provide the answer.

15 I was fortunate enough to recently help
16 appoint you or make a recommendation to you for
17 this position.

18 You didn't go to one Ivy League, right?
19 Didn't you go to multiple? Is that...

20 DR. MAGUIRE: Well, yeah.

21 MR. DIVILIO: Okay. It seemed to me to

1 recall that as an MD, you have a pretty great
2 resume. And it's very broad. And I know it's
3 public knowledge, it's out there.

4 But I don't want the community thinking
5 that we just have a scientist sitting here in
6 front of us that's just giving us reports
7 directly from Pfizer or Johnson & Johnson.

8 DR. MAGUIRE: Yeah. That's exactly true.
9 And so this is something -- I am a
10 pediatrician, a board certified pediatrician.
11 I have taken care of kids with COVID in the
12 hospital. I've seen it. I've been talking to
13 ER doctors this whole time and have a great
14 relationship with a lot of my physician
15 colleagues.

16 So that does give me that kind of extra
17 insight into what's going on.

18 But thank you for the comment.

19 MR. DIVILIO: And I just think back to the
20 first time my son ran a 105-degree fever and
21 how freaked out I was. He was an infant,

1 racing him to the emergency room and demanding
2 he go back immediately and calling everybody I
3 knew to get him back in there.

4 And I just can't imagine side stepping an
5 opportunity to prevent that in my children.

6 So thank you for the work that you do and
7 the information you provide.

8 DR. MAGUIRE: Thank you.

9 MR. CALLAHAN: Thank you, Mr. Divilio.
10 Mr. Leshner.

11 MR. LESHER: I'll start just with a thank
12 you for bringing solid data to the questions,
13 not only tonight, but really every day because
14 you're providing this information to the
15 community through the website every day and
16 keeping that updated and keeping the community
17 informed about this. And that's a huge service
18 to the community.

19 I've got a question about this surge,
20 local surge that we have, particularly among
21 elementary students, which is very worrisome.

1 I've got a middle school son and who just
2 turned 12. And the sad thing is what did he
3 want most for his 12th birthday, he wanted a
4 vaccination. He wants his freedom. He wants
5 to get out of this. He wants to help us all
6 get out of this. And jeez, can't you ask for a
7 toy or something. But he got his vaccine.

8 At any rate, with this surge in the
9 elementary schools, are we seeing -- and I saw
10 that we've got up to ten percent of our school
11 students either out or are on quarantine. Is
12 that evenly distributed throughout the county?
13 Do we have hot spots? That may be a better
14 question for the schools, but if you're aware
15 of that.

16 DR. MAGUIRE: So what we're seeing is
17 currently we have three what's called classroom
18 outbreaks. And these are occurring in the
19 elementary schools.

20 We do have a couple schools that are
21 accounting for a higher rate of absenteeism,

1 not all due to COVID. And that's actually
2 hitting the St. Michael's community harder.

3 So the reason behind this is, as with a
4 lot of things COVID, just multifactorial, in
5 the high school we have the benefit of almost
6 50 percent of our teens vaccinated. So that's
7 actually lowering the burden there.

8 In the lower schools, what we're seeing
9 is, quite frankly, the very, very youngest, the
10 pre-k, the pre-k3s, they don't honestly wear
11 their mask a lot of the day because of lots of
12 snack breaks and recess and everything. And so
13 that may be part of it.

14 What we're seeing, though, honestly that's
15 disturbing is it's not that there's a huge
16 amount of spread within the schools
17 necessarily, it's that kids are coming into
18 school sick. And that's something we really
19 need to ask parents to really be conscientious
20 about is they're showing up with a fever at
21 eight a.m. in the morning. The rest of the

1 family is sick and the kid has symptoms, too,
2 and are coming in. And that's a lot of what
3 we're seeing, where the whole family is sick.

4 And so it creates a huge burden on the
5 students because what we're seeing is for the
6 average say middle schooler, they may come into
7 what's defined as close contact with 20 to 25
8 other kids throughout the day. And does that
9 mean all of them have to be quarantined?

10 MS. PRICE: But maybe they're just there
11 with a cold?

12 I mean agreed. I think you should keep
13 your kid home if you've got a runny nose, but
14 it doesn't mean it's COVID either. It could
15 just be a cold.

16 DR. MAGUIRE: And that's the confusing
17 thing. There's a lot of other viruses going
18 around. There's RSV. There's --

19 MS. PRICE: So do they automatically
20 quarantine them if they have a fever and a
21 runny nose?

1 DR. MAGUIRE: So if someone is
2 symptomatic, then they do a rapid test. And if
3 it's negative, then they send the confirmatory
4 PCR. And then once that comes back or there's
5 an alternative diagnosis, then the kid can come
6 back to school. If they're diagnosed with
7 COVID, yes, they're isolated. But if they're
8 diagnosed with something else, they come back.

9 MS. PRICE: What if they're not diagnosed
10 with anything, they just have a negative PCR
11 test? They're going to come back to school?

12 DR. MAGUIRE: Well, yeah. If their
13 symptoms are improved, yeah, for sure.

14 It's the -- when I talk about quarantine,
15 that's really kids that are in close proximity
16 to a kid who was tested positive. So say I'm a
17 child at a desk and my neighbor here within
18 two feet has COVID, then that means that
19 officially according to the rules, I need to go
20 on quarantine.

21 And we're seeing that that's affecting a

1 lot of kids. And as much as we're trying to
2 decrease how many kids need to go on
3 quarantine, we have seen several, several kids
4 that we think caught COVID from their class.
5 And so it's a really hard balance between
6 keeping kids safe and trying to minimize the
7 extremely disruptive effects of quarantine on
8 everyone as well.

9 MS. PRICE: So they're quarantining kids
10 that have no symptoms?

11 SPEAKER: Yes.

12 SPEAKER: Yes.

13 SPEAKER: Yes.

14 DR. MAGUIRE: So quarantine is by
15 definition, yes, keeping people home from work
16 or school who have been exposed.

17 SPEAKER: Ten days.

18 DR. MAGUIRE: So exactly. So the CDC
19 recommendation is ten days if you are able to
20 keep a mask on and to monitor for your
21 symptoms.

1 Now, the actual recommendation from MDH
2 and from MSDE and from the CDC is that the gold
3 standard, the best thing is to quarantine for
4 14 days. However, research showed that those
5 last few days, it's pretty unlikely that if
6 you're not sick already, that you actually have
7 gotten COVID. So they decreased the quarantine
8 to ten days.

9 MS. PRICE: But you can do a rapid test
10 and PCR test, which is back in 48 hours.

11 So why would they keep them out seven to
12 ten days? If a kid has no symptoms and they've
13 been in close proximity, like the little kid
14 that's sitting there next to you in that chair,
15 and they assume that. And if they go get the
16 rapid test and the PCR test, why isn't that
17 good enough for them to go back to school if it
18 comes back negative?

19 DR. MAGUIRE: So it is good enough if they
20 get tested on day five, which is when they've
21 had an adequate time for the virus to kind of

1 replicate in their body and show up on a test.

2 And so the protocol is if you go on
3 quarantine and you get tested on day five, you
4 can come back after day seven. And that's
5 generally the time frame for getting a test
6 back.

7 And so what we're actually seeing in real
8 life is by the time we find out about a kid
9 getting a positive test, some kids go on
10 quarantine, they end up maybe not missing more
11 than a few days because by the time everyone
12 has been identified and then they've gotten the
13 test back and they go back to school. It may
14 not be that they're actually out of school for
15 seven days.

16 But obviously that's something we want to
17 minimize. And whether that's implementing
18 screening testing, which is something I've
19 recommended for the schools to help try to
20 prevent quarantine, or some kind of test to
21 stay in the school, that's all been figured

1 out. However, that's not part of the CDC
2 recommendation right now. That's something --

3 MS. PRICE: So maybe we don't listen to
4 the CDC. Maybe we just implement our own test.
5 Why not?

6 If we have access to the tests, and now
7 you don't have to go all the way back in the
8 nose. Why not? Let our local School Board put
9 that in.

10 DR. MAGUIRE: The problem with the rapid
11 antigen test is that they're only about
12 44 percent accurate in someone who is not
13 symptomatic.

14 MS. PRICE: But that might keep 44 percent
15 more kids in school?

16 DR. MAGUIRE: So it's a flip of a coin.
17 And so what we do -- and everything we have to
18 do has to be based on data, has to be --
19 otherwise it's just a random decision and
20 arbitrary. And that's just not how we operate
21 in medical care or in health care because the

1 goal, of course, is first do no harm. And so
2 you don't want to throw the baby out with the
3 bath water.

4 MS. PRICE: I could just go on about the
5 harm that we're doing to their mental health
6 and the fact they can't get an education
7 because they took virtual school out and they
8 get a homework assignment.

9 With all the technology, with all the
10 money, and this has nothing to do with you. It
11 has everything to do with the school system.
12 With all the money and technology that they
13 were given last year to do virtual school all
14 year, and for these kids to go home and be
15 quarantined and not even have access to virtual
16 school, we've got to do something.

17 DR. MAGUIRE: I get it. I mean I have a
18 five-year-old. And it is extremely disruptive
19 to go on quarantine and take off work, and
20 we've got to get better.

21 But each of us does hold that

1 responsibility, too. And there are ways that
2 each of us can contribute to this improving in
3 the community.

4 MR. CALLAHAN: Mr. Pack, are you still
5 with us? Mr. Pack.

6 MR. PACK: Yes, yes. I am still with you.

7 MR. CALLAHAN: Okay. I'm going to give
8 you a few minutes. Go ahead.

9 MR. PACK: I won't take but a moment.

10 Dr. Maguire, to you and to your other
11 professionals in the health care industry, my
12 heart goes out to you all. This last year and
13 a half has probably been one of the more
14 stressful times in your profession. Not just
15 dealing with this deadly virus, but dealing
16 with all the misinformation and the confusion
17 that's in the social media atmosphere.

18 So again, I just want to say keep up the
19 good work, keep focusing on the science, and
20 keep focusing on keeping people safe and
21 protected. Thank you.

1 MR. CALLAHAN: Thank you, Mr. Pack.

2 Vice President.

3 MR. LESHER: I do just have one more
4 question for you, which is what one thing that
5 you did include in your presentation which I
6 picked up in I think one of your press releases
7 a little while back had to do with the
8 availability of the proof of vaccination, which
9 I had occasion to be asked for for the first
10 time when I attended an event last week.

11 And some people are just taking pictures
12 of their cards or carry them around. But
13 there's this verifiable way of doing that.

14 You may want to take the liberty of
15 providing that further information, a reminder
16 of that tonight.

17 DR. MAGUIRE: Definitely. Yeah. Thank
18 you for bringing that up.

19 And it becomes more and more useful to
20 have verifiable proof of your vaccination
21 status, whether that's for a fun event like a

1 concert or flying or something. We did partner
2 with a company that's able to coordinate with
3 the State Immunization Registry so that it's an
4 accurate, verifiable copy of your vaccine card.

5 Now, I'm sure a lot of people have lost
6 their vaccine cards or they've been torn up or
7 something. And so this is a way that if you
8 need to present it to your workplace, to the
9 concert you're going to, to wherever, a
10 Broadway show, you can use it. And it's
11 something that Talbot Health Department is
12 paying for and supporting.

13 So I urge you if you have received a
14 vaccine, to go on our website and sign up for
15 the vaccine check app. It's quick. It's easy.
16 It's available in English and Spanish. And it
17 can -- it's very easy. If someone ever needs
18 to see what day did you get vaccinated, say
19 you're off to get your booster shot, pull it up
20 and that can help.

21 MR. LESHAR: Thank you.

1 MR. CALLAHAN: Okay. Dr. Maguire.

2 Anybody else have, Council? Good.

3 Dr. Maguire, appreciate everything,
4 answering all the questions. I know it was
5 tough, but we really do appreciate it. Thanks.

6 DR. MAGUIRE: Thanks very much. Thanks
7 for having me.

8 MR. CALLAHAN: You're welcome.

9 Okay. Let's move on. We're running
10 obviously a little late on the public hearing.
11 So we got a couple more things to get through
12 before we get to the public hearing, just to
13 let everybody know.

14 So the next presentation is Talbot County
15 Public Schools on the FY23 capital improvement
16 projects. Kevin, come on up here.

17 MR. SHAFER: Thank you, President
18 Callahan. Good evening, Members of the
19 Council.

20 So before I begin this evening on the
21 presentation, I just wanted to talk briefly on

1 a couple of accolades that Easton Elementary
2 has gotten recently.

3 The first being receiving the Outstanding
4 Design in the 2021 American School and
5 University Architectural Portfolio, which is
6 basically just a national publication of
7 architectural projects obviously for schools
8 and universities. So to be recognized for that
9 is a big deal in the architectural world.

10 But more importantly I think is we also
11 received Lead Gold, which is a big deal,
12 especially version four, which is very
13 difficult to get. It's actually the first
14 school in Maryland to get that designation.

15 So we're proud of that, and we'll
16 certainly keep the Council aware of any
17 presentations that take place regarding those
18 awards as they come --

19 MR. LESHER: Congratulations. I know as
20 facilities director, you had a huge role in
21 making that happen.

1 MR. SHAFER: Mr. Leshner, I appreciate
2 that. But you know it's a huge team that makes
3 this work. And my hat really goes off to the
4 architect and the construction management firm
5 for the work that they did. Amazing stuff.

6 So on with the presentation. So I do come
7 before the Council this evening to request
8 consideration of the FY23 Talbot County Public
9 School Capital Improvement Plan. I've provided
10 the Council the entire CIP document for review.
11 And my presentation tonight includes only two
12 slides that review the most relevant portions
13 of the document.

14 So the first slide displays a portion of
15 form 102.1, which outlines the costs associated
16 with the current Easton High School roof
17 replacement project. There's a couple of items
18 I just want to note on that slide there. I
19 apologize. It's a little hard to read.

20 But highlighted in yellow is the funding
21 program. This is an important change from

1 previous years due to the addition of the Built
2 to Learn Act funding source, which I'm going to
3 call BLA for short. The specific BLA funding
4 changes remain largely undefined, but the
5 positive aspects that I'd like to share with
6 the Council tonight are that -- so without
7 going into the weeds and still can answer
8 questions.

9 MR. CALLAHAN: Please don't.

10 MR. SHAFER: Yeah. I won't. I'll try not
11 to, Mr. Callahan.

12 But basically Built to Learn Act funding
13 is going to be available on a revolving basis
14 instead of on the regimented schedule that the
15 standard CIP process has.

16 And the IAC will now also participate in
17 other costs, such as design fees, FF&E, and
18 construction management costs. So basically
19 they will take part in procuring the architect
20 and paying for furniture and stuff like that.

21 There are some challenges. I'm not even

1 going to go there because, like I said, it's
2 undefined at this point.

3 So the orange is just simply showing that
4 this is the first time priority in this year's
5 submission. And the three green highlighted
6 items are the actual costs associated with the
7 current roof replacement at Easton High.

8 And I'm able to report to the Council that
9 the costs shown remain accurate and use of the
10 contingency funding has not been required to
11 this point in the project.

12 MR. CALLAHAN: So Kevin, where are we at?
13 Are we halfway done on the roof?

14 MR. SHAFER: So we will be halfway done at
15 this phase. We're currently halfway done with
16 the removal and installation of the first sheet
17 of the two-ply system.

18 MR. CALLAHAN: Got you.

19 MR. SHAFER: So they're working on putting
20 on the cap sheet they call it, the top sheet on
21 the rest of the portion that's been removed and

1 have the first layer installed.

2 MR. CALLAHAN: They're working now?

3 MR. SHAFER: Yeah. They're skill working.

4 MR. CALLAHAN: When will they work up to?

5 MR. SHAFER: So it depends on how much

6 they do and weather.

7 MR. CALLAHAN: Got you.

8 MR. SHAFER: But basically we're hoping by
9 the end of October we would see them complete
10 that first phase.

11 MR. CALLAHAN: Okay. And they'll be back
12 in what, the end of school year?

13 MR. SHAFER: Yes, correct. In June.

14 MR. CALLAHAN: For next summer?

15 MR. SHAFER: Correct.

16 MR. CALLAHAN: I got you.

17 MR. SHAFER: So the second and final slide
18 that I have for you is form 102.4 from the
19 document, which includes a summary of the
20 current potential future requests.

21 I'll discuss the highlighted sections from

1 top to bottom on this form. And don't panic,
2 but I just want to go through and explain where
3 I'm at in the five-year plan.

4 So highlighted in yellow is the remaining
5 State portion of the 841,000 based on the
6 actual costs associated with the Easton High
7 School roof. So for FY23, which starts in
8 June, we would ask the State to fund that
9 841,000 to complete that roof project, the part
10 that they've already agreed to participate in.

11 The three dollar amounts highlighted in
12 green are related to the Chapel District
13 Elementary School campus improvements. So in
14 FY24, the replacement of the Chapel roof is
15 listed as the next requested project with an
16 estimated cost of 1.14 million.

17 And in FY25 and 26, the renovation of
18 Chapel is listed there as being the next
19 significant capital improvement with a total
20 estimated cost of 22 million.

21 The total funding requirements are

1 projected to be 12.6 million from the State and
2 14.87 million locally over the next five years
3 if the Capital Improvement Plan were to be
4 realized.

5 Now, obviously, there's lots of factors
6 that are involved there that would have to fall
7 into place for this to move forward at this
8 schedule.

9 And I know this may be the first time that
10 the Council is hearing some of these numbers
11 and projects. But what I wanted to just
12 briefly talk about with the Council is that I
13 had available funding to go through an inspect
14 and feasibility study process for Chapel, which
15 basically is just a precursor to a renovation
16 project.

17 But basically where we're at is we're
18 looking for the architectural firm that does
19 this process with the stakeholders involved to
20 come up with a recommendation. I'm not
21 professionally qualified to analyze that

1 building from top to bottom and determine what
2 needs there are. So that's why we contract
3 with an architectural firm and mechanical
4 engineers and structural engineers and all that
5 to make a determination of what the
6 recommendation should be for Chapel, which
7 could mean a limited renovation, which is just
8 kind of systems, to a full renovation, which is
9 what I've included just as kind of a
10 notification to the Council and the State that
11 we are looking at this.

12 By the time this would come to fruition,
13 Chapel is going to reach that 30-year mark,
14 which is kind of the magic number for full
15 State participation. And so I'm just trying to
16 get things into the queue for the upcoming
17 years.

18 And obviously, I can certainly take the
19 Council for a tour or we can schedule a time to
20 walk through and just kind of show you what
21 we're seeing if you haven't been in Chapel for

1 a time because it is an aging building.

2 Now, worst case scenario, funding issues
3 come up and this is delayed. I've listed the
4 roof replacement, which is the most urgent
5 need, first. If we were to go through the
6 inspect and feasibility process and it is
7 recommended a full renovation, we obviously
8 would take that out. We wouldn't replace the
9 roof and then renovate. That doesn't make
10 sense from a construction standpoint.

11 So I guess that's to be determined, but I
12 just wanted to make sure that it was on the
13 horizon there.

14 MR. LESHAR: Is that because of utilities
15 located up on the roof that would be
16 interrupted by that?

17 MR. SHAFER: Exactly. So yeah. Replacing
18 the roof and then replacing all the rooftop
19 units wouldn't make sense.

20 MR. CALLAHAN: So just a question.

21 MR. SHAFER: Sure.

1 MR. CALLAHAN: With being on the committee
2 over there at Glenwood when we did all that, so
3 you're basically starting the same process?

4 MR. SHAFER: Yes.

5 MR. CALLAHAN: That we did five, six years
6 ago on that?

7 MR. SHAFER: Yes. So I was not part of
8 the feasibility study for Easton Elementary
9 School.

10 MR. CALLAHAN: Right.

11 MR. SHAFER: I came on just as that was
12 concluding.

13 MR. CALLAHAN: Right.

14 MR. SHAFER: So this is the first step,
15 like I said, for the State to participate in
16 something like this.

17 MR. CALLAHAN: So at this time, it's just
18 a feasibility of determining on if it's going
19 to be new, used, bigger, or whatever?

20 MR. SHAFER: Yes, exactly.

21 MR. CALLAHAN: Okay.

1 MR. LESHAR: This is not anticipating an
2 increase in capacity, this is for the existing
3 plant?

4 MR. SHAFER: Well, so that is a good
5 question, Mr. Leshar.

6 MR. CALLAHAN: I was getting ready to ask,
7 yeah.

8 MR. SHAFER: So there's lots of factors at
9 play.

10 So the State has increased their square
11 footage per student allotment. So what that
12 means is that they would participate in the
13 greater square footage amount than what we have
14 currently.

15 Now, that's not significant, but it's
16 constantly changing. And by the time we would
17 get to planning, which is prior to funding, the
18 year prior you have to ask for planning. And
19 then the following year after planning
20 approval, you meet all the deadlines, then you
21 can ask for funding.

1 We may be looking at an extra five or
2 6,000 square feet based on the State's numbers.

3 Now, of course, we want the enrollment
4 projections to match with that. But one of the
5 things that's been a little frustrating is
6 there's been some housing developments that we
7 weren't quite aware of, and I don't know where
8 those currently are specific to Chapel's
9 district. But we do have a meeting with the
10 county and town planners to talk about some of
11 these developments in greater detail. So we'll
12 be able to answer that question a little bit
13 better.

14 MR. CALLAHAN: Good.

15 MR. SHAFER: That does conclude the
16 presentation that I had. I can certainly
17 answer any other questions that the Council may
18 have, but I am asking for support of this
19 document to send to the State, which requires a
20 letter from the Council to do that.

21 MR. CALLAHAN: Okay.

1 MS. PRICE: Well, the other two schools,
2 this is the first we've heard of it. So what
3 is your timetable for submission to the State?

4 MR. SHAFER: So as I said, so we wouldn't
5 being looking for any kind of funding from the
6 Council until FY24. And that would only be for
7 the roof, but that is contingent upon --

8 MS. PRICE: I'm talking about the two
9 elementary schools, the renovation of two
10 elementary schools.

11 MR. SHAFER: So the only renovation that
12 we're talking about right now is just for
13 Chapel. It's just broken up into two years
14 over because it would be a two-year project.
15 So that's the --

16 MS. PRICE: I'm just saying this is the
17 first we've heard of it and you want us to
18 support it? That's why I'm asking what your
19 timetable is for that.

20 MR. SHAFER: For funding?

21 MS. PRICE: Submission to the State.

1 MR. SHAFER: This is an annual document,
2 Ms. Price. So this has to be submitted each
3 October. The deadline is somewhere in the
4 first week of October each year.

5 MS. PRICE: So at the Board of Education
6 meeting that we had three weeks ago, we
7 couldn't have been told about it then?

8 I mean it's just hard to process and vote
9 on something on the same night when you're
10 talking about an \$11 million item. I know it's
11 years out, but we just had a meeting with you
12 guys. That should have been on the agenda.

13 MR. SHAFER: Agreed, agreed.

14 MS. PRICE: It's not like you didn't know
15 that the schools were at the age that they are,
16 and this is the first I've heard of it.

17 MR. SHAFER: So I don't set those agendas
18 for those meetings. I certainly do --

19 MS. PRICE: -- who works on the plan. And
20 you've done a wonderful job. I mean the whole
21 project with the new elementary school. I mean

1 kudos, absolutely. You've been amazing to work
2 with.

3 But if this is a renovation project and
4 this is kind of your gig, I think you probably
5 should have mentioned it to the Board of
6 Education or to Kelly to have had us a little
7 bit apprised of this a few weeks ago when we
8 met with the entire Board of Education.

9 Again, not your fault, but this is your
10 project.

11 MR. SHAFER: No. I'm not actually
12 deferring blame to anyone else. I take the
13 blame that it was not included on that agenda.
14 Maybe I should have made a larger case for it
15 to be on there I guess.

16 The issue that kind of comes to the
17 forefront for me is that this very tentative.
18 And so one of the things that I really kind of
19 want to make clear to the Council is that
20 Easton Elementary School took seven years to
21 come to fruition from the time that this all

1 started from the feasibility. It was a long
2 layover between the feasibility study and the
3 actual construction.

4 So yes. I agree that it's important to
5 communicate with the Council. But this is a
6 very aggressive timeline. And I guess that's
7 the one caveat that I would give to the
8 Council.

9 MR. LESHNER: So Mr. Shafer, what you're
10 asking for now is simply a letter that commits
11 this as part of the planning document that
12 would help queue us up for the State funding
13 that would support this so that we would be
14 able to meet this timetable?

15 MR. SHAFER: That's right.

16 MS. MORRIS: Mr. President, I would note
17 that the letter that the county does send to
18 the Board of Education every year regarding
19 this project always has a caveat in it that
20 says that funding -- that we approve the CIP
21 contingent on funding being available at the

1 time these capital projects come forward. So
2 that caveat is always included.

3 MR. CALLAHAN: Okay.

4 MR. LESHER: Well, with that, I'll move
5 for the letter as requested.

6 MR. CALLAHAN: Let me --

7 MR. PACK: I'll second it.

8 MR. CALLAHAN: Okay.

9 MR. DIVILIO: Can we --

10 MR. CALLAHAN: Excuse me. Mr. Divilio,
11 discussion.

12 MR. DIVILIO: Yes. Do you have a timeline
13 on the roof for Chapel? How long do you think
14 that will last?

15 MR. SHAFER: Well, so the current timeline
16 would be so let's say that the feasibility
17 study process does not come to a full
18 renovation. The determination or the
19 recommendation is not that.

20 Then we would be looking to replace the
21 roof in FY24 or at least start that process.

1 So that may only be a request for planning for
2 FY24 and FY25.

3 This is -- I know this -- when you deal
4 with the procedural stuff associated with the
5 State every day, I do tend to assume that
6 everybody has the same level of understanding.
7 But this is basically just a warning to the
8 State of upcoming projects so that they have
9 some idea.

10 I didn't even get into the weeds on the
11 issues at hand. There's a whole State process
12 that's going into assessing our buildings,
13 every building in the State. And they are in
14 the process of not only assessing it from a
15 maintenance standpoint, but from also an
16 educational sufficiency standpoint. Each
17 building will be rated.

18 And the funding that I'm talking about,
19 the Built to Learn Act funding, will actually
20 be tied to that rating.

21 So let's say that we go through this

1 process and Chapel is in the middle of the road
2 statewide, the chance that this would actually
3 be funded on the State level may be very small.

4 MS. PRICE: Absolutely. They're
5 definitely doing a ranking system of all,
6 looking at all schools in the State and they
7 are ranking them.

8 And the problem with that, and this one we
9 did talk about at the Board of Education
10 meeting, is that it almost rewards school
11 districts who have not properly maintained
12 their buildings. So if you let it fall apart,
13 you haven't put operating funds into your
14 school building, you might be more likely to
15 get money from the State for either a
16 renovation or a new school.

17 So that is -- and I know Dr. Griffith
18 agreed with that, that this is, I mean this is
19 wrong, that they're not looking at how well
20 have you maintained your building as part of
21 the "pecking order and ranking system."

1 It's something that MACo and our
2 representative from MACo talked about a lot
3 during that -- I think it was a note
4 commission, I think, that group.

5 So the way the State has gone about doing
6 this, this Built to Learn Act, there are
7 definitely a lot of flaws in it because Talbot
8 County, (inaudible), we have been incredible
9 with the way we have maintained our schools and
10 how long they have lasted. The new school,
11 that school, Glenwood, I still call it
12 Glenwood, over 50 years. Right?

13 MR. SHAFER: Right.

14 MS. PRICE: So we're not even at the
15 30-year mark, so...

16 MR. SHAFER: Just to be clear, the school
17 is much older than 30 years. So it's just 30
18 years since its last renovation.

19 MS. PRICE: Last renovation?

20 MR. CALLAHAN: How old is that school?

21 MR. SHAFER: '50s.

1 MR. CALLAHAN: '50s, okay.

2 MR. SHAFER: Maybe late '50s, early '60s.

3 But it's --

4 MR. CALLAHAN: Okay. So this just moves
5 it forward. It doesn't commit the Council.

6 MR. SHAFER: That's correct.

7 MR. CALLAHAN: All it does is send a
8 letter that to see if we're going to be getting
9 any State money in the future?

10 MR. SHAFER: That is correct. And so it's
11 not even for -- it's just for next year's
12 money.

13 MR. CALLAHAN: Right.

14 MR. SHAFER: But it's just a notice
15 basically.

16 MR. CALLAHAN: Okay.

17 MS. PRICE: Yes and no. I mean because we
18 have to pay a little more than 50 percent of
19 the bill. And once you send a letter to the
20 State saying that we basically support this,
21 I'm not saying we don't support renovating our

1 school.

2 My problem is we're just hearing about it
3 tonight. And certainly, sometime over the last
4 year since the last time we had a presentation,
5 we should have had a heads-up on it.

6 And you are. Once you send the letter to
7 the State, they expect you're going to find a
8 way to fund it.

9 MR. CALLAHAN: We'll see, we'll see.

10 MR. SHAFER: One thing I can say for
11 certain is there's no obligation.

12 MR. CALLAHAN: Right, right.

13 MR. SHAFER: So you can say that at this
14 point, like was stated, the letter always says
15 pending available funding.

16 MR. CALLAHAN: Exactly. Okay.

17 We got a motion and second. Madam
18 Secretary, could you call the roll.

19 SECRETARY: Mr. Callahan.

20 MR. CALLAHAN: Aye.

21 SECRETARY: Mr. Divilio.

1 MR. DIVILIO: Aye.

2 SECRETARY: Mr. Lesher.

3 MR. LESHER: Aye.

4 SECRETARY: Ms. Price.

5 MS. PRICE: No. Because this is the first

6 I've heard of it.

7 SECRETARY: Mr. Pack.

8 MR. PACK: Aye.

9 MR. CALLAHAN: Okay.

10 MR. SHAFER: Thank you very much.

11 MR. CALLAHAN: Thank you. Okay.

12 So next up, I think we've got Ms. Sarah

13 Jones. You want to come on up. Request some

14 fund transfers for employee benefits.

15 How are you, Sarah?

16 MS. JONES: I am wonderful.

17 MR. CALLAHAN: That's good.

18 MS. JONES: Thank you. Good to see you

19 all.

20 MR. CALLAHAN: Great seeing you.

21 MS. JONES: Thanks for having me.

1 You're right. I am here to request a
2 categorical transfer in our FY21 budget. We
3 are just wrapping up our audit, finalizing all
4 our FY21 numbers.

5 We do have some available funds through
6 some cost savings this year. And we wanted to
7 use those funds to put some funding into our
8 OPEB MACo investment account.

9 We have really limited funds in that
10 account. We only have funded it with \$100,000
11 back in 2016. That investment has earned us
12 \$53,000. So we've had a really nice return.
13 And we'd like to start putting some money away
14 to fund our future OPEB liability.

15 So we are requesting a \$500,000
16 categorical transfer in our budget,
17 specifically from the instructional salaries
18 budget line item into our fixed charges line
19 item.

20 MR. CALLAHAN: Good.

21 MS. PRICE: Could you tell the public what

1 that OPEB obligation is?

2 MS. JONES: I can. It's \$137 million.

3 That obligation, we just had a valuation
4 done this summer. We have a valuation done
5 every summer to meet our generally accepted
6 accounting principles that requires we have a
7 valuation done.

8 And our liability grew approximately
9 \$20 million from year to year. And the reason
10 that that liability is growing primarily is
11 because interest rates are falling and we have
12 no assets invested to speak of.

13 So we are in a very different situation
14 from Talbot County. Talbot County, in their
15 valuation when they go through the same process
16 every year, they have the benefit of having
17 assets invested that are actually earning a
18 return. And they're so much greater in
19 relation to your liability. You end up having
20 the benefit of being able -- they use different
21 assumptions.

1 And so we have to use an assumption of I
2 believe a 1.92 percent return on our
3 investments, whereas you're able to use like a
4 six or seven percent return I believe because
5 you actually have assets invested.

6 So there's a lot of sensitivity to some of
7 these assumptions. The assumption, for
8 example, in the interest rate, if it were -- if
9 an actual interest rate were to change by
10 one percent either way, it would have about a
11 \$20 million impact on our liability.

12 So it's a soft number I guess is the way
13 the actuary explained it to me, that
14 137 million. He said what we should be maybe a
15 little more focused on is what our annual cost
16 is. We fund our OPEB liability currently as we
17 go. So as we're paying post retirement health
18 benefits for our retirees, we fund them each
19 year.

20 So our cost has steadily been going down
21 from \$2.3 million in 2017 to \$1.6 million this

1 past year because we made some plan changes,
2 particularly in how we handle prescriptions for
3 our retirees. And we found a more affordable
4 plan. Saves us money, saves our retirees
5 money. So that's a really good trend.

6 But we need to get money into our trust.
7 So we're hoping that we can use the fact that
8 we had some grants this year that helped us
9 meet some of our operating costs and just had
10 other savings because of the strange operations
11 during COVID, and use some of that surplus to
12 fund our obligation.

13 MR. CALLAHAN: That's good.

14 MS. PRICE: So Sarah, this is one of the
15 topics that we did talk about at this Board of
16 Education meeting to which I referred to a few
17 weeks ago. And I appreciate the fact that you
18 want to start putting some money away.

19 One of the questions that I asked and I
20 think you were going to look into it, I
21 understand the interest rates, it's crazy,

1 about \$20 million. But I remember about, gosh,
2 half a dozen, eight years ago or so that
3 liability was told as \$50 million. So any way
4 you look at it in the last five to ten years,
5 it has doubled. And that's not because of the
6 interest rate.

7 And I don't remember. I don't know if
8 you've had a chance to look at that, why that
9 liability has increased from say 50 million to
10 even let's call it a soft \$100 million, why it
11 would have changed so drastically.

12 MS. JONES: Right. So I did. Actually I
13 had a meeting with our actuary about that.

14 And honestly the interest rate is the
15 biggest factor.

16 The other thing is in 2017, we changed,
17 like you changed, accounting principles. So
18 and I don't remember the accounting principle
19 number previously. But when we were all forced
20 to adopt a new accounting principle, our
21 liability grew from the 50, 60 million that it

1 had been in 2017 to \$90 million.

2 So where we're counting over the last five
3 years is from 90 million to 137 million.

4 And again, what the actuary explained to
5 me was that because we don't have actual hard
6 assets other than \$100,000 invested and earning
7 money, we have to use a different set of
8 assumptions to figure out how we're going to
9 fund that liability. And it's all very
10 theoretical I guess is what I would say.

11 Whereas, you have, by having more
12 significant assets invested in your account,
13 you have a demonstrated rate of return. And
14 you're able to -- I believe you're using
15 something like a six or seven percent rate. So
16 you're not falling behind. You're kind of
17 keeping pace with --

18 MS. PRICE: Well, the Council has made a
19 concerted effort to contribute to our OPEB.
20 And we have encouraged the Board of Education
21 to do so and they haven't.

1 This is the first somewhat significant
2 amount. But as long as I've been on the
3 Council, we certainly have been looking at
4 whether it's a \$50 million liability or
5 \$137 million liability, y'all need to do, at
6 least attempt to do what the County Council has
7 done so that this number isn't so massive.

8 But so as not to alarm the public, though,
9 most of us do pay go, so to speak. Like you
10 just said, 2. some million dollars is now
11 \$1.6 million and you do it out of your fixed
12 asset category.

13 So this isn't something that we would
14 really ever be on the hook for, whether it's
15 the county or the school, to say oh, my gosh, I
16 got to pay \$137 million. That's all of your
17 retirees if you didn't fund it at all out of
18 current assets over I don't know how many
19 period of years that would be. So people --
20 it's alarming, but they shouldn't completely
21 freak out because we do typically pay for it

1 out of our budget and your budget as well.

2 MS. JONES: That's exactly right. Out of
3 the 24 school systems in the State of Maryland,
4 22 to 23 of them are pay-as-you-go. There's
5 only one that's done any forward funding.

6 So we would like to start doing some
7 forward funding. We've never had fund balance
8 left over at the end of the year to be able to
9 add this as a supplemental item, and we've
10 never --

11 MS. PRICE: -- I beg to differ. You've
12 only been here for a year. I mean I know it
13 has been -- whether it's a small amount,
14 whether it's \$20,000 or whether it's a couple
15 hundred thousand dollars, there's always a
16 little bit of fund balance.

17 And we've always encouraged the school
18 system to take whatever little bit is left over
19 and put it in OPEB. And I think this is the
20 first year other than maybe that 100 grand that
21 they chose to do so, which I do appreciate.

1 MR. CALLAHAN: Sarah, you found a half
2 million dollars. We appreciate it. That tells
3 a lot about you.

4 MS. JONES: Thanks.

5 MR. CALLAHAN: Mr. Divilio.

6 MR. DIVILIO: No. I think that's a great
7 statement, because that was a request from the
8 Council.

9 MR. CALLAHAN: Exactly.

10 MR. DIVILIO: And you've worked hard to
11 find some money and start funding this. And
12 that's a great step in your short tenure with
13 the school.

14 MS. JONES: Thank you.

15 MR. LESHER: Well, future Councils and
16 future taxpayers will thank you and us for this
17 fiscally prudent move. Thank you. I can
18 certainly support this.

19 MR. CALLAHAN: Okay.

20 MR. LESHER: Do we need a motion to make
21 this happen? I will move to --

1 MR. CALLAHAN: Wait --

2 MR. LESHER: -- request for the budget
3 transfer request.

4 MR. DIVILIO: Second.

5 MR. CALLAHAN: Okay. We got a motion and
6 second.

7 Mr. Pack, do you want to speak?

8 MR. PACK: No comment.

9 MR. CALLAHAN: Okay. No problem.
10 We got a motion and a second. Call the
11 vote, Madam Secretary.

12 SECRETARY: Mr. Callahan.

13 MR. CALLAHAN: Aye.

14 SECRETARY: Mr. Divilio.

15 MR. DIVILIO: Aye.

16 SECRETARY: Mr. Leshner.

17 MR. LESHER: Aye.

18 SECRETARY: Ms. Price.

19 MS. PRICE: Aye.

20 SECRETARY: Mr. Pack.

21 MR. PACK: Aye.

1 MR. CALLAHAN: Okay. Sounds good. Sarah,
2 good job. Really appreciate it.

3 MS. JONES: Thank you.

4 MR. CALLAHAN: Okay. We're only an hour
5 and 15 minutes behind. That's not bad. Okay.

6 MS. PRICE: I always wonder why we
7 schedule our public hearings for 6:30 no matter
8 how many things are on our agenda ahead of
9 time.

10 MR. CALLAHAN: Yeah. Exactly. You got to
11 talking. So you know what I mean?

12 All right. Come on up, Mary Kay.

13 Mary Kay is here. She's done some great
14 work getting applications straight for the
15 Community Development Block Grant.

16 So Mary Kay, can you explain and go
17 through these grants for us, which you did a
18 phenomenal job on getting us some money?

19 MS. VERDERY: Sure. Thank you very much.

20 MR. CALLAHAN: Yup.

21 MS. PRICE: And it's great to see you.

1 MS. VERDERY: Pleasure to be back in front
2 of you.

3 MR. CALLAHAN: Yup.

4 MS. VERDERY: In the capacity as grants
5 administrator. So thank you.

6 In August, the county posted the CDBG
7 application and funding opportunity on our web
8 page, and we e-mailed local nonprofit
9 organizations. And we received five letters of
10 interest.

11 On September 14th, the Council voted to
12 move four of those projects forward for funding
13 in the next phase of the application process.
14 With one of those, BAAM, the Black African
15 American Minds, still in the fundraising stage.
16 So they were determined that they were
17 ineligible at this time but they could maybe
18 come back in the future if there's other
19 funding opportunities and the Council will
20 reconsider them for either grant funding or any
21 other opportunity that comes before us.

1 Three of the four selected projects
2 completed the necessary draft application. And
3 the Foundation of Hope chose to withdraw their
4 letter of interest at this time and they may
5 come back before us again in the future.

6 So we're currently asking for the three
7 applications in accordance with the CDBG
8 procedures to have the draft applications
9 reviewed during the public hearing today. And
10 then an administrative resolution to be moved
11 forward so that these three projects can be
12 submitted to DHCD, the Department of Housing
13 and Community Development, for an application
14 to be reviewed.

15 The three applications include the Polaris
16 Village Ministries, who are seeking \$500,000
17 for building revitalization. And their three
18 main objectives include a food program, a child
19 care program, and parenting classes.

20 The Chesapeake Multicultural Resource
21 Center, which is seeking \$128,750 for project

1 administration and to rehabilitate a 12,000
2 square foot building that they own on Higgins
3 Street to create a community center and a
4 community garden area.

5 And the third application is Midshore Pro
6 Bono, who is seeking \$50,000 to continue
7 providing direct legal assistance to low to
8 moderate income residents of Talbot County, and
9 the funding will support community outreach,
10 education, and legal representation.

11 The final applications are due to DHCD by
12 October 8th. So we're going to continue to
13 work with the agents to finalize the
14 applications, which will be reviewed and scored
15 by DHCD on a competitive basis. So even moving
16 forward with the application today through the
17 County Council and with your resolution, it
18 still goes on to their State process and has to
19 be evaluated and determined whether they're
20 eligible for funds.

21 So I believe there are representatives who

1 have been waiting a long time who are here from
2 each of these projects.

3 MR. CALLAHAN: Good.

4 MS. VERDERY: So if you have additional
5 questions or need more information on a
6 project, I would ask that we have them come up
7 and provide some more information.

8 But again, thank you very much for your
9 support for these three applications, and we
10 look forward to working with these applicants
11 and trying to get their funding and get their
12 project moving forward.

13 MR. CALLAHAN: Thank you, Mary Kay.

14 Did you mention the Foundation of Hope?
15 Did you mention that?

16 MS. VERDERY: The Foundation of Hope is
17 the one that they chose to withdraw their
18 letter at this time.

19 MR. CALLAHAN: Okay.

20 MS. VERDERY: So we do not need to
21 introduce that resolution this evening.

1 MR. CALLAHAN: All right. Thank you.

2 Okay. Do we open the public hearing?

3 MS. MORRIS: Yes.

4 MR. CALLAHAN: So now we're going to open
5 the public hearing for comments. So if you
6 want to speak, you can come on up and give your
7 name and your address. And I'll give you three
8 minutes. And if you're representing one of
9 these grants, I'll give you five minutes.

10 And so we'll start here on the left, of my
11 left on the first row? Second? Third?
12 Fourth? Okay.

13 To my right.

14 MR. LESHER: Do we need to read the title
15 in first?

16 SECRETARY: We need to read probably one
17 in its entirety.

18 MR. CALLAHAN: Okay.

19 SECRETARY: Have the public hearing first.

20 MR. CALLAHAN: Okay.

21 MR. LESHER: Sorry.

1 MR. CALLAHAN: No problem.

2 So here on my right, the first row? Sir,
3 you want to come on up?

4 MR. PETERS: Hello.

5 MR. CALLAHAN: Good evening. How you
6 doing? Appreciate you waiting, and I know it's
7 been long. And I appreciate you waiting.

8 MR. PETERS: I appreciate all the help and
9 assistance from Mary.

10 Again, my name is Matthew Peters.
11 Physical address is 7423 Station Road, Newcomb,
12 Maryland 21653.

13 I am the executive director of the
14 Chesapeake Multicultural Resource Center.

15 MR. CALLAHAN: Oh, great.

16 MR. PETERS: And we are asking for 128,750
17 I believe in order to renovate an old brick
18 building that we purchased back in 2019. Kind
19 of part of a larger complex at the 331, 333
20 Dover Street.

21 We believe that this is will be a great

1 improvement to the area, especially in an area
2 that we know needs a lot of revitalization. We
3 have a lot of good momentum in the east end
4 district of Easton with the development of Rise
5 Up Coffee, with the mural right on Rails To
6 Trails, with The Hill project, with growing
7 number of Hispanic stores and small businesses
8 in the area.

9 We think this is the perfect location to
10 invest into a community center, something that
11 we can use as a training facility and education
12 assistance facility for English as a second
13 language, we do citizenship classes.

14 We historically have been trying to use
15 school space and other spaces. Obviously with
16 this pandemic, that put a burden on so many
17 people in order to give us space. And now we
18 have this opportunity to kind of run and manage
19 our space safely.

20 Again, I think it will be a good return on
21 investment in terms of being able to engage the

1 community we work with, having interactions
2 with them. We'll have a number of partner
3 agencies from local government agencies to
4 banks to Chesapeake College, school systems.

5 And then one organization I work very
6 closely with, Boy Scouts of America, we will
7 use that also as a hub in order to create more
8 opportunities for young people to learn about
9 scouting, have access to camping equipment and
10 use that as a meeting area and what I think is
11 a community that really needs something that
12 they can gather around to participate in these
13 types of educations and community services.

14 MR. CALLAHAN: Okay. Thank you.

15 Appreciate it.

16 MR. PETERS: Thank you. Okay. We got a
17 question?

18 MR. LESHER: The document before us has a
19 different amount than we just heard.

20 MS. MORRIS: Yes.

21 MR. LESHER: The amount that we've heard

1 on the record here is the correct amount?

2 MS. MORRIS: That is correct, yes.

3 MR. LESHER: Thank you.

4 MR. CALLAHAN: Anybody in the second row?
5 Okay. How about the third row?

6 MR. DALY: Well, it's finally nice to be
7 here in person.

8 MR. CALLAHAN: Yup. Glad to have you
9 guys.

10 MR. DALY: I am Derek Daly, president of
11 Polaris Village Ministries.

12 MR. THOMPSON: My name is Jymil Thompson.
13 I'm the head of schools at Polaris Village
14 Academy.

15 MR. DALY: We are requesting \$500,000 to
16 help us renovate a historic church on Port
17 Street, 209 Port Street.

18 This church has been sitting there, really
19 an eyesore of that community. We purchased it
20 not too long ago. And we found that working
21 with Rauch Engineering, we are able to come up

1 with a very good plan to turn it into a day
2 care center and also to create a commercial
3 kitchen that would help us provide food for
4 people that have food insecurity.

5 Our goal is to start maybe at five o'clock
6 to seven where anyone in the community can come
7 in, have a meal with us. You come in and have
8 a meal, anyone. Chuck, you can come. Excuse
9 me. Mr. Callahan, you can come.

10 MR. CALLAHAN: No problem.

11 MR. DALY: Mr. Leshner, Mr. Divilio,
12 Ms. Price, I'm hoping to see you there. And
13 you can come and have a meal with us.

14 And what we do is it will be free to
15 everybody. And what you can do is, for
16 yourself or anyone else, you can just throw in
17 a little donation to help it keep going. But
18 then it will allow other people that really are
19 not able to throw in that donation and really
20 need that assistance, they can come in and have
21 a meal and know that they have at least for

1 seven days a week during that period of time,
2 they can come in and get a meal with us.

3 From there, in our application, we have a
4 program that's called the Feed Program. So
5 we're looking to as they sit down, sit down
6 with them and have a conversation. How is your
7 family doing, what's going on, do you have any
8 needs. Because we are well connected, as you
9 know, with Building African American Minds,
10 we're connected with the Multicultural Center,
11 we're connected with the Y. A lot of -- Talbot
12 County has a lot of resources out there that we
13 can direct so many people that might be coming
14 to us so that we can provide services to them.
15 And this would just be a great way.

16 And hopefully, our end result is that they
17 come back once they get themselves together,
18 their feet on the ground, they come back and
19 they help us and they assist in serving or
20 doing anything else that the ministry would put
21 on.

1 I'm going to let Mr. Jymil here talk about
2 the services to children.

3 MR. THOMPSON: So thank you for having me,
4 once again. I want to just say thank you to
5 Mary. She's been awesome with the whole
6 process. I called her about 15 times during
7 the process. So she's been great.

8 So what we're doing, designed to do, so we
9 have pre-k3 in that particular building. We
10 want pre-k3 in there and we want our school
11 (inaudible).

12 The rationale for pre-k3 is the earlier
13 you get kids, the better you can serve them and
14 the more academically sound they will be by the
15 time they enter kindergarten.

16 MR. DIVILIO: Can you lean into the
17 microphone a little bit?

18 MR. THOMPSON: Oh, I'm sorry.

19 MR. DIVILIO: No. That's all right.

20 MR. THOMPSON: So we want pre-k3 students.
21 So that's what the idea of the child care

1 center.

2 And that rationale for that is the earlier
3 we get students, we all know that the better
4 their outcome should be when you get them
5 earlier.

6 So we figure if we get them at pre-k3,
7 which is three years old, and we probably give
8 them the foundational skills prior to getting
9 into school, then the transition from our
10 pre-k3 program into our pre-k4 program into our
11 kindergarten program to our first grade
12 program.

13 MS. PRICE: Question, though. We've got
14 public schools that we fund for pre-k3, four,
15 kindergarten, and first grade.

16 So tell me why we would want -- and if
17 they can go to our public school system, I mean
18 I love everything that you're doing. But why
19 would we need to have pre-k, kindergarten, and
20 first grade when we have our public school
21 system at those ages?

1 MR. THOMPSON: Great question. And I
2 think that people coming from lower economic
3 status should have options as well. I don't
4 think that they have the options that the
5 higher economic status people have.

6 MS. PRICE: But that's exactly why we've
7 gone lower in public education. Why they're
8 now doing universal pre-k3 is so exactly for
9 that.

10 MR. THOMPSON: But universal pre-k,
11 universal pre-k is not -- so for instance, this
12 is an example.

13 Right now, the school system is not
14 servicing kids. They shut it down. So what
15 happens to our program, they come over to our
16 program, and now we're servicing them.

17 Right now the kids aren't being serviced
18 because the Head Start or their early program
19 got shut down. So now what happens, the kids
20 that's in that community over at Port Street
21 don't have anything.

1 So what do we do. We give them the option
2 to do something, to have education, instead of
3 sitting at home doing nothing.

4 And I believe I just heard you say prior
5 to maybe a couple of hours ago about education
6 and having kids, options for kids to have
7 education.

8 MS. PRICE: But our kids are in school
9 right now.

10 MR. THOMPSON: No, not the lower ones
11 because we got several kids in our program that
12 cannot go to pre-k3 right now or pre-k4.
13 They're at my building right at this moment
14 getting serviced.

15 MS. PRICE: Wondering why they're not in
16 pre-k. But keep going.

17 MR. THOMPSON: They're in pre-k. They're
18 in pre-k. They're in pre-k right now, right
19 now.

20 And the parents, and you can -- the
21 parents' specific words to me was that they

1 shut the program down over here. So they came,
2 asked if we have any options available to them,
3 and we have options.

4 I don't see what's wrong with that.

5 MS. PRICE: No, no. My question is to the
6 Board of Education right now why they're not
7 getting pre-k. And I need to verify whether
8 that's true or not true.

9 MR. DALY: Just to make an additional
10 point to that. We're not trying to replace the
11 school system. We are trying to be an
12 additional resource to the community.

13 So if we, like Mr. Thompson said, anyone
14 can send a child to the public school system.

15 What we do that's a specialty, okay, is we
16 focus on individual learning. The school
17 system has to go by whatever Washington, D.C.
18 says. Okay. We don't really agree with that.

19 We want to say, we want the child to
20 learn, especially at that age, how the child
21 learns first. And then as the child begins to

1 learn, then it can be introduced different
2 learning styles.

3 Perfect example. As an African American
4 male, I went to a predominantly white school.
5 Okay. And as they were teaching me, they said
6 we think that you have a learning disability.
7 Well, if anyone sees me now, they'll say that's
8 ridiculous.

9 But at the time, my parents, both my
10 parents were from the Caribbean. So I'm a
11 first generation American. Okay. And so the
12 way my parents taught me, it was different.
13 Has nothing to do with my intelligence, but it
14 was the way that they were trying to teach me,
15 it didn't connect. So I was struggling at the
16 time.

17 When I finally did get caught up or in
18 touch or engaged in understanding how they were
19 trying to teach me, I started moving along.
20 And that's why I became who I am today and why
21 this gentleman next to me, why we are doing

1 this because we know that at that young age, a
2 child can make it or a child can just flounder.
3 And it may be a lifetime that that child will
4 never get caught up.

5 And all we're trying to do is provide a
6 service for a child like myself and like him to
7 be able to catch up. And at any time, they can
8 go into the public school system and understand
9 how to learn and move along.

10 MS. PRICE: Absolutely. Kids have
11 different learning styles. We have different
12 learning styles at every age. So thank you.

13 MR. DALY: Yeah, yeah.

14 MR. CALLAHAN: Okay.

15 MR. DIVILIO: Would you see this as
16 competing with or partnering with the
17 Neighborhood Service Center's after school
18 program?

19 MR. THOMPSON: Definitely partnering.
20 Like we're not in the business of trying to put
21 anybody out of business or saying that our

1 program is better than, our program is more
2 better than another program.

3 What we're trying to do is just be
4 collaborative in the community.

5 And I can give you an example of how we're
6 doing that to date because we have a lot of
7 community partners. Choptank Behavioral
8 Health, the YMCA, we have Ebb Yoga. We have a
9 lot of people in the community, in the Easton
10 community right now that are taking -- have
11 active participation in the program.

12 So we're definitely not trying to take
13 over or trying to put anybody out of business.

14 Partnership and collaboration is at the
15 forefront of what we want to do. And so far,
16 we have been very good at the partnerships and
17 they have been very good to us.

18 MR. CALLAHAN: That's good.

19 MR. DALY: Also, just to add to that.

20 We're also going, was it the four on, two off?

21 We're -- tell me how we're (inaudible).

1 MR. THOMPSON: So right now, the program
2 consists of Monday, Wednesday, and Friday is
3 academics, rigorous academics in mathematics,
4 science, social studies, etc. And then on
5 Tuesday and Thursdays, where our community
6 partners come into the program and provide
7 their services.

8 So for example, the YMCA starting next
9 week on Tuesday, October 5th, is providing swim
10 lessons for the year for our kids. Ebb Yoga is
11 coming in to provide services. We have a whole
12 bunch of community partners on Tuesdays and
13 Thursdays that provide services.

14 And what we're doing now is having a
15 back-to-school night on September 30th where
16 all the partners are coming into the school, to
17 the BAAM Center, and the parents are coming to
18 meet them to see who's providing services to
19 their kids just to build that relationship and
20 foster that community that we want to build.

21 If you look at our mission statement, it

1 says a village. And that's what we believe
2 that we need to raise kids, is a village. Not
3 just one individual person, not just one
4 individual organization, the community as a
5 whole and all these services.

6 So that's where we stand with that, sir.

7 MR. CALLAHAN: That's great.

8 MR. PACK: Can I ask a question,
9 piggybacking on Mr. Divilio's question
10 regarding the Neighborhood Service Center?

11 This site that you have selected, the old
12 church, I know exactly where you're talking
13 about, is probably less than 75 yards from the
14 front door of 126 Port Street, where the
15 Neighborhood Service Center is located.

16 Did I hear you say, maybe I didn't hear it
17 clearly, that you're going to open up a food
18 bank also there to serve food?

19 Isn't that going directly, I'm not going
20 to say competition, but directly in line with
21 what the Neighborhood Service Center does with

1 its food pantry and do we need in such close
2 proximity two entities doing the exact same
3 work?

4 MR. DALY: Mr. Pack, we're going to
5 not -- we're not a food pantry and we're not a
6 food bank.

7 We are actually going to be cooking the
8 food as if we were a restaurant. So and then
9 we're going to be inviting anyone in the
10 community, not just people in need, but anyone
11 in the community come in and have a meal with
12 us. It's a ministry.

13 So we're hoping that, of course, and the
14 way we're going to market this is that if
15 people -- we don't want to make it seem like
16 we're opening up this food shelter for everyone
17 to come in that needs something. We're trying
18 to take that stigma away.

19 We want people to come in and take part of
20 the services that are available to them. So
21 we're going to open it up to everyone.

1 We're -- I used to own a restaurant. So anyone
2 who traveled to that restaurant know we cook
3 good food.

4 So I ask anyone to come and just have a
5 meal with us. It's our ministry. And we're
6 hoping that we do get people that are not able
7 to afford a meal, that they can come and have a
8 meal. And we're hoping that people that can
9 afford a meal, that come and make a donation so
10 that it will support those who can't.

11 And that's the village Mr. Thompson was
12 talking about. It takes all of us to get this
13 done. And that's why we're coming in front of
14 you, because we're asking help from you to be a
15 part of what we're trying to do. And we hope
16 that this is something that you're interested
17 in.

18 MR. PACK: Well, I appreciate you clearing
19 that up.

20 Again, I may have heard mistakenly, since
21 I'm not there in person.

1 What you're saying is that this is not
2 going to be a food pantry within 75 yards of
3 the front door of the Neighborhood Service
4 Center, but it's going to be an on-site kitchen
5 where people can come and sit down and have a
6 meal.

7 Of course, that's all governed by the
8 Health Department, not by us.

9 MR. CALLAHAN: Right.

10 MR. PACK: So I think with that
11 clarification, I would feel okay with it.

12 MR. CALLAHAN: Okay.

13 MR. THOMPSON: Can I say two more things,
14 please?

15 MR. CALLAHAN: Yeah, sure, sure.

16 MR. THOMPSON: Also, I want to just make
17 it abundantly clear. And this goes to show
18 that we're not trying to overtake or try to
19 take in competition with the school system.

20 Our design of our school is to not have
21 more than ten kids per classroom. So that's

1 the design. We want to keep it as small and as
2 intimate as possible because we all know the
3 bigger you get, the less you can do.

4 So for example, we provide social
5 emotional services to all kids that enter our
6 program. A social worker does virtual services
7 with the kids at home and sees them inside of
8 the school setting.

9 So if we get bigger, then we're not going
10 to be able to provide them type of services for
11 the kids.

12 And I can give you another example. We
13 have a kid that has a speech and language
14 issue. And instead of signing him up for
15 special education and run through the special
16 education process, we partner with a speech and
17 language pathologist in the community. They
18 come in, they provide special education -- or
19 speech, not special education services, speech
20 and language services to the kid. And that's
21 how we do things.

1 If we get so big, we're not going to be
2 able to do those type of things. So we want to
3 remain relatively small, whether we went up to
4 12th grade or we go to just eighth grade or
5 just to fifth grade or just to third grade. It
6 will never be a lot of students in the
7 classroom. Will always be ten students because
8 we know if you look at the research, and I'm
9 just speaking about research, educational
10 research, you see the smaller the class sizes,
11 the more opportunities students have to learn.

12 So that was the whole metamorphosis of why
13 we wanted to do the school, to have that
14 smaller setting, to have that intimate
15 educational resources for the students to be
16 able to provide that in abundance. And that's
17 the whole reason for that.

18 And lastly, we also, I forget to mention,
19 we also partner with The Judy Center. We have
20 a great partnership with them. They wanted to
21 commit to the program. They even offered for

1 us to bring our students over to The Judy
2 Center for any type of services that they may
3 need.

4 So once again, that's just proof and
5 that's just what I just want to put out there,
6 that we are in the business of helping out,
7 we're in the business of being community
8 oriented, we're in the business of being
9 collaborators, and lastly, we're in the
10 business of educating kids and that's all we
11 want to do and provide kids a great
12 opportunity, with everyone else that's
13 providing kids great opportunity in the
14 community already.

15 MR. CALLAHAN: Okay.

16 MR. DALY: And we're currently five to
17 one student teacher ratio. So this is intense
18 learning for the kids. It's very intense. And
19 so it's really to get these kids by the time --
20 our goal is to get them -- we're very STEM
21 weighted, heavily STEM weighted.

1 So our goal is to get them to algebra two
2 by eighth grade.

3 Once they're in algebra two, we want them
4 to go into the high school taking geometry.
5 Therefore, they are able to get into BC
6 calculus.

7 Then they can go, as everybody -- as most
8 people know, I was very good friends with the
9 late Jim Clark. And he started The Clark
10 School of Engineering at University of
11 Maryland. And so STEM is really a big deal
12 with us.

13 MR. CALLAHAN: Okay, okay. Thanks a lot,
14 guys. I really appreciate the great
15 information.

16 MR. DALY: Sorry we took so much time.

17 MR. CALLAHAN: No problem, no problem.

18 Okay. Anybody on the fourth row, still on
19 the public hearing? And the last row? Okay.
20 Come on up. It's a public hearing.

21 MS. BROWN: Hi.

1 MR. CALLAHAN: How are you?

2 MS. BROWN: Sandy Brown, executive
3 director of Mid-Shore Pro Bono. I didn't
4 realize that we were supposed to defend these
5 grants, but very grateful and happy for the
6 opportunity to do so.

7 I know you guys are familiar with our
8 work. We saw this opportunity to continue that
9 work and get funding in cooperation with the
10 county. So we're very happy.

11 And actually we'll be very happy to
12 partner with the other grantees. I'm just
13 learning about them. And already partner with
14 Chesapeake Multicultural Resource Center.

15 As you know, there are quite a few low and
16 moderate income people who are struggling with
17 civil legal matters. We are here to continue
18 that work.

19 Facing lots of struggles to do that.
20 We're asking for a moderate sum of \$50,000 just
21 for our operations, keep our headquarters here

1 in Talbot County.

2 I really should have asked for money for a
3 building, but I didn't think about that. But
4 maybe next time.

5 If you guys have any questions, I'd be
6 happy to answer them.

7 MR. CALLAHAN: Okay. We're good.

8 MS. BROWN: Thank you so much.

9 MR. CALLAHAN: Thank you, Sandy.
10 Appreciate it.

11 MS. BROWN: And thanks to Mary Kay. She's
12 been fantastic.

13 MR. CALLAHAN: Okay.

14 MS. BROWN: We'll connect.

15 MR. CALLAHAN: There she is. Okay, Mary
16 Kay. Okay.

17 MS. VERDERY: I do just want to make one
18 clarification because it was asked in regard to
19 the Chesapeake Multicultural Resource Center.
20 Their request has been increased from 125,000
21 to 128,750.

1 MR. CALLAHAN: Okay.

2 MS. VERDERY: And that's to include \$3,750
3 for project administration. It's 100 hours at
4 37.50. So it's a slight increase in that
5 request so that they have funding for project
6 administration.

7 MR. CALLAHAN: Okay. Thank you. Okay.

8 So right now, does anybody else want to
9 speak on any of the grants?

10 So do we want to hold the public hearing
11 open or we close it?

12 MS. MORRIS: We can close the public
13 hearing.

14 And I just want to make one last point of
15 clarification.

16 Again, thank you to Mary Kay. She's doing
17 a wonderful job as the grants administrator.

18 There are no county funds involved with
19 any of these projects.

20 MR. CALLAHAN: Right.

21 MS. MORRIS: This is strictly just

1 fostering their grant application for Community
2 Development Block Grant funds through the
3 State.

4 MR. CALLAHAN: Well, thank you, Jess, for
5 telling everybody that.

6 So Madam Secretary, would you like to read
7 one of the grants, please.

8 SECRETARY: Administrative resolution.
9 Whereas, State of Maryland, through the
10 Department of Housing and Community
11 Development, has solicited applications from
12 eligible jurisdictions to apply for funding
13 under the Maryland Community Development Block
14 Grants, CDBG, program.

15 And whereas, Talbot County is eligible to
16 apply for funds from the Maryland Community
17 Development Block Grant program through the
18 Maryland Department of Housing and Community
19 Development.

20 And whereas, the Talbot County Council
21 held the required public hearing related to the

1 formulation of the Community Development Block
2 Grant application on September 28, 2021.

3 And whereas, the Talbot County Council
4 understands and acknowledges that they would be
5 responsible for the completion of grant
6 activities and any corrective actions,
7 including the repayment of funds, if necessary.

8 Now, therefore, be it resolved that the
9 Talbot County Council hereby authorizes the
10 submittal of an application for Community
11 Development Block Grant funds in the amount of
12 \$500,000 for Polaris Village Ministries,
13 building revitalization located at 209 Port
14 Street, Easton, Maryland 21601.

15 And \$128,750 to rehabilitate a building
16 owned by Chesapeake Multicultural Resource
17 Center located on Higgins Street behind 331
18 East Dover Street, Easton, Maryland 21601.

19 And \$50,000 for Mid-Shore Pro Bono, MSPB,
20 Eight South West Street, Easton, Maryland
21 21601.

1 Be it further resolved that the Talbot
2 County manager is authorized and empowered to
3 execute any and all documents required for the
4 submission of the application.

5 Given under our hands and the great seal
6 of Talbot County this 28th day of September in
7 the year of our Lord, 2021.

8 MR. CALLAHAN: Thank you, Madam Secretary.

9 Do we need a motion?

10 MS. PRICE: Do we need to do them
11 separately or all at once?

12 MS. MORRIS: Probably separately. Thank
13 you.

14 MR. LESHER: I'll move the administrative
15 resolution for the Polaris Village Ministries.

16 MS. PRICE: Second.

17 MR. CALLAHAN: Madam Secretary, could you
18 call the roll.

19 SECRETARY: Mr. Callahan.

20 MR. CALLAHAN: Aye.

21 SECRETARY: Mr. Divilio.

1 MR. DIVILIO: Aye.

2 SECRETARY: Mr. Leshner.

3 MR. LESHER: Aye.

4 SECRETARY: Ms. Price.

5 MS. PRICE: Aye.

6 SECRETARY: Mr. Pack.

7 MR. PACK: I'm sorry. Which one did

8 Mr. Leshner move on?

9 MR. LESHER: This last one for Polaris --

10 MR. CALLAHAN: Polaris.

11 MR. LESHER: -- Ministries.

12 MR. PACK: Oh, okay. Aye.

13 MR. CALLAHAN: Okay.

14 SECRETARY: The next one will be

15 Chesapeake Multicultural Resource Center.

16 MR. LESHER: I will move for that

17 administrative resolution.

18 MR. DIVILIO: Second.

19 MR. CALLAHAN: Okay. We got a motion and

20 a second. Madam Secretary, could you call the

21 vote, please.

1 SECRETARY: Mr. Callahan.

2 MR. CALLAHAN: Aye.

3 SECRETARY: Mr. Divilio.

4 MR. DIVILIO: Aye.

5 SECRETARY: Mr. Leshner.

6 MR. LESHER: Aye.

7 SECRETARY: Ms. Price.

8 MS. PRICE: Aye.

9 SECRETARY: Mr. Pack.

10 MR. PACK: Aye.

11 MR. CALLAHAN: So the third.

12 SECRETARY: So the last one is Mid-Shore
13 Pro Bono.

14 MS. PRICE: So moved.

15 MR. DIVILIO: Second.

16 MR. CALLAHAN: Okay. Got a motion and a
17 second it. Madam Secretary, could you call the
18 vote.

19 SECRETARY: Mr. Callahan.

20 MR. CALLAHAN: Aye.

21 SECRETARY: Mr. Divilio.

1 MR. DIVILIO: Aye.

2 SECRETARY: Mr. Lesher.

3 MR. LESHER: Aye.

4 SECRETARY: Ms. Price.

5 MS. PRICE: Aye.

6 SECRETARY: Mr. Pack.

7 MR. PACK: Aye.

8 MR. CALLAHAN: Okay.

9 MS. VERDERY: Thank you very much. I look
10 forward to working with the applicants and
11 getting these complete. And we'll be back in
12 touch with you and let you know the results.

13 MR. CALLAHAN: Okay. That sounds great.
14 Appreciate it. Thank you, guys.

15 MS. VERDERY: Thank you.

16 MR. CALLAHAN: Now, we're moving on from
17 the public hearing. We have introduction of
18 administrative resolution, Council's next
19 series of administrative resolution
20 regarding --

21 MS. MORRIS: We did that.

1 SECRETARY: We did that.

2 MR. CALLAHAN: Okay. I'm sorry.

3 MS. MORRIS: Now we're at presentation of
4 petition.

5 MR. CALLAHAN: There we go. Okay. I'm
6 sorry. Okay. Yup. Thank you, Jess.

7 Presentation of the petition. Okay.
8 Madam Secretary, will you please read the title
9 of the petition into the record, please.

10 SECRETARY: In the matter of petition of
11 Lynn Leonhardt Mielke, et. al., for rescission of
12 an unnumbered administrative resolution of the
13 County Council of Talbot County authorizing
14 relocation of the Talbot Boys statue, which was
15 adopted on September 14, 2021, the
16 administrative resolution.

17 To the secretary, County Council of Talbot
18 County. Under the authority of section 6B of
19 the Talbot County rules of procedures, we, the
20 undersigned citizens of Talbot County,
21 Maryland, hereby petition the County Council of

1 Talbot County for the following:

2 That a numbered resolution be adopted
3 substantially in the form and substance
4 attached hereto as Exhibit A for the purpose of
5 rescinding the aforementioned administrative
6 resolution. And for reasons therefor say this
7 is necessary to uphold the integrity of Talbot
8 County's legislative system, both as to the
9 substance of and the process for enacting the
10 administrative resolution, as further detailed
11 in materials attached hereto.

12 Signed by Lynn Leonhardt Mielke, W. David
13 Montgomery, and Clive R. Ewing.

14 MR. CALLAHAN: Okay. Mr. Thomas, can you
15 explain the process, please?

16 MR. THOMAS: Yes. So pursuant to section
17 6B of the Council's rules of procedure, once a
18 petition has come in and been presented to the
19 secretary, it's certified, it's presented to
20 the Council, as she has, and a file is
21 maintained.

1 And then pursuant to section nine of the
2 rules, the secretary, as she has, reads the
3 petition by name and title and gives it a
4 number.

5 And then the Council at that point is
6 authorized to take but is not required to take
7 any specific action, but it says may take any
8 appropriate action.

9 So in this particular instance, the
10 Council is being asked to introduce and then
11 adopt a numbered resolution. And under the
12 rules of procedure, any member of the Council
13 may direct the county attorney to prepare
14 legislation. And that request would have to
15 come either orally here at the meeting or in
16 writing with two others acknowledging that
17 they're aware of the request.

18 MR. CALLAHAN: Okay. I'm going to open it
19 up to Council.

20 MS. PRICE: Yes. Question.

21 MR. CALLAHAN: Go ahead, Mr. Pack.

1 MR. PACK: I'll let Ms. Price go.

2 MS. PRICE: No. My question is is the
3 request for the same resolution only in
4 numbered form, which is basically what I asked
5 for two weeks ago? Is that how you read the
6 request?

7 MR. THOMAS: I read it as it's a numbered
8 resolution be adopted substantially in the form
9 of substance attached to the petition for the
10 purpose of rescinding the administrative
11 resolution that was adopted at the last meeting
12 on September 14th.

13 MS. PRICE: Mr. Pack have a question?

14 MR. CALLAHAN: Yeah. Mr. Pack, you have a
15 question.

16 MR. PACK: No. I don't have a question.

17 After hearing the county attorney's
18 explanation of the procedural process on this
19 matter, Mr. Chair, I will make a motion that
20 the petition be denied at this time.

21 Again, if any Council member wishes to

1 answer an administrative resolution, he or she
2 may do so. I don't feel Council needs to have
3 a petition to address this matter in this
4 fashion.

5 So I will make a motion that the petition
6 be denied at this time.

7 MS. PRICE: I thought we were just having
8 discussion because now the first person to make
9 a motion doesn't -- nobody has an opportunity
10 to make a motion.

11 MR. DIVILIO: I'll second the motion.

12 MS. PRICE: So if I wanted to make a
13 motion to do a numbered resolution, how do we
14 do that?

15 MR. THOMAS: There's already a motion on
16 the floor.

17 MS. PRICE: I thought we were just
18 discussing it and asking questions at the
19 moment. But like the game show, we have to
20 press the button fast enough.

21 MR. CALLAHAN: Okay. So we've got a

1 motion and a second to deny this petition.

2 Discussion.

3 MS. PRICE: Well, I would just go back to
4 two weeks ago when I thought that both the
5 resolutions that I had read into the record and
6 that Mr. Divilio put forth should have had some
7 type of public hearing. Whether a numbered
8 resolution requires that or not is irrelevant.

9 I think the public process was important,
10 is still important. And I certainly would have
11 liked to have seen this resolution go through a
12 public process, especially with information
13 that has come to light.

14 Again, I guess I didn't hit the buzzer
15 fast enough because I know the way this motion
16 to deny is going to go down. The motion has
17 been seconded. It's going to go the same way
18 as the vote did two weeks ago. And once again,
19 the public is going to get shut out of this
20 process. And I wholeheartedly disagree with
21 that.

1 MR. CALLAHAN: Mr. Leshner.

2 MR. LESHNER: I have nothing further.

3 MR. CALLAHAN: Yeah, I would agree with
4 Ms. Price, too. It's kind of a shame that the
5 public didn't get the opportunity to do this.
6 You know, it's not the right way to go in my
7 opinion. And I guess we just got to keep
8 moving forward. And like you said, we got shut
9 down.

10 MS. PRICE: So.

11 MR. PACK: Mr. Callahan, I'll just repeat
12 myself, as I said back on September the 14th.
13 As you very well know, we did have ample
14 opportunity to hold public work sessions on
15 this matter. And it was not, it was not, it
16 was not done.

17 So I think it's not fair, it's not
18 appropriate to now say that the public is being
19 shut out. So I just take issue with that
20 characterization.

21 MS. PRICE: Except that there was no

1 resolution on the floor.

2 I mean we were -- obviously every meeting,
3 we have heard from the public, both good, bad,
4 and in the middle, on this process for the last
5 over a year, year and a half. We have heard on
6 this.

7 We had a public hearing last year on the
8 vote, last July, August. And this was the
9 first resolution that had been put forth.

10 A work session to hear from the public is
11 very different than a public hearing with a
12 resolution on the floor. And the public has
13 had no opportunity to come to us in a public
14 hearing to comment on a resolution or a bill.

15 Last year, it was a bill. It was a
16 numbered bill. And that was the right way to
17 proceed.

18 And with what's happening now, an
19 administrative resolution, and maybe even a
20 numbered resolution isn't the right way to
21 proceed on something that so many people in

1 this community on both sides are interested in.

2 And again, I will repeat what I said a
3 couple of weeks ago. It doesn't matter which
4 side of the issue that you're on. You deserve
5 to be heard, not just in protest outside, not
6 just not in e-mail. But there's a resolution
7 or a bill that's been introduced, and we have a
8 proper public hearing.

9 And Mr. Pack hit the buzzer before I could
10 and now it's going to be denied. And I don't
11 know.

12 Now I have a procedural question now. If
13 this goes for a vote the way I think it's going
14 to go, can I still ask after the fact or do I
15 not have the opportunity to have this
16 introduced as a numbered resolution? Am I shut
17 out of the process now?

18 MR. THOMAS: I think the rules of
19 procedure allow for any member of the Council
20 to direct the county attorney to prepare
21 legislation.

1 MS. PRICE: To rescind this?

2 And if I do that or if some member of
3 Council does that, does that allow for a public
4 hearing?

5 MR. THOMAS: There is no requirement in
6 the rules of procedure that resolutions
7 automatically go to a public hearing.

8 MS. PRICE: So who makes that decision
9 whether or not there's a public hearing? Is it
10 the majority of Council, is it the Council
11 president, or the person that makes the
12 introduction?

13 MR. CALLAHAN: Individual Council;
14 wouldn't it?

15 MS. PRICE: Right. So let's say a
16 resolution gets introduced, Resolution ABC.

17 MR. CALLAHAN: Right.

18 MS. PRICE: Who decides whether it has a
19 public hearing or not?

20 MR. THOMAS: The rules don't specify that.
21 So I can't say my time here how that's been

1 handled because I think the resolutions have
2 been water and sewer plan amendments, which
3 have hearings, as required under State law.

4 MS. PRICE: Right. In 11 years, I can't
5 remember a numbered resolution not having a
6 public hearing.

7 MR. CALLAHAN: Right.

8 MR. DIVILIO: I'm confused by your
9 question.

10 MR. PACK: And if I do remember correctly,
11 maybe I don't, but there were members of
12 Council who said they did not want to meet
13 publicly with the public. They did not want to
14 meet in a public setting. They would meet one
15 on one, but they would not meet in a public
16 setting.

17 So again, your characterization at this
18 time to say that the public is shut out, that
19 the public didn't have a chance to speak about
20 this subject in its entirety is not completely
21 accurate.

1 MS. PRICE: I'm talking about a bill or a
2 resolution, Mr. Pack, not a public work
3 session.

4 MR. PACK: I'm talking about the entirety
5 of the subject, not --

6 MS. PRICE: We've heard about the entirety
7 of the subject for the last year and a half
8 when people come. And I appreciate them coming
9 and speaking at the end of our meetings.
10 Absolutely, we have heard from it. And we know
11 that nobody's opinion was going to change.

12 But when there is a bill or a resolution
13 on the floor, I believe in transparency and a
14 public process to come and have your three
15 minutes to speak to the Council in this
16 setting, as opposed to just a work session.

17 MR. PACK: Well, the procedures are what
18 they are. The wording of our procedure, as you
19 all very well know, I have issue with some of
20 our wording in its ambiguity. But that's
21 another matter for Council to take up at

1 another time as to how we want to go about and
2 do a forensic look at our rules of procedure.

3 But as it stands right now, Mr. Chairman,
4 there is a motion and a second before this
5 Council.

6 MR. CALLAHAN: Well, Mr. Pack, I just want
7 to comment, you know, because you commented on
8 you were offended on what I said.

9 It's not that it's what I said. It's what
10 I sort of believe when it comes to public
11 hearing and a numbered resolution. That's all
12 I'm saying, that I just think we went about it
13 wrong.

14 And this, that was so highly publicized, I
15 really think that people should have really
16 been able to speak on it. That's all I'm
17 saying.

18 MR. PACK: Okay. I get you.

19 MR. CALLAHAN: You know, so I'm not going
20 to sit here and argue with you that I'm
21 offending you.

1 I mean we've offended a lot of people that
2 didn't get to speak.

3 So let's go ahead. And Madam Secretary,
4 let's call the vote.

5 SECRETARY: First I'd like to say that
6 this as read into the record, this would be
7 known as Petition Number 2102. So I had to
8 assign it a number.

9 MR. CALLAHAN: Okay. Glad you assigned a
10 number.

11 SECRETARY: Mr. Callahan.

12 MR. CALLAHAN: No.

13 SECRETARY: Mr. Divilio.

14 MR. DIVILIO: Aye.

15 SECRETARY: Mr. Leshner.

16 MR. LESHER: Aye.

17 SECRETARY: Ms. Price.

18 MS. PRICE: No.

19 SECRETARY: Mr. Pack.

20 MR. PACK: Aye.

21 MR. CALLAHAN: Okay. So we're going to

1 move on to the next matter. Okay. All right.
2 Introducing a numbered resolution. Madam
3 Secretary, could you introduce the numbered
4 resolution, please.

5 SECRETARY: A resolution to amend the
6 Talbot County comprehensive water and sewer
7 plan to reclassify and remap certain real
8 property located at 24108 Mt. Pleasant Road,
9 St. Michael's, Maryland 21663 and shown on tax
10 map 32 as parcel 85, from unprogrammed to S-1,
11 immediate priority status.

12 MS. MORRIS: Mr. Callahan, we have Terry
13 Martin and Mike Mertaugh here this evening.

14 MR. CALLAHAN: Okay. How you doing, guys?
15 Good evening.

16 MR. MARTIN: Good evening. Hello.

17 MR. CALLAHAN: Yup.

18 MR. MARTIN: This is a resolution to amend
19 the comprehensive water and sewer plan to remap
20 the property from unplanned to S-1.

21 The resolution has been initiated by the

1 property owner, was developed by Ray Clarke,
2 and was approved by the county attorney. So
3 thank you.

4 As Susan said, the property is located at
5 24108 Mt. Pleasant Road, St. Michael's.

6 And the sewer connection for the property
7 will actually be made when the new sewer
8 becomes available as a result of the Bozman
9 Neavitt project.

10 MR. CALLAHAN: Okay. Great.

11 MR. MARTIN: If anybody has any other
12 questions, I can answer them.

13 MR. CALLAHAN: Council. Any questions?

14 MR. DIVILIO: Not at this time.

15 MR. CALLAHAN: Okay. Good. Mike?

16 MR. MERTAUGH: I think that's it.

17 MR. CALLAHAN: That's it. Okay, okay.

18 MR. LESHER: Just quick. This is a
19 developed or an undeveloped lot at this point?
20 This is a developed lot because only such
21 developed lots are eligible for this

1 reclassification?

2 MR. MERTAUGH: There's a house on the lot.
3 It currently I think is in poor condition and
4 does not have indoor plumbing.

5 MR. MARTIN: Right.

6 MR. MERTAUGH: So I think they're trying
7 to look forward to making it habitable with
8 modern conveniences.

9 MS. PRICE: That sounds like it's
10 unpleasant currently.

11 MR. CALLAHAN: Hey, Mr. Pack, you need to
12 say anything or did you hear everything?

13 MR. PACK: No. I think everything is in
14 order with this resolution. I'm fine with
15 this.

16 MR. CALLAHAN: Okay. Just want to make
17 sure you heard it.

18 Madam Secretary, could you go ahead and
19 announce the resolution number and the public
20 hearing date and time, please.

21 SECRETARY: First I need to know who is

1 going to introduce it.

2 MR. CALLAHAN: I'll introduce.

3 MS. PRICE: We usually raise hands for
4 that.

5 MS. MORRIS: A roll call.

6 MR. CALLAHAN: A roll call.

7 MS. MORRIS: Mr. Pack is on the phone.

8 MR. CALLAHAN: Okay. I'm sorry.

9 SECRETARY: Mr. Callahan.

10 MR. CALLAHAN: Aye.

11 SECRETARY: Mr. Divilio.

12 MR. DIVILIO: Aye.

13 SECRETARY: Mr. Leshner.

14 MR. LESHER: Aye.

15 SECRETARY: Ms. Price.

16 MS. PRICE: Aye.

17 SECRETARY: Mr. Pack.

18 MR. PACK: Aye.

19 MR. CALLAHAN: Okay.

20 SECRETARY: And this will be known as

21 Resolution Number 309, and the public hearing

1 will be on Tuesday, November 9th, at 6:30 p.m.

2 MR. CALLAHAN: Okay.

3 MR. MARTIN: Thank you.

4 MR. MERTAUGH: Thank you.

5 MR. CALLAHAN: Thank you, guys. I

6 appreciate it.

7 MR. MARTIN: Have a good evening.

8 MR. CALLAHAN: Okay. Next up is the
9 introduction of legislation. Okay. Madam
10 Secretary, would you please read the title with
11 the bill in the record, please.

12 SECRETARY: A bill to authorize a capital
13 project for the acquisition of certain
14 equipment and an office trailer for the
15 Repurposing Center located at 28128
16 St. Michael's Road, Easton, Maryland.

17 MR. CALLAHAN: Okay. So Joye, Ms. Nagle,
18 Mr. Thomas, you want to come on up.

19 MS. MORRIS: I think Ms. Nagle can speak
20 to this.

21 MR. CALLAHAN: Okay. Welcome.

1 MS. NAGLE: Thank you. Good evening,
2 Mr. President. And good evening to all Council
3 members.

4 MS. PRICE: Joye, could you either remove
5 your mask or pull that microphone real close to
6 you because it's tough to hear through that
7 mask.

8 MR. CALLAHAN: Yeah, it is tough.

9 MS. NAGLE: Does that seem better?

10 MR. CALLAHAN: That's better.

11 MS. NAGLE: Okay, great. The bill that
12 has been introduced is to support the
13 acquisition of equipment as well as a trailer
14 for the Repurposing Center.

15 The total amount of the acquisition is
16 \$2.6 million, 2.5 rounded.

17 MS. MORRIS: Rounded?

18 MS. NAGLE: Yes. Thank you.

19 MR. CALLAHAN: Okay. Madam Secretary, we
20 got to call the roll, right? Yup.

21 SECRETARY: Mr. Callahan.

1 MR. CALLAHAN: Aye.

2 SECRETARY: Mr. Divilio.

3 MR. DIVILIO: Aye.

4 SECRETARY: Mr. Leshner.

5 MR. LESHNER: Aye.

6 SECRETARY: Ms. Price.

7 MS. PRICE: Aye.

8 SECRETARY: Mr. Pack.

9 MR. PACK: Aye.

10 MR. CALLAHAN: Okay.

11 MS. NAGLE: Okay.

12 MR. CALLAHAN: That sounds great. Good
13 job.

14 SECRETARY: This will be known as Bill
15 Number 1494, and the public hearing will be on
16 Tuesday, October 26th, at 6:30 p.m.

17 MS. PRICE: Are you sure about that 6:30
18 time?

19 MS. MORRIS: No.

20 MR. CALLAHAN: Okay.

21 MS. MORRIS: And next we have Ms. Nagle

1 here to request the abatement of real county
2 property taxes for this year.

3 MR. CALLAHAN: Yup, yup, great.

4 MS. NAGLE: Okay. I am here tonight to
5 present to Council the annual request to grant
6 abatement of real property taxes for various
7 organizations around the county. All of these
8 nonprofit organizations that are requesting tax
9 credits for fiscal 2022 have been granted tax
10 credits in prior years.

11 Just to give some details related to the
12 organizations that are asking for abatement,
13 the Chesapeake Audubon Society's Nature Centers
14 are requesting abatement for six parcels. Five
15 parcels are at the Pickering Creek Audubon
16 Center and one parcel at the High Banks Marsh.

17 Chesapeake Wildlife Heritage Wildlife
18 Sanctuary has nine parcels located at Bailey's
19 Neck Farm, Bozman Field, and the Canterbury
20 Farm.

21 The Town of St. Michael's is requesting

1 tax abatement at three locations that are held
2 for future town use. Two of those are on
3 Freemont Street and one is on Talbot Street.

4 Habitat for Humanity is asking for tax
5 abatement for 15 properties held for future
6 home sites. Eight sites are in Easton and
7 seven sites are in St. Michael's.

8 The Neighborhood Service Center asked for
9 a tax credit for their South Street property
10 that they're renovating to house three
11 families.

12 The Springfield Cemetery Association is
13 requesting tax abatement for its lot in Easton.

14 The Talbot Agricultural Center has a
15 parcel in Easton that it uses for various
16 voluntary based activities, including 4H and
17 FAA, and they're asking for tax abatement for
18 that property.

19 Talbot County government has 11 parcels
20 that are used for Parks and Recreations, county
21 facilities, and Public Works.

1 Tuckahoe Steam and Gas Association has two
2 parcels on Route 50 that they are requesting a
3 tax credit for.

4 The Waterfowl Festival asked for a tax
5 abatement for its parcel that it's holding for
6 future use.

7 The total of the tax credits are
8 \$55,369.69, and it's for 50 parcels.

9 MR. CALLAHAN: Okay.

10 MS. PRICE: Are you ready for a motion
11 to --

12 MR. CALLAHAN: Yup.

13 MS. PRICE: -- approve the abatement for
14 those 50 parcels in the amount of \$50,000
15 rounded.

16 MS. NAGLE: Yes.

17 MR. DIVILIO: I'll second.

18 MR. CALLAHAN: Okay. We've got a motion
19 and a second. Madam Secretary, could we call
20 the roll, please.

21 SECRETARY: Mr. Callahan.

1 MR. CALLAHAN: Aye.

2 SECRETARY: Mr. Divilio.

3 MR. DIVILIO: Aye.

4 SECRETARY: Mr. Leshner.

5 MR. LESHNER: Aye.

6 SECRETARY: Ms. Price.

7 MS. PRICE: Aye.

8 SECRETARY: Mr. Pack.

9 MR. PACK: Aye.

10 MR. CALLAHAN: Okay. Sounds great. Thank
11 you. Good job. All right.

12 MS. MORRIS: You ready?

13 MR. CALLAHAN: So we're ready for the
14 county manager report.

15 MS. MORRIS: Okay. Mr. Peper is coming
16 in. The first is a request from the Department
17 of Parks and Recreation to award Bid 21-05,
18 asphalt paving at Easton Point Landing, 1000
19 Port Street, Easton, Maryland.

20 Council, as you read in your agenda, Parks
21 and Recreation is recommending the award of

1 this bid to the low bidder, Slayden's
2 Excavating and Hauling, in the amount of
3 \$47,680.

4 A total of seven bids were received.

5 And I'll turn it over to Mr. Peper.

6 MR. PEPPER: So Easton Point is one of our
7 busier landings. For a couple years now, we've
8 had some really bad asphalt down there.
9 There's actually even a sink hole that started
10 in the front left corner.

11 So this is something that was actually on
12 the -- we had applied for this grant last year.
13 It was denied. So we applied for it again.
14 And now it has been approved.

15 MR. CALLAHAN: Sounds good. So do we want
16 to go ahead and make a motion?

17 MS. MORRIS: Yes.

18 MR. CALLAHAN: Do I have a motion?

19 MS. PRICE: So moved.

20 MR. CALLAHAN: Is there a second?

21 MR. DIVILIO: Second.

1 MR. CALLAHAN: Okay. I got a motion and a
2 second. Madam Secretary, could you call the
3 roll, please.

4 SECRETARY: Mr. Callahan.

5 MR. CALLAHAN: Aye.

6 SECRETARY: Mr. Divilio.

7 MR. DIVILIO: Aye.

8 SECRETARY: Mr. Leshner.

9 MR. LESHER: Aye.

10 SECRETARY: Ms. Price.

11 MS. PRICE: Aye.

12 SECRETARY: Mr. Pack.

13 MR. PACK: Aye.

14 MR. CALLAHAN: Okay.

15 MR. PEPER: Thank you.

16 MS. MORRIS: Thanks.

17 Council, the next two items on county
18 manager report are going to be postponed until
19 our next meeting on October 12th when Ray
20 Clarke, the county engineer, is back from
21 vacation.

1 MR. CALLAHAN: Okay.

2 MS. MORRIS: And then lastly, I just
3 wanted to make an announcement about the
4 Midshore Household Hazardous Waste Day is going
5 to be held on Saturday, October 30th, from
6 eight a.m. to two p.m. at the former Hobbs Road
7 landfill located at 26375 Hobbs Road in Denton.

8 This is being sponsored by Maryland
9 Environmental Service. And it's an opportunity
10 for homeowners to get rid of all sorts of
11 materials from your garage. A great
12 opportunity to get rid of those old paint cans,
13 pesticides, chemicals, all sorts of things.

14 Information about this is on the county
15 website, talbotcountymd.gov. Again, it's being
16 held Saturday, October 30th, eight a.m. to
17 two p.m. rain or shine.

18 MR. CALLAHAN: Okay. Thank you.

19 MS. MORRIS: That concludes my report.
20 Thank you.

21 MR. CALLAHAN: Okay. So we got public

1 comment. Okay. So we're going to start with
2 public comment here.

3 MR. LESHAR: The public comment is an
4 opportunity for members of the public in
5 attendance to address the Council regarding any
6 county matter.

7 Any member of the public desiring to be
8 heard by the Council shall raise their hand and
9 wait to be recognized by the county president.
10 Once recognized, the person shall state their
11 name and address and then direct their comments
12 to the Council as a body, not to individual
13 Council members or other members of the public.

14 Each speaker shall be permitted to speak
15 for no more than three minutes. Those speaking
16 on behalf of an organization shall be given up
17 to five minutes, unless otherwise authorized by
18 the Council president.

19 Speakers are expected to be courteous and
20 respectful. Personal, impertinent, or
21 slanderous comments shall not be tolerated.

1 And our first person signed up is Wilma
2 Miller of Royal Oak.

3 MR. CALLAHAN: Come on up, Ms. Miller.

4 MS. MILLER: I thank you for the
5 opportunity to be able to speak tonight.

6 I am not a physician. I do not have an
7 Ivy League education. I am a bedside critical
8 care nurse, and I have been for 24 years.

9 And what I am going to say is going to be
10 even more difficult to hear after what you
11 heard from Dr. Maguire. I would like nothing
12 better to dispute what she has, some of what
13 she has said. I agree with most of what she
14 has said. However, that is not why I'm here.

15 I am here because I have worked bedside
16 since this whole COVID experience, before we
17 knew what COVID was. I am still there. I want
18 to remain there. So I want it said on the
19 record this has nothing -- I'm not speaking
20 against University of Maryland, who is my
21 employer.

1 I am speaking against the mandate. And
2 more importantly, I am speaking against the
3 fact that 200, approximately 250 people will be
4 dismissed from their jobs effective Friday,
5 October 1st, because of a personal health
6 choice.

7 I don't know them. I don't know who they
8 are. But I think everyone should be very, very
9 concerned because I will tell you nothing much
10 scares me. I've had three teenagers. I'm a
11 nurse. Nothing scares me. Losing my
12 livelihood scares me. And I'm hoping that I
13 won't do that by speaking out tonight.

14 I understand there's a mandate. I
15 understand Maryland will lose their funding
16 probably if they don't get a certain number
17 vaccinated. I understand they're not doing
18 this maliciously. But I have a really big
19 concern, big concern.

20 I see the sickest of the sick. And I'm
21 here to tell you just a couple of points for

1 you to hear nothing else tonight. The vaccine,
2 you're seeing one piece of information here. I
3 don't do kids. I can't speak to kids. You're
4 seeing one piece of information.

5 Mr. Divilio, I think you asked what is the
6 percentage. Our county has 38,300 people in
7 it. Right now 300 are infected. That's
8 one percent. That's one.

9 We need to get the virus out of our heads,
10 we need to get the vaccine out of our heads,
11 and we need to realize being vaccinated is not
12 going to stop this.

13 This is not a pandemic. This is a
14 political issue. Until we recognize that and
15 do something about it, it will continue.

16 I can tell you a brief story. Three
17 patients admitted to ICU same day, maybe one
18 the day before. I put lines in all of those
19 patients. I put a line, two lines in one of
20 them. One was not vaccinated, one had one
21 shot, one was fully vaccinated. That fully

1 vaccinated patient was the only one that we
2 were able to prone, which means we can put them
3 on their bellies, give the lungs a rest. It
4 gives the best chance of recovery. That fully
5 vaccinated patient is the one who died.

6 The other two are still there. One can't
7 be proned because of her size. We're trying to
8 prone another. They are now considered COVID
9 recovered. I can't tell you they'll live or
10 die. I can tell you they won't die of COVID.

11 People aren't hearing. People are
12 listening to the media. The media is not
13 portraying this correctly. I don't know how
14 else to say that.

15 I know Dr. Maguire has seen patients at
16 the bedside. I'm here to tell you I see it
17 every day. I see the detriment of the vaccine
18 every day. I'm not talking once a month. I'm
19 not talking sometimes. I'm talking every
20 single day.

21 And I know this means nothing to you. But

1 D-dimers are higher than I've ever seen.
2 Fibrinogen levels are higher than I've ever
3 seen in over 24 years. What that means is
4 these patients, whether they've had COVID or
5 whether they've had the COVID vaccine, makes no
6 difference. Their clot burden is extreme,
7 extreme. Never seen so many in my entire
8 career.

9 So when she's saying get that booster
10 shot, she said, Dr. Maguire sat right here and
11 said you cannot mount a defense if you're
12 immunocompromised. You cannot. You cannot
13 mount a defense with a vaccine if you're
14 immunocompromised. Same deal.

15 That's just -- and the other thing I have
16 to say about the issue with the vaccine is if
17 you think you're protected because you've been
18 vaccinated, you are not. Please take the
19 precaution. You are not. Yes, it's only one
20 percent. But if you're that one percent,
21 that's devastating. If you are that

1 one percent, that is horribly devastating.

2 MR. CALLAHAN: Okay.

3 MS. MILLER: Take the precaution.

4 I don't know what you guys can do, if you
5 can do anything about this job situation.

6 The only thing I have to say is we have
7 nurses, fully vaccinated nurses who are out
8 with COVID. And yeah, it's hitting the young
9 people. 37-year-old has been on the vent for
10 two weeks, can't get him off. We -- our issue
11 with beds, whatever, is not COVID. We have
12 four or five maybe on any given day.

13 Our COVID unit is open. They have about
14 five. We have a couple in the ICU. I think
15 Thursday we had literally five in-house.
16 That's not the issue. The issue is staffing.

17 MR. CALLAHAN: Right.

18 MS. MILLER: And now we're going to lose
19 more. Something has to give. We want to be
20 there.

21 MR. CALLAHAN: Yeah. I'm sure you do.

1 MS. MILLER: Thank you.

2 MR. CALLAHAN: Thank you. Appreciate it.

3 MR. LESHER: Next we have (inaudible).

4 MR. CALLAHAN: Paula Larrimore. Yup.

5 Come on up.

6 MS. LARRIMORE: Hi.

7 MR. CALLAHAN: How you doing?

8 MS. LARRIMORE: Good. Thank you for

9 allowing me to speak.

10 MR. CALLAHAN: Appreciate you.

11 MS. LARRIMORE: I wrote down what I wanted
12 to say so that I wouldn't mess anything because
13 this is new to me.

14 MR. CALLAHAN: Okay. It's okay.

15 MS. LARRIMORE: I'm here as an employee of
16 31 and a half years of our local hospital.
17 Thirty-five if you count my time as a student.

18 I would like to speak briefly about one
19 thing. And that's informed consent as it
20 relates to the COVID vaccine mandate.

21 According to the American Medical

1 Association, and I quote, "informed consent to
2 medical treatment is fundamental in both ethics
3 and law. Patients have the right to receive
4 information and ask questions about recommended
5 treatments so that they can make well
6 considered decisions about the care."

7 So informed consent is a critical
8 component of our health care system. Without
9 it, our patients cannot be an active
10 participant in their own health decisions.

11 With informed consent, they have the right
12 to consent for treatment but also to refuse
13 treatment based on information that they have
14 received.

15 We, as health care workers, are not being
16 given this same fundamental right. We have
17 asked many questions leading up to this very
18 moment without adequate answers to make an
19 informed decision regarding this vaccine. Here
20 are just a few, some I've asked myself, some my
21 colleagues have asked.

1 One, how can you tell us that a brand new
2 vaccine is safe when we don't have six-month,
3 one-year, five-year data to support that?

4 How can you tell us that this vaccine is
5 effective when we are seeing vaccinated
6 individuals getting COVID in the community and
7 ending up in our hospital, as Wilma just told
8 us?

9 Vaccinated individuals are also spreading
10 the virus, as proven by the policy that all
11 health care workers, regardless of vaccine
12 status, with direct patient care have to wear
13 an N95 mask under a surgical mask and eye
14 protection because they can also spread COVID.

15 We also ask how many cases are there in
16 our hospital where a worker has given COVID to
17 a patient, how many cases where a patient has
18 given COVID to a worker. The question has not
19 been answered. We feel it's because our
20 workers are using universal precautions, which
21 have been a part of health care long before

1 I've been in the field for 35 years. So do
2 these universal precautions work or not?

3 Another question. If vaccinated
4 individuals are also contracting and spreading
5 the virus, which we know they are, why aren't
6 we being mandated for weekly testing only for
7 the unvaccinated workers or the ones that
8 basically have a medical or religious
9 exemption? This is discrimination based on
10 vaccine status.

11 And finally, why are the concerns from a
12 growing number of doctors, nurses, health care
13 workers, virologists, scientists being ignored?
14 It's being called misinformation. It's being
15 called all sorts of things. Why are our
16 concerns being ignored? When we ask these
17 tough questions, we are just supposed to
18 believe it's safe. And in the words of our
19 governor, Larry Hogan, get the damn shot.

20 There are so many more questions that we
21 have. For some reason, suddenly those of us in

1 medicine and science who question everything in
2 our patients' best interest and our own are
3 being labeled as antiscience. And worse, we're
4 being demonized.

5 I don't know if any of you have the power
6 to speak on our behalf, but I would hope that
7 if you do, you would. Our freedoms and the
8 freedom of everyone in our community are at
9 stake. If this medical tyranny does not end
10 here with us, I fear for our future
11 generations.

12 Thank you for your time.

13 MR. CALLAHAN: Thank you.

14 MR. LESHER: Jan Greenhawk.

15 MS. GREENHAWK: Hello. I'm Jan Greenhawk,
16 100 Willis Avenue, Oxford, Maryland.

17 First of all, I just want to thank members
18 of the Council who asked questions of the
19 county health officer. That was greatly
20 appreciated because not enough questions are
21 being asked, as you just heard.

1 I had a whole thing written out today, but
2 I don't have to say what I was going to plan to
3 say because these ladies said it best.

4 I met with, not just me, but a lot of us
5 met with a group of nurses from the last three
6 weeks, talking about, and health workers,
7 talking about their plight, that they're going
8 to be fired on October 1st if they don't get
9 the vaccine. And you heard what they said.

10 These are good people who have worked some
11 of them in Easton Memorial Hospital, whatever
12 you want to call it, Shore Health Systems,
13 whatever, for over 20 years. They care about
14 their patients, they care about this community,
15 they care about all the people that they work
16 with. And now they're being let go because
17 they don't want to get a vaccine that they
18 don't see as safe. And nobody seems to care
19 about that.

20 The governor says well, we'll just let
21 nurses graduate early. They don't have to go

1 through all that coursework, why. We have
2 other governors in other states saying well,
3 let's just bring in foreign nurses to take
4 their place. This is not satisfactory, and you
5 know it.

6 I guaranty you if Larry Hogan has to go
7 under some kind of treatment, either for his
8 cancer or whatever, he's not going to want a
9 nurse who hasn't been fully trained.

10 But somehow, this is all glossed over, and
11 we're going to lose over 200 employees at Shore
12 Health Systems.

13 And personally, I'm not a nurse, I have
14 nurses in my family, but I'm a person who could
15 be a patient at some point. And for me to
16 think that I might go into a hospital and not
17 be treated by some of these people who have
18 given their heart and soul and their very best
19 to us for all these years is really not just
20 discouraging, it's frightening.

21 And while we're on the subject of the

1 vaccine, very quickly, I'm going to say this.
2 It's interesting that the county Health
3 Department person never mentioned the VAERS
4 site at all. She mentioned misinformation, but
5 you know, the VAERS site is maintained by the
6 CDC, that group that she referenced so often.

7 And you need to know that after nine
8 months, there have been 701,559 adverse
9 reactions to the vaccine. You need to know
10 that because that's what these people are
11 saying. We don't trust it. It's not safe.
12 14,000 people died from it. But I guess the
13 county health departments don't pay attention
14 to the CDC VAERS website.

15 And you say it's FDA approved. Okay.
16 It's FDA approved. So was Accutane. Accutane
17 was on the market for 27 years. You know why
18 they pulled it, the FDA pulled it? They had
19 7,000 lawsuits over it. That was over 27
20 years.

21 You have Darvon or Darvocet. I remember

1 when that was around. They pulled that off the
2 market after 2,000 deaths in a ten-year period.

3 Vioxx was pulled after 5.3 years for
4 causing of 27,000 heart attacks. I think you
5 get the point of what I'm saying.

6 The data is on their side, but it's more
7 important than that. And you know it is. It's
8 about having people like you were honoring at
9 the beginning of your meeting tonight, people
10 who dedicate their lives to their jobs. And
11 we're just throwing that away because they made
12 a personal health decision.

13 I know you guys aren't responsible for
14 that. But somebody needs to speak up for these
15 folks. Thank you.

16 MR. CALLAHAN: Thank you. Next is Shari
17 Wilcoxon.

18 MS. WILCOXON: Hello, again. Shari
19 Wilcoxon, Easton, Maryland.

20 I'm going to pivot but I'm going to add
21 something to that. They said a good bit about

1 what I'd like to talk about with the VAERS,
2 Vaccine Adverse Event Reporting System, .gov is
3 where you can go to it.

4 But y'all were touting the vaccine
5 passports there, the electronic. Just go take
6 a look at what's going on in Australia where
7 with that little device, and they're being
8 tracked, they can't leave their homes if
9 they're not vaccinated, they can't travel
10 five miles radius, they can't buy alcohol, they
11 can't do anything because they're tracked and
12 monitored. You go look what's happening with
13 that. That's a very dangerous precedent. And
14 I think the United States should go nowhere
15 near it, much less Talbot County promoting it
16 and the Health Department paying for it.

17 So I was going to read a lot of the
18 injuries, but I think y'all know, y'all
19 understand, I hope you do, how dangerous this
20 vaccine can be. It should not mandated for
21 anybody.

1 What I want to talk about is transparency.
2 What is going on in Talbot County? Where is
3 the transparency?

4 Mr. Pack is absolutely wrong. We were
5 totally shut out of asking any questions in
6 particular about Frank's resolution. I'm going
7 to call it a little sneaky resolution.

8 I did send an e-mail to every member of
9 this Council, including Mr. Thomas and
10 everybody else, about asking information. I
11 asked Mr. Thomas as the attorney could he
12 please consider this a formal request to
13 provide the below requested information. And I
14 did not hear back from anybody. In fairness to
15 Mr. Thomas, I do think he tried.

16 I know Mr. Divilio said nope, he doesn't
17 know any of that information. But it's ironic.
18 He stated that he had that information when he
19 read his resolution.

20 So what I want to know and I want to go on
21 record is what are the names of the individuals

1 who donated the funds to move the monument,
2 what are the dates of those donations, how much
3 money is allocated to the removal and the
4 repositioning of the monument, are there any
5 other monies directed from any other source,
6 and if so, who, when, and how much to remove
7 the monument?

8 Additionally, it was said there was an
9 exhaustive search to place the boys in Talbot
10 County. If that's a fact, how come nobody knew
11 about it? And how come within an hour of
12 reaching out, I had multiple people requesting
13 it. How is that the case if that's a factual
14 statement? How was it determined how much it
15 would cost to move the Talbot Boys? Was there
16 an RFP, a public RFP? If so, how come nobody
17 knew about it?

18 It was said that there were donations of
19 25 to \$50 to the fund. If that's so, how come
20 nobody I know knew about it? That something
21 for 25 and \$50 donations is usually publicized

1 and people donate money. It doesn't just
2 happen without anybody knowing anything about
3 it.

4 Something seems very off in Talbot County
5 transparency. And what y'all just did tonight
6 by denying us to ask those questions again,
7 denying that petition just stinks to high
8 heavens.

9 And I can't believe this phenomenal county
10 that we live in is doing this. And I can't
11 believe that somebody I campaigned for and
12 voted for is leading this charge. It makes me
13 sad, it makes me upset, and it stuns me that
14 we're doing this without having proper --

15 MR. LESHER: Mr. President, are we
16 getting --

17 MS. WILCOXON: -- proper public comments.
18 Thank you very much.

19 MR. CALLAHAN: Thank you.

20 MR. LESHER: Dave Stepp.

21 MR. STEPP: Good evening, Council. Dave

1 Stepp from Easton, Maryland. Members of the
2 Talbot County Council, thank you again for your
3 time and attention, as well as for your service
4 to our county and community.

5 I also appreciate your hearing of my
6 concerns at the last County Council meeting two
7 weeks ago back on September 4th.

8 In response to my committed
9 follow-through, I received two responses from
10 the members of Council, one of which was a
11 thank you, the other of which involved a bit of
12 dialogue and a commitment to act in the best
13 interest of our county. To that member of the
14 Council, I thank you for your intent and
15 follow-through of your word.

16 In my last two addresses to the Council,
17 I've warned of a looming two-class society due
18 to vaccine mandates. That warning is no longer
19 a warning. It is now a reality that is at the
20 expense of our local health care workers in the
21 University of Maryland Shore Regional Health

1 System.

2 As of my last update from those being
3 affected, about 250 health care workers are
4 going to lose their jobs three days from now
5 via a forced voluntary separation, which you
6 can probably read between the lines here and
7 realize that's a fancy way of saying that any
8 resulting unemployment benefit claims will be
9 denied.

10 These folks are the salt of the earth.
11 They are neighbors, friends, and family.
12 They're every bit the heroes that they've been
13 deservingly recognized as. How have we gone
14 from them being hailed as heroes to having to
15 face losing their jobs because of a mandate on
16 what is and should always be a personal health
17 decision? They feel silenced. They feel
18 censored. And their already stressful work
19 environment is nothing short of divisive.

20 Let me not mince words. This is a public
21 health crisis for Talbot County and the entire

1 midshore. With no action, our health system,
2 which is already overcrowded, will be extremely
3 short staffed and extremely overworked. Waits
4 to be seen at the emergency room will only get
5 worse than they already are. Elective surgery
6 will surely be delayed. And times to see a
7 specialist will surely be delayed as well.

8 I urge this Council to do whatever you can
9 do to help, whether that be emergency
10 resolution, speaking with other elected and
11 non-elected officials to encourage action
12 against this ridiculous mandate, or whatever
13 else you see fit.

14 I heard all I needed to hear, along with
15 the duty to act, after speaking with a group of
16 nurses, many of which you see behind me here
17 right now, who work at our hospital right down
18 the street. When they were asked why don't you
19 just coordinate a walkout, their response was
20 unanimous and instant, we could never do that
21 to our patients.

1 Please remember that it is your primary
2 responsibility as representatives of our county
3 to ensure that the rights and freedoms of all
4 citizens are protected, not just those who
5 aren't our awesome health care workers.

6 Thank you, again, for your time,
7 attention, service, and mostly importantly
8 action.

9 MR. CALLAHAN: Thank you.

10 MR. LESHER: I believe, Mr. President,
11 that brings us to the end of those who have
12 signed up in advance.

13 MR. CALLAHAN: Okay. All right. Is there
14 anybody else on this side would like to come
15 up, speak? Yeah, come on up.

16 MR. EWING: Chuck.

17 MR. CALLAHAN: How you doing? How you
18 doing, Mr. Ewing?

19 MR. EWING: Good. Clive Ewing, Easton,
20 Maryland. I went high tech. I usually bring
21 papers, but I got it on digital.

1 MR. CALLAHAN: I got you.

2 MR. EWING: Just like Chuck.

3 MR. CALLAHAN: Yup.

4 MR. EWING: I'm talking in regards to the
5 Talbot Boys monument. I do remain
6 exceptionally concerned regarding the lack of
7 transparency to adopt the administrative
8 resolution to relocate the Talbot Boys statue
9 out of state.

10 The manner of how this action was
11 accomplished brings into doubt the legitimacy
12 of the process, which is why I and others have
13 petitioned to rescind this administrative
14 resolution. I am baffled why the majority of
15 the Council continues to disregard the input of
16 and the questions from so many in the community
17 in this matter. I am baffled why there was
18 even a vote on that, when all that was
19 requested was that a single Council person
20 instruct the attorney to draft a resolution.

21 I'll humbly submit that that vote was

1 taken out of order. And I'd ask y'all to
2 revisit that. And I think after this meeting,
3 you certainly can direct the attorney to do
4 just that. Okay.

5 There's no doubt there's powerful forces,
6 most, if not all, from outside the borders of
7 Talbot County that have found their way to
8 influence this Council.

9 Of course, local Councils like this one
10 are intended to represent the interests of the
11 actual local citizens, not third parties, not
12 Annapolis politicians, and certainly not the
13 well-connected individuals who have chosen
14 Easton and Talbot County to fulfill their own
15 vision and interpretation of history.

16 I thank the members of this Council who
17 have acted in good faith and resisted the
18 meddling of those who have targeted this county
19 for their latest political or social cause.

20 For the remainder of the Council, I
21 certainly hope you will reconsider if it is

1 truly in the best interest of the
2 community-at-large to send this monument out of
3 state. I submit to you that the vast majority
4 of Talbot Countians believe this monument,
5 dedicated to Talbot County men, must remain in
6 Talbot County.

7 Thank you.

8 MR. CALLAHAN: Thank you, Mr. Ewing.

9 MS. MIELKE: Good evening.

10 MR. CALLAHAN: Good evening.

11 MS. MIELKE: Lynn Mielke, and I live in
12 Easton, Maryland. And what he said.

13 But I do have a legal opinion written by
14 your Council dated May 28, 2021, regarding the
15 similar petition that was presented by Daniel
16 Watson. And it sort of outlines the process,
17 which is that a Council member, as Mr. Ewing
18 had said, can introduce or ask the attorney to
19 write a resolution consistent with the request
20 of the petitioner, which is what we thought we
21 would get a vote on today, not to be railroaded

1 by an out of order motion to not consider the
2 petition.

3 It was wrong. It was the wrong process.
4 I think it was out of order under Robert's
5 Rules of Order. And I can only think of the
6 saying that democracy dies in darkness. Well,
7 the sun is setting on Talbot County.

8 Thank you.

9 MR. CALLAHAN: Thank you. Okay. Anybody
10 else in the back here want to speak? Okay.
11 Okay. Yup. Come on up.

12 MR. MONTGOMERY: Thank you. I'm David
13 Montgomery. I live at Easton, Maryland. I
14 don't want to stay here a minute longer tonight
15 than you do. I would just like to request two
16 things, following on what my friend Lynn Mielke
17 said.

18 The first one is that to ask the county
19 attorney to actually review the letter he sent
20 to Dan Watson, which explains very clearly that
21 when a petition to rescind a resolution, all it

1 takes is for one County Council member in an
2 open session or in writing to ask the county
3 attorney to draft a resolution in form and
4 substance like the petition requested.

5 So I would just like to ask one member of
6 the County Council to make that request between
7 now and the next meeting.

8 If not, we will submit the petition again,
9 a new petition for a new number and ask the
10 same thing and hope it's dealt with properly
11 procedurally. But maybe we can just move
12 forward.

13 And I'll just point out, since Ms. Mielke
14 showed me the letter, that the county
15 attorney's opinion was that such a numbered
16 resolution always has a public hearing. I
17 believe that's what I read at the bottom of the
18 letter.

19 Thank you and good night.

20 MR. CALLAHAN: Okay. Thank you. Okay.

21 The lady in the back? Nope. Okay. All

1 right.

2 Council comments. Mr. Divilio.

3 MR. DIVILIO: Sure. During our
4 September 14, 2021, meeting, I inadvertently
5 stated that I engaged in communications and
6 correspondence with the American Battlefield
7 Trust regarding the Talbot Boys monument.

8 I meant to say that I had been engaged in
9 communications and correspondence with the
10 Shenandoah Valley Battlefield Foundation in
11 Virginia regarding this matter.

12 I have not communicated or corresponded
13 with the American Battlefield Trust regarding
14 that matter. And I sincerely apologize for any
15 confusion my comments may have caused.

16 Thank you.

17 MR. CALLAHAN: Thank you, Mr. Divilio.

18 Mr. Leshner.

19 MR. LESHER: Yes. Thank you. Friday
20 night, I attended both the tenth anniversary
21 celebration of the Frederick Douglass monument

1 here on the courthouse square. Very well done
2 ceremony. And also Midshore Goes Purple in
3 Idlewild Park where I had the chance to meet
4 with people in the web of organizations in our
5 community engaged in addiction prevention,
6 support, and recovery.

7 There I met a colleague whose son is a
8 recovering addict, whose life has been deeply
9 and permanently impacted by his addiction.

10 I want to recognize Sheriff Joe Gamble for
11 his leadership in Project Purple, which has
12 spread now to many other jurisdictions. I want
13 to thank him for raising the awareness of the
14 devastating impact of opioid addiction and
15 promoting all of that rich source of resources
16 in our community available to help people who
17 are already caught up in it or who are at risk.

18 Thank you.

19 MR. CALLAHAN: Thank you, Mr. Leshner.

20 Ms. Price.

21 MS. PRICE: I have never in my 11 years

1 seen people as distraught as they are at the
2 topics that are going on right now.

3 If we can't listen to our health care
4 workers, who are there by people's beds every
5 day, and who have had protective gear and are
6 still spreading it, just goes to show you that
7 these things probably don't work as well as we
8 would hope that they do, and that to hear
9 things labeled as misinformation when people
10 have different opinions.

11 There is a lot of science out there. And
12 to choose just one side to listen to and label
13 people and their opinions as being misinformed
14 is wrong. We don't know enough about this to
15 mandate the things that are going on. It
16 doesn't mean you're anti anything.

17 But to label people as bad people because
18 they believe in compromise on the statue or
19 that it's your own health choice whether or not
20 to get the shot, is just unbelievable to me.

21 The passion that people are coming out

1 here with, and I thank you so much for that,
2 from both sides.

3 I'll repeat a little bit of what I said a
4 couple of weeks ago. To not respect one
5 another, to not appreciate that people have
6 different opinions and not to hate each other
7 because of it. I've never seen this before.
8 And I am so concerned. Doesn't even begin to
9 describe how people are with one another.

10 So I thank you for coming out.

11 I don't know -- I don't think that there's
12 anything that we can do. I don't think we can
13 pass a resolution to force the hospital not to
14 let you go voluntarily and not even get what
15 you have coming to you. I don't know what we
16 can do.

17 I just hope that this forum and this
18 public comment for people to come out and
19 speak, that the Board of Education listens,
20 that Shore Health System listens, and that
21 members of this Council listen that there is

1 more than one opinion. There's more than one
2 opinion that's in their own head for everybody.

3 So I thank you for coming out and
4 speaking. And I wish you all the best.

5 SPEAKER: Thank you.

6 SPEAKER: Thank you.

7 MR. CALLAHAN: Mr. Pack.

8 MR. PACK: Yes, Mr. Callahan. I'll echo
9 what Mr. Leshar said earlier.

10 I want to send my thanks out to, or
11 congratulations I should say, to the Frederick
12 Douglass Honor Society on the tenth anniversary
13 of the unveiling of the Douglass statue here on
14 the courthouse green. That event was held on
15 Friday night, and then the rest of the day was
16 held on Saturday virtually.

17 Also, I want to say congratulations off to
18 our airport manager, Micah. Was able to get up
19 to the airport on Saturday. It was a wonderful
20 day. Just a clear blue sky and just a well
21 laid out day as far as the different activities

1 he had throughout the airport grounds. So
2 another successful Airport Day here in Talbot
3 County.

4 The streets were packed were visitors. I
5 think every restaurant that I saw at least had
6 a few tables that were full with patrons.

7 So again, this weekend was a very fun
8 weekend here in Talbot County. Hope you all
9 had a chance to go out and enjoy the wonderful
10 weather. Thank you.

11 MR. CALLAHAN: Thank you. Mr. Pack.

12 So I'll sum this up a little bit. First
13 of all, I want to let everyone know that's
14 here, I appreciate it. It's been a long night.
15 And I really appreciate you spending time with
16 us and waiting until the end, public comments
17 and your comments.

18 So first of all, the nurses that are here,
19 I can't thank you guys enough; 27 years, 31
20 years, I'm sure you're here at least 25 years.
21 I do feel for you. So I look at you guys as

1 sort of angels taking care of people and
2 heroes.

3 So what you don't see, what you don't see,
4 because I'm a firefighter, you don't see them
5 making them mandate their shots, okay, because
6 they're saving lives, too.

7 So I put you in a position like the
8 firefighters, police officers, such like that.
9 So it's really a big deal, and it's a huge
10 problem for you guys to be mandated to take
11 this shot because I just don't agree with it.
12 I just think they're headed down the wrong road
13 with all that stuff.

14 So it is a complicated problem, and people
15 are dying. Okay. I realize that.
16 Unfortunately, one of my worker's wife just
17 passed away last week. I've got three in my
18 business that are out. So I take it serious, I
19 really do. But at the end of the day, that's
20 your choice to take that shot, at the end of
21 the day.

1 Like Ms. Price said, you know, I'm not
2 sure we can do anything for you. I wish we
3 could do something tonight because I'm sure
4 it's a lot of stress. I mean somebody that's
5 been working for 30 years, and just because
6 they don't want to do something, that means
7 you're gone. I mean that's a tough situation.
8 And I wouldn't want to be in that situation
9 myself. So I feel for you.

10 I appreciate you being in front of us
11 tonight because you've dedicated a lot of time
12 and effort here in Talbot County to work for us
13 and take care of us. And you probably take
14 care of many people's families around here. So
15 we really appreciate it.

16 So we'll do what we can. Feel free to
17 always come in and vent to us a little bit.
18 That's what we're here for, and that's what
19 this session is for. Sometimes it's not all
20 what you hear, and we can do our best we can,
21 but we're here to listen to you guys. That's

1 for sure. And we'll do the best we can with
2 the resources we got.

3 So like Mr. Pack said, I was at the air
4 show. It was absolutely phenomenal this
5 weekend. The weather, it was great. Micah did
6 a great job, had a great turnout. There was
7 probably someone around five to 7,000 people
8 there. So it really, really showed Talbot
9 County off really well.

10 Being that's said, Mr. Lesher, Vice
11 President.

12 MR. LESHER: Take us out?

13 MR. CALLAHAN: Yup.

14 MR. LESHER: The County Council's next
15 meeting will be held on Tuesday, October 12th,
16 at six o'clock p.m. The Council will be
17 convening in open session at 4:30 p.m. and
18 immediately adjourning into closed session to
19 discuss real estate, legal, and personnel
20 matters, as listed on the statement for closing
21 that meeting.

1 On Tuesday, October 5th, beginning at five
2 o'clock p.m., the County Council will be
3 meeting with elected officials from Easton,
4 Oxford, Queen Anne's, St. Michael's, and
5 Trappe. That meeting is open to the public and
6 will be held in the Wye Oak Room at the Talbot
7 County Community Center, 10028 Ocean Gateway,
8 Easton.

9 And if there's nothing further before us,
10 a motion to adjourn would now be in order.

11 MR. CALLAHAN: Got a motion?

12 MR. DIVILIO: I'll make a motion.

13 MR. CALLAHAN: Okay.

14 MS. PRICE: Second.

15 MR. CALLAHAN: We got a motion and a
16 second. Madam Secretary, could you call the
17 roll, please.

18 SECRETARY: Mr. Callahan.

19 MR. CALLAHAN: Aye.

20 SECRETARY: Mr. Divilio.

21 MR. DIVILIO: Aye.

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SECRETARY: Mr. Lesher.

MR. LESHHER: Aye.

SECRETARY: Ms. Price.

MS. PRICE: Aye.

SECRETARY: Mr. Pack.

MR. PACK: Aye. See you.

MR. CALLAHAN: Thank you, guys.

Appreciate it.

(Meeting concluded at: 9:24 p.m.)

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STATE OF MARYLAND

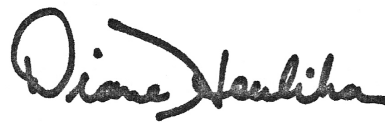
I, Diane Houlihan, a Notary Public in and for the State of Maryland, County of Anne Arundel, do hereby certify that the within named, Talbot County Council Audio, personally appeared before me at the time and place herein set according to law, was interrogated by counsel.

I further certify that the examination was recorded stenographically by me and then transcribed from my stenographic notes to the within printed matter by means of computer-assisted transcription in a true and accurate manner.

I further certify that the stipulations contained herein were entered into by counsel in my presence.

I further certify that I am not of counsel to any of the parties, not an employee of counsel, nor related to any of the parties, nor in any way interested in the outcome of this action.

AS WITNESS my hand Notorial Seal this 6th day of October, 2021, at Easton, MD.



Diane Houlihan
Notary Public

My commission expires September 16, 2025

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