

ATLANTIC CITY MUNICIPAL UTILITIES Authority

REGULAR BOARD MEETING

Wednesday, June 15, 2022

THERE BEING PRESENT:

BOARD MEMBERS PRESENT: ATLANTIC CITY MUNICIPAL
UTILITIES AUTHORITY:

GARY L. HILL, Chairman

MOHAMMED DEDAR, Vice Chairman

GLENN BANFIELD

NYNELL LANGFORD

JOHN ECCLES, JR.

STEPHANIE A. DAVIES, Alternate

SAYED KAUSAR, Alternate

EXECUTIVES

MICHAEL ARMSTRONG, Executive Director

CLAUDE SMITH, Deputy Executive Director, Engineering

ANITA THAPA, Asst Director of Accounting

BOARD ATTORNEYS

BRUCE WARD, Solicitor

MICHAEL REILLY, ESQUIRE

WASTELLA E. JOHNSON, Board Secretary

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5 RESOLUTION 2022 AUTHORIZING EXECUTIVE SESSION

6 WHEREAS, N.J.S.A. 10:4-12 allows for a Public Body to
7 go into closed session during a Public Meeting, and
8 WHEREAS, the Board of the Atlantic City Municipal
9 Utilities Authority "ACMUA" has deemed it necessary
10 to go into closed session to discuss certain matters
11 which are exempt from the Public; and

12 WHEREAS, the regular meeting of this Board will
13 reconvene at the conclusion of closed session.

14 NOW, THEREFORE, BE IT RESOLVED that the Board of
15 DIRECTORS of the ACMUA, in the City of Atlantic City,
16 County of Atlantic, and State of New Jersey will go
17 into closed session for the following reason(s) as
18 outlined in N.J.S.A. 10:4-12:

19 „Ã Any matter which, by express provision of Federal
20 Law, State Statute or Rule of Court shall be rendered
21 confidential or excluded from discussion of public
22 (Provision _____);

23 „Ã Any matter in which the release of information
24 would impair a right to receive funds from the
25 federal government;

1 Index (Continued)

2 „Ã Any matter the disclosure of which constitutes an
3 unwarranted invasion of individual privacy;

4 „Ã Any collective bargaining agreement, or the terms
5 and conditions of which are proposed for inclusion in
6 any collective bargaining agreement, including the
7 negotiation of terms and conditions with employees
8 for representatives of employees of the public body
9 (Specify contract: Negotiations with bargaining
10 units); AGENDA For the Regular Meeting of the
11 Atlantic City Municipal Utilities Authority JUNE 15,
12 2022

13 "Ã Any matter involving the purpose, lease or
14 acquisition of real property with public funds, the
15 setting of bank rates or investment of public funds
16 where it could adversely affect the public interest
17 if discussion of such matters were disclosed;

18 „Ã Any tactics and techniques utilized in protecting
19 the safety and property of the public provided that
20 their disclosure could impair such protection;

21 „Ã Any investigations of violations or possible
22 violations of the law;

23 „Ã Any pending or anticipated litigation or contract
24 negotiation in which the public body is or may become
25 a party.

1 Index (Continued)

2 „Ã Any matters falling within the attorney-client
3 privilege, to the extent that confidentiality is
4 required in order for the attorney to exercise his
5 ethical duties as a lawyer (If contract negotiation
6 the nature of the contract and interested party)
7 (Under certain circumstances, if public disclosure of
8 the matter would have a potentially negative impact
9 on the Authority's position in the litigation or
10 negotiation, this information may be withheld until
11 such time that the matter is concluded or the
12 circumstances no longer present a potential impact);
13 „Ã Any matter involving the employment, appointment,
14 termination of employment, terms and conditions of
15 employment, evaluation of the performance, promotion
16 or disciplining of any specific prospective public
17 officer or employee or current public officer or
18 employee employed or appointed by the public body,
19 unless all individual employees or appointees whose
20 rights could be adversely affected in writing that
21 such matter or matter be discussed at public meeting;
22 Subject to the balancing of the public's interest and
23 the employee's privacy right under South Jersey
24 Publishing, 124 N.J. 478, the employee(s) and nature
25 of discussion is

1 Index (Continued)

2 „Ã Any deliberation of a public body occurring after
3 a public hearing that may result in the imposition of
4 a specific civil penalty upon the responding party of
5 the suspension or loss of a license or permit
6 belonging to the responding party as a result of an
7 act of omission for which the responding party bears
8 responsibility;

9 BE IT FURTHER RESOLVED that the DIRECTORS hereby
10 declare that its discussion of the aforementioned
11 subject(s) may be made public at a time when the
12 Solicitor advises the Board that the disclosure of
13 the discussion will not detrimentally affect any
14 right, interest or duty of the ACMUA or any other
15 entity with respect to said discussion.

16 BE IT FURTHER RESOLVED that the Board, for the
17 aforementioned reasons, hereby declares that the
18 public is excluded from the portion or the meeting
19 during which the above discussion shall take place
20 and here by directs the ACMUA to take the appropriate
21 action to effectuate the terms of this resolution.

22 I, Gary L. Hill do hereby certify the above to be a
23 true and correct copy of a resolution to be adopted
24 by the ACMUA at this meeting held on the 15TH day of
25 June, 20_22__.

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1 CHAIRMAN HILL: Ladies and gentlemen,
2 Good morning. Happy June, I can't believe it's June
3 already.

4 I'm going to call the meeting to order.
5 I'll read the opening statement.

6 Adequate notice of this meeting has
7 been provided as required by law by mailing to The
8 Press a list of the regularly scheduled meetings,
9 June 15th, 2022, at 401 North Virginia Avenue
10 conference room in Atlantic City, New Jersey.

11 A copy of said notice was sent to the
12 City Clerk to be posted.

13 All of the aforesaid complies with
14 Chapter 231 of the Laws of 1975 commonly known as the
15 Open Public Meetings Law.

16 Thank you.

17 We'll do roll call please, Ms. Johnson?

18 MS. JOHNSON: Yes.

19 Mr. Banfield?

20 COMMISSIONER BANFIELD: Present.

21 MS. JOHNSON: Mr. Dedar?

22 VICE CHAIRMAN DEDAR: Yes.

23 MS. JOHNSON: Mr. Hill?

24 CHAIRMAN HILL: Yes.

25 MS. JOHNSON: Ms. Langford?

1 COMMISSIONER LANGFORD: Here.

2 MS. JOHNSON: Mr. Eccles?

3 COMMISSIONER ECCLES: Here.

4 MS. JOHNSON: Ms. Davies?

5 COMMISSIONER DAVIES: Here.

6 MS. JOHNSON: And, Mr. Kausar?

7 COMMISSIONER KAUSAR: Here.

8 CHAIRMAN HILL: Very good. We have a
9 full -- full court today. That's great.

10 We'll do a flag salute. Mr. Dedar.
11 Would you lead us please?

12 VICE CHAIRMAN DEDAR: Yes.

13 (Whereupon, all rise for a Recitation
14 of the Pledge of Allegiance as led by Vice
15 Chairman Dedar.)

16 CHAIRMAN HILL: We're going to move
17 right in -- because we have a special guest with us
18 -- into public participation.

19 This presentation that I've asked the
20 doctor to do -- and I don't know if Dr. Regis is on
21 as well, we started with -- if you remember last
22 meeting we approved a consultation from Dr. Regis.
23 He and referred us to Doctor -- I am going to --
24 Sachin, is it Sachin?

25 DR. JAIN: Sachin Jain, right.

1 CHAIRMAN HILL: Dr. Jain, and he's one
2 of the leading experts. He'll give us a little
3 history about himself.

4 I was very interested when I learned
5 about him how we're very lucky to have him as part of
6 this meeting.

7 And I believe particularly we were
8 concerned about COVID issues with employees, when can
9 we bring somebody back? Do you change our policy?
10 Things have changed all the time and we know we don't
11 know have -- we're not over any of this yet, but
12 we're getting further and further down the line.

13 We then will bring up under my report a
14 topic and Mr. Dedar, our vice chair, wanted to
15 discuss about opening the offices.

16 So it's a two-prong discussion in a few
17 minutes, but let's hear what the doctor has to say
18 first and I think will help us and maybe make some
19 decisions a little bit later on.

20 Doctor?

21 DR. JAIN: Sure.

22 And thank you. So much for having me.
23 And I have, you know, really appreciate the audience
24 here and the fact that your group is being very
25 thoughtful about kind of thinking through these

1 issues.

2 So thank you for this opportunity
3 today. I do have some slides, I don't know if it
4 would be appropriate to share those, just to -- okay.

5 So I'll pull them up and then I will go
6 ahead and introduce myself to the group.

7 So let me see if I have -- oh, I don't
8 have the ability to screen share.

9 CHAIRMAN HILL: Laura, can you -- I
10 don't have that either.

11 Laura, maybe you can or Stella?

12 COMMISSIONER LANGFORD: You're muted,
13 Stella.

14 MS. JOHNSON: Okay. Screen share, one
15 second.

16 CHAIRMAN HILL: Right.

17 MS. JOHNSON: Okay. You should have
18 the ability now.

19 CHAIRMAN HILL: Okay.

20 DR. JAIN: Okay. Perfect. Thank you.

21 All right. So I'm going to start off
22 talking a little bit about the organization that I'm
23 representing and then -- and then we'll dive into the
24 COVID stuff.

25 So I mean Sachin Jain, I am one of the

1 national medical directors with a company called
2 Village MD, which is a value-based primary care
3 company. So -- so what that means is that we work
4 with the payers to basically take on all of the
5 financial risk for managing a population of patients.

6 So for -- so, so far we have been
7 primarily working with Medicare patients. We are
8 also working with commercial patients and soon and in
9 the future we will be working with Medicaid patients
10 in that fashion.

11 We do take care of all of those patient
12 populations in our model so -- but, the -- the shift
13 will be around us really taking on that financial
14 risk over time. And so we are already in some of
15 those arrangements with CMS right now, with the
16 Center of Medicare and Medicaid Service. And we'll
17 be expanding on that.

18 I live in New Jersey. I live in --
19 close to Newark, a little different part of the state
20 from Atlantic City, but I do come into Atlantic City
21 and the surrounding areas every so often as we do
22 have practices there. And I'll tell you a little bit
23 more about our -- our sort of penetration in that
24 area.

25 But, you know, I did my -- I am

1 originally from Chicago. I did my internal medicine
2 residency from Yale. I did my infectious disease
3 fellowship in the Harvard system and have a -- have
4 had a career in academic HIV and infectious diseases
5 prior to moving into this -- this primary care, sort
6 of, innovation space.

7 And so I've been at Village for about a
8 year-and-a-half and really what we do here is we're a
9 primary care led, physical led organization, and our
10 goal is to provide higher-quality care at a lower
11 cost. And we use data and technology to really drive
12 the outcomes that -- that we -- we generate.

13 One of the remarkable things about our
14 company is that we recently received about a
15 \$6 billion investment from Walgreens to put 1,000
16 Primary Care Clinics into Walgreen stores.

17 So this is different from the CVS
18 Minute Clinic, there are, like, eight exam rooms,
19 beautiful doctors' offices. We're going to be opening
20 up locations in New Jersey over the next couple of
21 months and next couple of years as well.

22 So we are -- and this is sort of our
23 map of where we are in different parts of the country
24 (inaudible). You see New Jersey beautifully
25 represented on the east coast and then some of the

1 other locations where we are.

2 So prior to COVID and sort of --
3 because this is part of what I do at Village, I have
4 a couple of different roles in terms of market
5 oversight for -- for all of our markets in the
6 northeast.

7 And then I also manage some of our
8 high-risk care management programs.

9 And then -- and then when I got hired,
10 they said, you know, hey, you're -- you're an
11 infectious disease doctor, why don't you do all the
12 COVID stuff. I said, okay, that sounds great. It's
13 sort of a --a pet project, but it ended up being
14 quite a bit of work. So really, it's sort of a great
15 opportunity for our primary care organization to have
16 an ID doctor during these times to help sort through
17 all the noise, the constantly shifting guidelines
18 from CDC and the states and the local health
19 departments and try to keep all of it straight I
20 think has been really, really challenging.

21 So I've been writing out protocols for
22 all of our staff, our clinic based staff, our
23 administrative staff, we -- you know, any -- any
24 question you can imagine we have -- we have received.

25 And just as a sidebar, I also am the

1 medical director, unrelated to my role in Village,
2 I'm medical director for a company that does testing
3 services and symptom screening for -- for small and
4 large businesses and camps and other things, mostly
5 non-healthcare related institutions.

6 So -- so that's something that we
7 started really close to the beginning of the epidemic
8 to help businesses, kind of, get through, sort of,
9 through all the these new guidelines changes and
10 so --

11 DR. REGIS: And, Doctor --

12 DR. JAIN: Yes, please.

13 DR. REGIS: Let me just -- let me just
14 jump in here, first of all let me apologize here, but
15 this is Dr. Regis.

16 A couple of days ago I think Bruce Ward
17 and Gary Hill came to me and wanted updates for COVID
18 policies. Again, I'm Dr. Regis, I used to run and
19 own Reliance, it was bought by Village. And now
20 you're listening to Dr. Sachin Jain who is the -- one
21 of the national Medical Directors. And he is a
22 nationally recognized expert in COVID.

23 So when I heard this request, I said,
24 look, I just got the perfect man. And he works with
25 me on an ongoing basis with Village trying to improve

1 primary care, especially here in New Jersey and in
2 Atlantic County.

3 So I just wanted the introduce myself
4 and, Sachin, you take it over because you got the
5 latest stuff I'm sure.

6 DR. JAIN: Yes.

7 So -- and -- and I don't have an agenda
8 here so, you know, I -- I do have a couple of slides
9 that I'll go through, but I want this to be an open
10 discussion.

11 And I want this to be so for you in
12 terms of helping to solve some of the questions that
13 you're encountering with your teams and your
14 department.

15 So -- so just really, kind of -- and
16 thanks, Dr. Regis.

17 You know here's where we stand right
18 now with -- with cases in New Jersey. This was --
19 this was like hot off the press, as reported to the
20 CDC. We know the major spikes that occurred were
21 really in November of 2020 and then in early of 2021
22 in January. And then when Omicron hit is really when
23 we saw the biggest surge in -- just a couple of month
24 ago.

25 And so that's where you see this big

1 spike in January into February of 2022.

2 And so -- and part of that may not
3 necessarily be because there was more infection, but
4 I think we were also testing a lot more. And there
5 was more awareness. There was more -- you know,
6 really the beginning of that --

7 FEMALE VOICE: This meeting is being
8 recorded.

9 DR. JAIN: -- at the beginning of the
10 epidemic CDC has instructed patients and people to
11 stay home if they had symptoms and to not get tested
12 and so I think there was really under --
13 underreporting of the actual disease prevalence that
14 occurred at the beginning of 2020. And now with the
15 -- just the massive availability of homemade --
16 home-based testing, testing at doctors' offices,
17 through other institutions, we're -- we're now seeing
18 a reflection of that. And -- and we know that a lot
19 of people got sick, got infected, in -- in early
20 January of this year. However, we did see less
21 hospitalizations than the prior surges overall.

22 So -- so -- and I think a lot of that
23 had to do with the fact that most people are
24 vaccinated and may have had COVID one, two or three
25 times now. And so they've developed that natural

1 immunity or vaccine-produced immunity leading to less
2 hospitalizations.

3 But that doesn't take away from the
4 fact that we have a lot of people, we have -- right
5 now in our company as of this morning we have 89
6 people out with COVID. That is a lot people. So --
7 and that certainly puts a strain on our ability to
8 take care of patients.

9 So where we're at now, in the most
10 recent surge, if you can see my cursor is -- is about
11 a month ago we did see a spike in COVID cases in New
12 Jersey. This is all New Jersey. And -- and there's
13 ability to -- to view this by -- by counties as well.

14 But this is just for all of New Jersey.
15 And we are starting to see a down trend over the last
16 week or so, which is really reassuring.

17 So I think we've kind of -- we took
18 these surges, there's always kind of a burnout phase
19 where a bunch of people get it. There's a rapid
20 transmission. And then it just, kind of, tapers off.

21 And so we see that over and over again
22 with each of these -- these surges.

23 So I think we're going be in a better
24 place now, but, you know, there's all these variants
25 that are being reported and -- and it wouldn't

1 surprise me if three months from now we were going
2 through another surge and we're -- we're asking the
3 same questions again and again.

4 And so the better that we can prepare
5 our protocols, the less noise that there can be among
6 our teams, because I guarantee you every time there
7 is a surge there's a reaction by CDC in terms of
8 changing guidelines around testing or masking. And
9 -- and it just puts people on edge.

10 So I think the more disciplined we can
11 be about going through this process, having the
12 protocols ready to go, saying here's our stance, you
13 know, and your stance as a board to decide the next
14 time that this happens, we're ready, here's how we're
15 going to approach it. I think it just leads to a
16 more prepared response and -- and better delivery.

17 And we know that this --that all these
18 guidelines changes just -- they cause a lot of
19 confusion and anxiety. And -- and I really like, in
20 my work, in my organization just like to minimize
21 that as much as possible. I'm sure you do too.

22 So our approach to the COVID response
23 has really been three-fold. The first is primary
24 prevention, which really occurs through vaccination
25 as well as masking in the appropriate setting. Early

1 diagnosis, now again, we -- we have lots of
2 modalities for testing folks for -- for COVID through
3 PCR testing as well as rapid antigen testing. And I
4 think a lot of people are now shifting towards the
5 rapid antigen testing because you can buy it at
6 Walgreens. You can buy it from, you know, your local
7 drug store or whatever.

8 And then now we have treatment options.
9 So a year ago we had the monoclonal antibodies and
10 part of what happened there was the monoclonal
11 antibodies the -- the virus strains that are now
12 circulating had developed a resistance to the
13 monoclonal antibodies. So that's why you're probably
14 not hearing about that as much.

15 It was also very hard to get monoclonal
16 antibodies. You had to go to the emergency room.
17 You had to go to the hospital to -- to oftentimes get
18 those. And so there was a major inconvenience
19 factor.

20 And so now we have pills. We have two
21 FDA-approved pills that are now on the market,
22 Molnupiravir is one of them which is a Merck product.
23 And then the other one is Paxlovid which I think is
24 being used a little bit more often in -- in primary
25 care practices and other settings, which is the --

1 the Pfizer product.

2 So -- so two different products, very
3 different profiles in terms of side effects, drug
4 interactions with other medications and reasons why,
5 perhaps, one is being used more than the other.

6 But we have treatment options now which
7 really changes the playing field and -- and really is
8 a -- should be a major driver for testing.

9 So just a couple of more slides here,
10 and then I'll open it up for discussion.

11 Vaccines, they're now recommended for
12 all adults in New Jersey. They were required in
13 healthcare settings. We are in compliance with that.
14 There are -- there is the ability for exemptions,
15 religious exemptions, other medical exemptions are
16 allowed.

17 But if you do file for exemption then
18 you have to -- you're subject to either weekly or
19 biweekly testing to demonstrate that you're COVID
20 negative.

21 So that is a New Jersey specific law
22 from the Executive Order from the Governor.

23 The FDA just recently approved -- I
24 think this morning, approved the Moderna vaccine for
25 ages six to 17. We do have the approval for the

1 Pfizer in the -- in the younger age groups. And then
2 the decision on the Moderna for less than
3 five-year-olds is still pending.

4 And I've got a seven-year-old and a
5 four-and-a-half-year-old at home, I can't wait for a
6 vaccine to get approved for -- for my little one.

7 So I'm keeping my fingers crossed that
8 will happen within the next couple of weeks as far as
9 a decision on the less-than-five age group.

10 As far as testing, I think, you know,
11 probably a year ago, two years ago, the concept of
12 routine testing was pretty common in most businesses.

13 Now I think that's phased out. And,
14 you know, I think partly because of CDC is no longer
15 recommending it.

16 Healthcare setting were also not doing
17 routine testing for our employees or for our
18 patients. So I think that's something that has kind
19 of gone away. We do still have the ability to do PCR
20 testing which is considered the gold standard. It
21 just -- it picks up the -- the genetic material if
22 someone's been infected so it's just a lot more
23 sensitive in detecting the virus.

24 However it's -- you know you have to
25 get a swab, you have to usually have to go to a

1 doctor's office. You can't buy it off the shelf.

2 So a lot of people are shifting more to
3 these rapid antigen tests which you can buy off the
4 shelf and usually in a time of high transmission
5 which we are in now, a positive test usually means
6 that you have infection.

7 So that's how we've been detecting a
8 lot of infection recently is through these rapid
9 antigen tests.

10 The problem is that, you know, if you
11 have to show a report to your doctor or your employer
12 it doesn't give you a report.

13 So what we've done in our organization,
14 which is maybe controversial is we said we're going
15 to honor self-report. So if you -- if you tell us
16 that you have been -- you tested positive based on a
17 home test, we'll honor that. And so, you know, I
18 think different organizations may have a different
19 approach to that, but from an administrative
20 standpoint for us to, you know, have our employees
21 take pictures of their tests and, you know, verify
22 that it was, you know, it's like that -- that is an
23 administrator's nightmare so we've, kind of, opted
24 for, you know, just tell us if you're -- if you're
25 positive, stay out of work for five days. We'll

1 honor that. And, you know, you just have to use your
2 PTO for that.

3 So unless we're -- we're in a state
4 that -- that requires -- that has the ability to
5 accrue sick days, which I believe New Jersey is one.

6 So -- and -- and then just these two
7 graphics which, you know, folks can review after the
8 fact, would -- these are from CDC that were, I
9 believe, just posted this week because I didn't see
10 them on their website before.

11 But -- but it basically gives
12 instructions on what to do if you test positive, so
13 if you test positive you got to stay home for at
14 least five days, the original data showed that the --
15 that the infection stays positive -- you can still
16 actually culture, if you were to grow the virus and
17 in viral media you can still grow it up to about nine
18 days.

19 So that initial guidelines from 2020
20 were they said if you test positive stay home for ten
21 days, that was based on some of those original
22 studies.

23 However we -- we recognize now that
24 people are vaccinated with a higher frequency, people
25 are -- you know, there's different precautions that

1 are being put into place.

2 So in December the CDC changed their
3 guidance and reduced that to five days.

4 And so a lot of companies have now
5 adopted the five-day guidance and are -- are no
6 longer doing the ten days.

7 Now if -- now what that means in the
8 healthcare setting we've said, well, I'll let you
9 come back in five days, but I still want you to wear
10 and N95 mask because you're taking care of sick
11 people and so that was kind of an exception that
12 we're -- or a compromise that we made in -- in our
13 organization.

14 However, you know, if someone's still
15 feeling symptomatic they're -- they've got a fever,
16 please stay home, you know, don't -- don't expose
17 anyone else to that because you -- you still might be
18 infectious.

19 And then as far as quarantine, if you
20 have -- if you had an exposure to -- to COVID then it
21 -- there's a -- there's sort of a decision point
22 where if you've had your vaccine, you're fully
23 up-to-date. Fully up-to-date means you had your
24 primary series, you got your boosters whatever --
25 whatever's available to you in your age group or

1 based on your -- your conditions, your medical
2 history, you got to be fully up-to-date with that
3 guideline.

4 And so if you been fully up-to-date we
5 your vaccination then you don't need to quarantine
6 after you've had an exposure so you can keep, kind
7 of, doing what you're doing but monitor for symptoms.

8 And if you have not been fully
9 up-to-date on your vaccines and you've had an
10 exposure then you need to stay, kind of, in your
11 space, quarantine for five days, and then wear a mask
12 around other people for a total of ten days. And
13 continue to monitor for symptoms.

14 So those are some of the major changes
15 that have occurred within the last six months around
16 vaccination, testing, positive tests and then
17 quarantine.

18 So I -- you know, again, I could go on
19 for hours, but I want this to be useful for all of
20 you and help you solve the problems that you're
21 trying to solve.

22 So I'll open it up for discussion and
23 see where I can be helpful.

24 CHAIRMAN HILL: Thank you, Doctor, what
25 a great presentation.

1 I have a quick question, the rapid
2 antigen test, I know I've taken a few of them, would
3 you (Audio Distortion.)

4 DR. JAIN: I'm sorry. Part of that got
5 -- got garbled.

6 CHAIRMAN HILL: I said, the rapid
7 antigen test you spoke about, I've taken a few of
8 them, would you say they're basically reliable?
9 They're a good -- they're a good monitor for COVID?

10 DR. JAIN: They -- they're okay.

11 They're good.

12 I mean they're -- yeah, so they're not
13 -- they're not favorite. And in my -- in my other
14 shop that I -- that I work at, we still favor PCR
15 testing where possible, just because it's more
16 sensitive. And so if -- so, like, now if someone
17 were to test positive using a rapid antigen test, I
18 would say, okay, I believe it. I trust it. It's
19 good enough.

20 But if it's negative and you're having
21 symptoms of COVID then I might either do another one
22 the next day or get a PCR just because there's better
23 detection with that.

24 CHAIRMAN HILL: Right.

25 DR. JAIN: So they're reasonable. But

1 in a time of low transmission if people start going
2 out and doing tests and the tests are positive it's
3 likely a false positive.

4 CHAIRMAN HILL: Okay.

5 So maybe we should get rid of the
6 shared screen. We'll open it up to the board members
7 and to staff, if we could.

8 I know one of our main concerns, maybe
9 Mr. Armstrong you want to relay that, is employees
10 that maybe were exposed and/or have negative results,
11 but -- are exposed, but have a negative test, do you
12 bring them back into the company.

13 EXECUTIVE DIRECTOR ARMSTRONG: Well,
14 let me --

15 CHAIRMAN HILL: Can you just describe
16 that?

17 EXECUTIVE DIRECTOR ARMSTRONG: Yes,
18 actually it's employees who have been out and have a
19 positive test --

20 CHAIRMAN HILL: A positive.

21 EXECUTIVE DIRECTOR ARMSTRONG: -- and
22 not get a negative test and our policy, current
23 policy, is that in order to return to work they have
24 to have a negative test.

25 But some employees have indicated that

1 they're having difficulty testing negative and it's
2 sort of in conflict with the CDC guidelines which
3 says that they're -- you know, they're not showing
4 symptoms, and they should be able to return in five
5 days and it's creating a financial hardship on them
6 if they don't have any more sick time or vacation
7 time. So that was the main reason for us wanting to
8 -- to have you come in and consider whether or not we
9 wanted to change the policy.

10 We still don't think there's anything
11 wrong with still testing them day-to-day because we
12 actually bought about 250 tests of our own, the rapid
13 tests, we have them here.

14 But our -- our big concern is whether
15 or not we should allow them to come back if they test
16 positive after, you know, a certain number of days,
17 but show no symptoms.

18 DR. JAIN: Yes.

19 And one of the ways that we've been
20 kind of thinking about this, so we -- we have
21 clinical staff and we also have, you know, hundreds
22 of administrative staff people.

23 And we've also been thinking about,
24 well, you know, can -- can that employee perform
25 their job remotely? And so I don't know if that's a

1 culture within, you know, within Atlantic County, but
2 you know we tend to kind of keep people out if they
3 don't need to come in and if they can preform their
4 job remotely.

5 Our clinical staff, they -- they need
6 to come in, like, for the most part, unless they can
7 do telemedicine.

8 So we have, you know -- originally,
9 when the guidelines changed in December, I remember
10 December 23 and December 27th when those guidelines
11 changed right around Christmastime. And we -- we
12 were very conflicted because we didn't feel
13 comfortable bringing people back on day five after
14 two years of saying, well, we're going keep you out
15 for ten days. And so then we said, well, you know,
16 if you come -- if you have a negative test between
17 day five and day ten, then we'll let you come back
18 sooner than day ten, but we weren't ready to adopt
19 the day-five guidelines.

20 I think now there's a lot more
21 acceptance around that and what we're seeing is we
22 have 4,000 employees.

23 And for the most part people are not
24 getting, you know, seriously sick. They're not
25 ending up in the hospital among our employees. And

1 -- and they're doing fine.

2 So usually what we're seeing is that --
3 that our employees or patients are getting, like, a
4 bad flu. So it kind of looks like influenza in a lot
5 of ways if they're -- if they're already been
6 vaccinated. So that's, kind of, generally been the
7 worst-care scenario not -- I'm not advocating at all
8 that people should be okay with that, but it's -- on
9 the spectrum of things the landscape has shifted
10 dramatically where two years ago we were talking
11 about people getting hospitalized and ending up on
12 the ventilator and dying. And now it's, you know,
13 the risk of getting COVID is now you're probably at
14 worse going to get a bad flu if you're already been
15 vaccinated.

16 And so that's -- I think when I, you
17 know, consider what is the risk benefit. The risk
18 is, like, 2020 was up here and now it's much, much
19 lower. It's much more bearable, much more tolerable
20 and -- and so it makes me feel a lot more comfortable
21 bringing employees back at five days, especially
22 if -- you know, if they have to be in the office then
23 -- then I'm more comfortable with that.

24 And then -- and then I think the -- the
25 other thing that we've done is for clinical staff is

1 if you're working with sick patients you have to wear
2 an N95 for five more days, just to get you to that
3 ten-day mark.

4 But we are bringing employees back
5 because it is so hard to keep employees out for ten
6 days. And especially if this happens like if we have
7 another surge in three months or four months then
8 they're going to blow through all of there -- there,
9 you know, sick time or time off, however you guys do
10 it. It's so hard.

11 And then -- and then you start getting
12 into, like, now we're not going pay you and -- and
13 it's like -- it just -- it's -- it's hard it's -- and
14 we're talking about employees that -- that really
15 don't have the -- the means to afford having that.

16 So I think from, like, when we were
17 thinking about what are the implications for
18 employees, their ability to actually continue to work
19 with us, we had to go down to five days. It just --
20 you know, but, again, making sure that we have the
21 right precautions in place, that employees were
22 continuing to mask until the ten-day mark.

23 EXECUTIVE DIRECTOR ARMSTRONG: And just
24 one other point I want to make, I know that you
25 mentioned that it mattered whether or not they were

1 vaccinated or not.

2 What if the person isn't vaccinated?

3 Does your policy change with respect to an

4 unvaccinated person?

5 DR. JAIN: If they -- if they've tested
6 positive then everyone goes in the same bucket, we
7 treat all of them the same.

8 The only reason that differs is if --
9 if you've had an exposure and then you have to decide
10 how we're going to manage that.

11 So for vaccinated you don't have to do
12 anything differently.

13 If you're unvaccinated then you have to
14 quarantine for five days.

15 But once you're positive then you're
16 positive and then we treat everyone the same.

17 EXECUTIVE DIRECTOR ARMSTRONG: Okay.

18 COMMISSIONER BANFIELD: Mr. Chairman, I
19 have a question.

20 CHAIRMAN HILL: Sure, Mr. Banfield.

21 COMMISSIONER BANFIELD: Yes.

22 This is for, Mr. Armstrong, what is the
23 protocol for people that are exposed to someone that
24 tested positive?

25 EXECUTIVE DIRECTOR ARMSTRONG: Right

1 now if someone tests positive and they're not showing
2 any symptoms we have them take a test. And if they
3 test negative they can come into the office.

4 And if they start showing symptoms then
5 we tell them to stay out and until they can get, you
6 know, a more extensive test like the PCR.

7 MR. BANFIELD: So when someone tested
8 positive, but someone -- because a lot of times when
9 somebody asks you a questionnaire of something if you
10 have been exposed to somebody that has, you know,
11 that's has had COVID in the last so many days, those
12 kind of questions come up.

13 So a person that is exposed to it, do
14 they have to immediate take the test or -- or are
15 they required to take the test? And is it a cost to
16 them?

17 EXECUTIVE DIRECTOR ARMSTRONG: No, we
18 have our own test that we can provide to them.

19 MR. BANFIELD: Okay.

20 EXECUTIVE DIRECTOR ARMSTRONG: You
21 authorized us to purchase 250 tests approximately six
22 months ago.

23 So we have some guidelines that if they
24 want to come to the office, they sit in the parking
25 lot. We'll provide them with a test. They take it

1 in the car.

2 Then they show us the negative test
3 results and then they can come into work.

4 And we give them some to take home, and
5 they can test themselves each day because we're also
6 learning that individuals may not show signs early on
7 and they may test negative and two or three days
8 later they test positive.

9 So we ask them to test each day just to
10 be sure.

11 COMMISSIONER BANFIELD: Thank you.

12 DR. REGIS: Yeah, let me just add, this
13 is Dr. Regis, and I had a question for Dr. Jain, what
14 role, if any, does the new oral anti-COVID medication
15 play in return-to-work policies and in quarantine
16 policies? Does the new COVID medication play any
17 role in that at all?

18 DR. JAIN: At this point it's not
19 influencing the duration of -- of how long people
20 need to isolate.

21 So, in theory, it can reduce viral
22 shedding by, you know, a day or two, but at this
23 point if you're on, you know, one of those
24 medications then it wouldn't necessarily shorten your
25 -- your isolation period.

1 So, Mr. Armstrong, if I -- I just
2 wanted to clarify the employees that test positive
3 we're still keeping them out for five days at a
4 minimum, right?

5 EXECUTIVE DIRECTOR ARMSTRONG: Yes.

6 DR. JAIN: Okay. And then -- and then
7 --

8 EXECUTIVE DIRECTOR ARMSTRONG: Well,
9 actually, we're keeping them out longer, we're --
10 that's why we wanted to talk to you to you see if we
11 change the policy to less than the -- we're keeping
12 them out until they actually come in with a negative
13 test. We haven't changed our policy yet.

14 CHAIRMAN HILL: Right.

15 DR. JAIN: I see. Even if that -- that
16 negative test is not -- so -- so suppose they're --
17 they're 12 days after whenever their day zero, if
18 they've not tested negative you're still keeping them
19 out?

20 EXECUTIVE DIRECTOR ARMSTRONG: That's
21 the policy.

22 CHAIRMAN HILL: Right.

23 DR. JAIN: Interesting.

24 DR. REGIS: Yes.

25 CHAIRMAN HILL: That's why we -- that's

1 why we were looking for this call to get some
2 guidance, if we need to change that.

3 DR. JAIN: Right. I mean in theory,
4 typically we don't keep anyone out past ten days,
5 like, I mean even in the last year that hasn't been
6 our -- our policy.

7 So -- so I think that's probably a
8 little more conservative than what most organizations
9 are doing. So I would say once you've hit the
10 ten-day mark, because of that earlier data showing
11 that you're really not going to generate more -- more
12 culture-positive virus after the nine -- nine-ish or
13 ten-day mark that -- that's, you know, some of that
14 can be artifact.

15 EXECUTIVE DIRECTOR ARMSTRONG: Let me
16 -- but that is coupled with the fact they're not
17 showing symptoms, correct.

18 DR. JAIN: Absolutely. Yes.

19 EXECUTIVE DIRECTOR ARMSTRONG: Because
20 we have an employee out now 12 -- going on 12 days
21 and I believe he's indicating to us that he's still
22 positive and sick.

23 He's not saying he needs to come back
24 in. So I'm assuming from that, that he is still sick
25 and he's not ready to come back.

1 So I just want to be clear that when
2 you say 10 days it's just not an automatic ten days
3 --

4 CHAIRMAN HILL: Right.

5 EXECUTIVE DIRECTOR ARMSTRONG: -- it's a
6 -- it has to be coupled with not having any signs or
7 symptoms of -- of any illness, correct?

8 DR. JAIN: Yeah. And it depends a
9 little bit, this is where it gets a little bit gray
10 because sometimes people will have some -- like, they
11 may have loss of taste or smell for months
12 afterwards. So -- but they may not be transmitting
13 virus at that point to their colleagues.

14 So that may be an exception or they may
15 feel tired and that may persist for months as well in
16 some people.

17 So there may be some -- so that
18 employee may say: Well, I'm not -- I don't feel like
19 I'm ready to come back because I'm not, you know,
20 feeling like I'm 100 percent.

21 But that may not necessarily mean that
22 their infectious.

23 So -- so that's where, you know, I -- I
24 probably -- if it's going past ten days, have them
25 get a doctor's note and then -- and then have their

1 -- their primary care doctor help, you know, because
2 if the doctor says, well, you know, I think this
3 person just has, you know, some residual symptoms
4 from the infection, but they're okay to kind of be
5 back in the workplace, then I would honor that.

6 But I think it's -- it's sometimes hard
7 for the employer to make that call --

8 CHAIRMAN HILL: Right.

9 DR. JAIN: -- for the employee.

10 So I -- that -- I say just go to your
11 doctor, have them send a letter and then -- and then
12 we'll -- we'll follow their guidelines.

13 EXECUTIVE DIRECTOR ARMSTRONG: That's
14 actually what we concluded yesterday that we were
15 going to, after the five days, depending upon what
16 you said, we were going to -- as long as they can get
17 clearance from a doctor after five days, even if
18 they're positive, that helps to protect us as well.

19 CHAIRMAN HILL: Right.

20 EXECUTIVE DIRECTOR ARMSTRONG: They
21 just return, you know, and at least we know a doctor
22 has indicated -- you know, seen them and doesn't
23 think that they're infectious and is giving them the
24 clearance to come back to work.

25 DR. REGIS: One of the things you might

1 want to look at and we -- I think I've had
2 conversations -- this is Dr. Regis again -- with the
3 board in the past that sometimes it's good to have a
4 relationship with a local medical group just nearby
5 so when you have a question like that or if you need
6 an employee who needs to be seen on, kind of, an
7 urgent or -- basis, whether it's COVID or not.

8 We'd like to propose something like
9 that that maybe it's another time, another agenda,
10 another meeting because we do have offices in
11 Atlantic City and Northfield, Somers Point, Galloway.
12 We -- we pretty much have 12 different offices in
13 Atlantic County and we would like to talk to the MUA
14 about being a preferred provider your organization
15 and for its employees.

16 Just, for instances like this, if you
17 got employees after 12 days and -- and he can't get
18 in to see his primary care doctor or he needs to have
19 a primary care doctor, we would have a medical
20 provider on call, you call us, we get them in, make
21 that call. Makes your job a lot easier. He's seen a
22 primary care doctor and got an official medical
23 evaluation. And we can move forward from there.

24 I know it's a different kind of
25 discussion, but I did want to put that out there.

1 EXECUTIVE DIRECTOR ARMSTRONG: No, that
2 did come out as well because sometimes we would like
3 to have an independent medical opinion as well.

4 DR. REGIS: Sure.

5 EXECUTIVE DIRECTOR ARMSTRONG:
6 Sometimes they -- they can get pretty much anything,
7 have a doctor write things -- I've seen them
8 sometimes, you know, so...

9 CHAIRMAN HILL: Right.

10 EXECUTIVE DIRECTOR ARMSTRONG: We would
11 like to have some sort of connection --

12 CHAIRMAN HILL: Yeah.

13 EXECUTIVE DIRECTOR ARMSTRONG: -- with
14 an organization like yours --

15 CHAIRMAN HILL: Yes.

16 EXECUTIVE DIRECTOR ARMSTRONG: -- so we
17 can get some independent advice.

18 CHAIRMAN HILL: I think that's a smart
19 idea and we did speak about this a few months ago a
20 little bit.

21 So why don't we set up a separate
22 meeting on that, whoever we need to -- we don't need
23 everybody, but at first a little, kind of, a
24 subcommittee, then we'll report back.

25 Mr. Armstrong, maybe in the next month

1 or so, maybe Dr. Regis can help us out with that too
2 and we'll go from there because we -- today we have
3 to move onto to the agenda. And we did want to, of
4 course -- we kind of have some guidance now where we
5 move on, you'll see when we have our policy updated.

6 Does anybody else -- I know
7 Mr. Banfield had a question, I did, anybody else?

8 COMMISSIONER BANFIELD: No, I really
9 appreciate Dr. Regis, he answered the question pretty
10 much what I was going to ask Dr. Jain, you know,
11 having someone that we were -- or a company we could
12 go to about that.

13 So thank you.

14 CHAIRMAN HILL: Right. Right.

15 Anybody else?

16 (No response.)

17 CHAIRMAN HILL: Because we need to the
18 to move forward.

19 Okay. Mr. Armstrong, you're good with
20 the doctors?

21 EXECUTIVE DIRECTOR ARMSTRONG: Yes, I'd
22 like to thank them for coming on and I took notes and
23 I think I'm able to develop a policy consistent with
24 --

25 CHAIRMAN HILL: Me too.

1 EXECUTIVE DIRECTOR ARMSTRONG: -- what
2 Dr. Jain and Dr. Regis are doing, where you're at.

3 And I really appreciate the
4 presentation you provided today.

5 CHAIRMAN HILL: Thank you, Doctors. We
6 appreciate --

7 DR. REGIS: No problem.

8 CHAIRMAN HILL: -- the presentation.

9 DR. JAIN: Yes, take care. Let us know
10 if we can be helpful in any other way.

11 CHAIRMAN HILL: We'll be in touch.
12 Thank you.

13 DR. REGIS: Be safe.

14 CHAIRMAN HILL: Just a quick question,
15 who is -- I want to make sure we're not ignoring
16 anybody. Who is on the phone with the 300 at the
17 end?

18 EXECUTIVE DIRECTOR ARMSTRONG: That was
19 Debby Dansbe.

20 CHAIRMAN HILL: Okay. Debby, very
21 good. Thank you.

22 We're going to be moving on now and
23 we're going to No. 5 on the agenda, approval of the
24 minutes. I want the --

25 EXECUTIVE DIRECTOR ARMSTRONG: One

1 second, I'll be right back.

2 CHAIRMAN HILL: Sure.

3 MS. JOHNSON: And I believe -- excuse
4 me -- I believe 0300 is Mr. Reilly.

5 CHAIRMAN HILL: Okay.

6 MR. REILLY: That's correct.

7 CHAIRMAN HILL: Okay.

8 Welcome, Mr. Reilly.

9 MR. REILLY: Thank you.

10 MS. JOHNSON: And DD was Debby Dansbe.

11 CHAIRMAN HILL: Very good.

12 So we're going to go back again to the
13 open session minutes, this is general, we've all
14 received them.

15 Ms. Johnson, could you read that
16 please, the approval motion.

17 MS. JOHNSON: Okay. For the open
18 session meeting for May 18th?

19 CHAIRMAN HILL: Yes.

20 MS. JOHNSON: "Whereas the Atlantic
21 City Municipal Utilities Authority held their
22 regular scheduled board meeting on May 18th,
23 2022 commencing at 10 a.m.

24 "There being present: Gary Hill,
25 Mohammed Dedar, Glenn Banfield, Nynell

1 Langford, Stephanie Davies and Sayed Kausar.
2 Absent was John Eccles.

3 "Now, therefore be it resolved on the
4 15th day of June '22, that the Board of
5 Directors hereby approved the transcription of
6 open session meeting for May 18th."

7 CHAIRMAN HILL: Thank you.
8 Any changes, additions or edits?
9 (No response.)

10 CHAIRMAN HILL: Okay. If not, I'll
11 look for a motion to accept.

12 VICE CHAIRMAN DEDAR: Motion.

13 CHAIRMAN HILL: Thank you.
14 And a second?

15 Mr. Banfield seconded.

16 COMMISSIONER BANFIELD: Second, yes.

17 CHAIRMAN HILL: Thank you, Mr.
18 Banfield.

19 And roll call?

20 MS. JOHNSON: Mr. Dedar?

21 VICE CHAIRMAN DEDAR: Yes.

22 MS. JOHNSON: I'm sorry.

23 CHAIRMAN HILL: It's okay.

24 MS. JOHNSON: Ms. Langford?

25 COMMISSIONER LANGFORD: Yes.

1 MS. JOHNSON: Ms. Davies?

2 COMMISSIONER DAVIES: Yes.

3 MS. JOHNSON: And, Mr. Kausar?

4 COMMISSIONER KAUSAR: Yes.

5 CHAIRMAN HILL: And I'll vote yes too.

6 MS. JOHNSON: Okay. Mr. Hill, because
7 you -- okay. That is the open session.

8 Mr. Hill, yes.

9 CHAIRMAN HILL: That's the open,
10 correct.

11 MS. JOHNSON: Yes. Yes. Okay.

12 CHAIRMAN HILL: Okay.

13 MS. JOHNSON: And Mr. Banfield as well.
14 Okay. I was looking at the closed
15 session.

16 CHAIRMAN HILL: Right, the closed
17 session is next. And that, of course, everybody
18 reads the closed session and then returns them to the
19 office. So we're ready to move on the closed session
20 for May.

21 Ms. Johnson, could you read the please?

22 MS. JOHNSON: "Whereas the Atlantic
23 City MUA held the meeting on May 18th
24 commencing at 10 a.m.

25 "Whereas present was Gary Hill,

1 Mohammed Dedar, Glenn Banfield, Nynell
2 Langford, Stephanie Davies, Sayed Kausar.
3 John Eccles was absent.

4 "Now, therefore be it resolved, on the
5 15th day of June '22, that the Board of
6 Directors of the MUA hereby approve the
7 transcription of the closed session minutes
8 of May 18th, 2022."

9 CHAIRMAN HILL: Right. Very good.
10 Questions?

11 (No response.)

12 CHAIRMAN HILL: Okay. We'll look for a
13 motion to accept.

14 VICE CHAIRMAN DEDAR: Motion.

15 CHAIRMAN HILL: Thank you.
16 Second?

17 COMMISSIONER LANGFORD: Thank you.

18 CHAIRMAN HILL: Thank you,
19 Ms. Langford.

20 And roll call please?

21 MS. JOHNSON: Okay.

22 I will call for those that are
23 qualified to vote.

24 CHAIRMAN HILL: Right.

25 MS. JOHNSON: Okay.

1 Mr. Dedar?
2 VICE CHAIRMAN DEDAR: Yes.
3 MS. JOHNSON: Ms. Langford?
4 COMMISSIONER LANGFORD: Yes.
5 MS. JOHNSON: Ms. Davies?
6 COMMISSIONER DAVIES: Yes.
7 MS. JOHNSON: And, Mr. Kausar?
8 COMMISSIONER KAUSAR: Yes.
9 CHAIRMAN HILL: Thank you.
10 Okay. Moving on to the report, this is
11 kind of both of them go together A and B and now
12 we'll bring in -- we can -- let's -- let's skip just
13 for a minute, we already heard from -- we're going to
14 get that sick leave policy. We already had a
15 presentation a little bit.
16 But let's do the reopening of the MUA
17 because they kind of go together a little bit.
18 Mr. Dedar asked to be -- put this on
19 the agenda, Mohammed, you want to just comment on
20 this for a minute?
21 VICE CHAIRMAN DEDAR: Yes.
22 Thank you, Mr. Chairman.
23 CHAIRMAN HILL: Thank you.
24 VICE CHAIRMAN DEDAR: Good morning,
25 everyone.

1 Do I have to mention my name,
2 Ms. Johnson?

3 MS. JOHNSON: No, I believe Ms. Laura,
4 she has your name.

5 VICE CHAIRMAN DEDAR: Okay. She got
6 everything? Okay.

7 MS. JOHNSON: As you speak.

8 VICE CHAIRMAN DEDAR: So, anyway, I
9 have been pushing like I know we had a meeting start
10 going on and I always say opening, opening, opening,
11 but if I say it or all commissioners say this going
12 to be and never happen because of that, we bleed,
13 Mr. Michael Armstrong he's that good leadership in
14 his team. And he's a good Executive Director since I
15 know and since I'm as a commissioner in AC MUA.

16 So I have 100 percent faith in his
17 leadership, but in meanwhile because we have the
18 public people, the public shows up, that's why we are
19 there, we are here, and we are in meeting. And
20 public keep pushing and meanwhile suddenly yesterday
21 one of my good friends was with me and Ms. Johnson
22 wasn't in the scene. There are people, like, begging
23 me why it's not opening, everybody, all government
24 office they're -- I mean, you know, it's --
25 especially some office was closed. That's fine.

1 But if it all government office like
2 federal government, state government, county
3 government, everybody, city -- City of Atlantic City,
4 all city -- all city, Egg Harbor Township is -- I
5 mean all over, Galloway, Pleasantville, what's
6 happening something special going on at the AC MUA?

7 So actually I'm kind of -- I say:
8 Listen, we are -- I mean whatever people, everybody
9 is all -- you know, not equal and certainly not the
10 same answer.

11 But I tell to the person who -- who can
12 I convince to answer. I said, listen, we have a
13 shorter of people, people come to schedule work, and
14 I mean do you -- I -- first of all, I ask do you have
15 any service problem? If you have a service problem,
16 our line is there, our executive director or anybody
17 can help you with anything, if you need, you have a
18 service problem.

19 So they say, no, sometimes we want to
20 do is actually talk with this because I believe it's
21 a few weeks one of -- and I gave one of the guys goes
22 over there, he tried to, like, you know, he does not
23 know if it's open or not. He wants to bang in the
24 door, this happening. I said, no, this doesn't work.
25 If you have any service problem let me know. Let

1 those people know they're going to be handling this
2 the right way, is the one issue that -- another issue
3 is people say we are actually not comfortable that
4 paying the bill that way. We want to see the actual
5 people and want to talk.

6 So this is the kinds of like, you know,
7 every time it's the same, they thought I don't know,
8 Gary, they're talking like you, they're talking to --
9 even Mr. Kausar also I think so he's facing because
10 we are the commissioners. They are thinking we are
11 the big shot over there if we say, like, you know, if
12 we say, oh, it's open. It's going to be opening.

13 So in meanwhile of course, we have some
14 kinds of committee, of course, we have the executive,
15 everybody, we have a -- a state involvement and our
16 city involvement and have everybody so we have to
17 make sure exactly what is going on.

18 CHAIRMAN HILL: Right.

19 VICE CHAIRMAN DEDAR: And, of course,
20 that one national, you heard the Dr. Sachin Jain,
21 what about he explained everybody, it's not -- COVID,
22 is not like two, three years before, Gary.

23 CHAIRMAN HILL: Right.

24 VICE CHAIRMAN DEDAR: Mr. Chairman,
25 when it was before, yes, everybody was scared.

1 Now it's COVID is under -- it's like a
2 kind of flu, it's not a biggie. I mean, you know,
3 it's people have some kinds of health issue, it's
4 completely different. Because if somebody is still
5 -- if somebody has a COVID they can suffer two, three
6 months because it's the person. It's not all of the
7 other people. We can not being in one example, one
8 people for the all over the people. No.

9 CHAIRMAN HILL: Right, yes.

10 VICE CHAIRMAN DEDAR: Because
11 everybody's health -- - health condition is
12 different. Any employee right now because CDC
13 guideline or something any employee comes to work or
14 is scared, I don't think so they should have to work.

15 CHAIRMAN HILL: Right. Yes.

16 Thank you.

17 VICE CHAIRMAN DEDAR: Nothing is scary.

18 CHAIRMAN HILL: Thank you.

19 VICE CHAIRMAN DEDAR: So it's kind of
20 -- this is on the --

21 CHAIRMAN HILL: Right.

22 VICE CHAIRMAN DEDAR: -- everybody says
23 CDC guidelines. That's -- so that's my humble
24 request or like, you know, all people we have to
25 think what the actually people they're thinking.

1 CHAIRMAN HILL: Right.

2 Yes, I have gotten those calls too.

3 VICE CHAIRMAN DEDAR: Thanks,

4 Mr. Chairman, to give me opportunity.

5 CHAIRMAN HILL: Thank you.

6 Of course. I think -- you know the
7 numbers are much better as the doctor said and we are
8 now moving forward.

9 Mr. Armstrong, how do you feel about us
10 -- well, we talked about this, about maybe reopening
11 with a limited number of people, appointments, those
12 kind of things?

13 Sorry?

14 EXECUTIVE DIRECTOR ARMSTRONG: I do
15 agree that we should re -- take a second look at our
16 policy and we should try something different.

17 CHAIRMAN HILL: Right.

18 EXECUTIVE DIRECTOR ARMSTRONG: But I
19 just want -- when considering a policy take certain
20 factors that are different about us as to other
21 public agencies.

22 Number one, our lobby is a lot smaller.
23 Okay? We cannot control the number of people who
24 walk into that lobby at any given point being that it
25 could -- without our control or any measures taken,

1 create a traffic jam because it's such a small lobby.
2 It's nowhere for people to go. That's number one.

3 Number two, we have a limited number of
4 employees who perform these functions, so even though
5 it's -- it's not deadly or it doesn't create
6 hospitalizations, it still causes employees to be out
7 for a period of time.

8 So if there was to be an outbreak
9 downstairs then you have, to be honest with you, two
10 employees out of three or four who perform that
11 function, meeting with the public it could be, sort
12 of, devastating to our cash flow and our ability to
13 process payments because even when someone's out
14 sick, I mean out sick for another reason or on
15 vacation it creates issues for us. Anita could
16 probably speak more to that.

17 You know so what I would suggest is
18 that we start off by having it be open to the public
19 by appointments --

20 CHAIRMAN HILL: Yes.

21 EXECUTIVE DIRECTOR ARMSTRONG: --
22 because we've never said that we weren't open to
23 having them come in and deal with those specific
24 issues. We just want to control the flow of the
25 traffic so that it's not just numerous people walking

1 in --

2 CHAIRMAN HILL: Right.

3 EXECUTIVE DIRECTOR ARMSTRONG: -- as
4 well, you know, see and the other concern is when the
5 public walks in, you know, you have this issue of
6 masks, you know, whether they have to wear a mask,
7 they don't have to wear a mask because other places
8 say they don't have to wear a mask.

9 I believe the governor said that masks
10 aren't going to be required any more so people start
11 to contest that. So we're going to have other issues
12 that flow from that as well.

13 And some people, you know, are going to
14 make the decision even if they have COVID they're
15 going to keep on moving on with their lives, you
16 know, there are people like that. So things have to
17 change, you know, we have to move on from COVID. We
18 have to start to accept that COVID is a part of our
19 lives, but life has to go on.

20 So I agree that some changes need to
21 take place. So...

22 CHAIRMAN HILL: So we'll be opening up
23 -- Ms. Davies, do you have a comment?

24 COMMISSIONER DAVIES: Yes.

25 CHAIRMAN HILL: Thank you.

1 COMMISSIONER DAVIES: I wanted to say
2 from a different perspective here at the college we
3 had a situations with graduation we had our foreman,
4 he had COVID and he stayed home for five days. He
5 came back because that's our policy five days. But
6 he was still visibly sick and so in a shop where
7 there's only five people, within a couple of days all
8 but one person in that shop became sick.

9 So five days became almost, I want to
10 say, like, 12 to 15 days recovery because each person
11 was five days, you know, and so we were short.
12 Graduation we couldn't perform a lot of the things we
13 had to set up in place because of staffing. So, me,
14 I'm going to say no just because -- I'm not thinking
15 about myself. I'm thinking about everybody and as
16 Mohammed said everybody is different, comorbidities
17 are different and so I wouldn't want to be
18 responsible for making somebody else sick.

19 But as Mr. Armstrong said some people
20 be like: I got it, it is what it is. I'm not
21 wearing a mask. And I don't care.

22 But I still wear my mask and -- here at
23 the college and I do all three of their campuses,
24 Cape May, Atlantic City and Mays Landing. My staff,
25 two persons have had COVID in three years -- in the

1 two-and-a-half, three years and that was in the very
2 beginning because my staff cannot come into this
3 arena without a mask.

4 So I -- you know and everywhere else on
5 this campus and I am notified because it's my job to
6 keep the campus safe, we have pockets every day four
7 and five people out with for COVID. So -- and that
8 -- a sense when you're thinking about just the lobby
9 I would say think about people that work together in
10 close proximity and if one person becomes infected
11 then now you have a whole group of people.

12 COMMISSIONER LANGFORD: That was --
13 that was my comment, Stephanie, same thing at the All
14 Wars that you -- we are open, but there has been an
15 adjustment to, you know, the way we operate.

16 And the MUA lobby is a small, you know,
17 venue as far as that space. And who's going to
18 police those rules? Who's going to say, yes, you
19 have to wear a mask or, no, it can only be four
20 people. Who's going to be responsible for policing
21 that? Because it can get out of hand.

22 And, again, because one building says
23 you don't need a mask, this building says you do need
24 a mask, it becomes, you know, a lot of stress on the
25 employee and -- and confrontational at times because

1 I deal with it.

2 So it's those -- it's those things, as
3 much as the world has to adjust and we're revolving
4 and it's still some stuff that's still so very gray
5 and how do you handle it, so...

6 EXECUTIVE DIRECTOR ARMSTRONG: Yes,
7 that's why I think appointments may be the best way
8 to go initially.

9 CHAIRMAN HILL: I think we should try
10 that, yeah, I -- and it -- because our lobby is
11 different than other public facilities.

12 Ms. Langford, a question for you
13 because I know you work with the public as well,
14 anybody can walk in and -- and just talk to you and
15 deal with what they want to deal with, the events or
16 whatever? Or do you -- so you set up, you know, a
17 schedule, I'll meet between, you know, 12 and 1?

18 COMMISSIONER LANGFORD: It's open, but
19 I personally, you know, if someone calls, I'll let
20 them know, you know, I have a client coming in at 1,
21 you can come in at 2 --

22 CHAIRMAN HILL: Right.

23 COMMISSIONER LANGFORD: -- but at the
24 All Wars it's unpredictable. It's just sometimes you
25 will end up -- but that a large building. So I can

1 --

2 CHAIRMAN HILL: And you're -- and
3 you're in the middle of a very vibrant neighborhood.

4 COMMISSIONER LANGFORD: Right.

5 So I can easily say, you know, go to
6 the ballroom, you know --

7 CHAIRMAN HILL: Right.

8 COMMISSIONER LANGFORD: -- you know, set
9 up there.

10 But I do not allow -- I don't even
11 allow people in my office at my desk any more. I do
12 it in the open lobby space --

13 CHAIRMAN HILL: Right. Right.

14 COMMISSIONER LANGFORD: -- because of
15 this space.

16 But I do have the -- the beauty of
17 saying, you know, if it's sick people, separate in
18 the ballroom and I'll get to you next.

19 So I have that option, that's the
20 difference in the, you know, the venues.

21 CHAIRMAN HILL: Right. Thank you.

22 COMMISSIONER BANFIELD: Mr. Chairman.

23 CHAIRMAN HILL: Yes, sir.

24 MR. BANFIELD: Like with my union we
25 have an office that's on Virginia Avenue and they

1 changed the protocol pretty much you still got to
2 come in and take your temperature and everything, but
3 it's sometimes it's like you said it's -- it's not
4 some policing where people will tell you to wear a
5 mask, some people don't. And a lot of times it's
6 like this, you know, but what I'd like to reiterate
7 is something more like what Ms. Davies said is that,
8 you know, I'm more concerned about the people that
9 you that -- that you're around when you leave those
10 -- those places, you know the -- the people that you
11 come home to an elderly or a child or anyone like
12 that that, you know, had some type of condition that
13 sometimes you don't even know about and you know you
14 can you spread it that way.

15 So I'm more concerned about you got
16 like the situation where appointment might be
17 necessary, but the fact is that, you know, we're
18 still dealing with something that you know we don't
19 really got a grasp on right now.

20 So I would think that the way it is
21 being done now will probably have to be done for
22 continuous -- till we really get a good understanding
23 what's going open.

24 COMMISSIONER DAVIES: And we're
25 outside. People are going outside more now so...

1 COMMISSIONER BANFIELD: Yes.

2 COMMISSIONER DAVIES: I don't know.

3 EXECUTIVE DIRECTOR ARMSTRONG: And --
4 and what can happen is, it can happen in two ways,
5 where it could be by appointment or by Zoom.

6 CHAIRMAN HILL: Ah.

7 EXECUTIVE DIRECTOR ARMSTRONG: You know
8 and -- and Zoom is convenient to the public as well
9 because you have some seniors who can't come in and
10 who need to have some discussion, have things
11 explained to them.

12 But, the -- you know, the key is to --
13 not just to make it safe for the people here, but to
14 make it safe for them as well, you know, because when
15 you have employees who are constantly being exposed
16 to members of the public and then somebody who's
17 vulnerable comes in to make a payment, now that
18 person who has been exposed to 30 people that say is
19 now exposing that vulnerable person.

20 So it's -- it's to make the public safe
21 as well. But we can make it available, Zoom is a
22 mainstay now. Not all public agencies have gone back
23 to in person. My understanding is that the municipal
24 court is saying we're Zoom forever now, you know, a
25 lot of municipal courts are saying that they're going

1 to stay Zoom. It's -- it's working out better for
2 them, you know, so I think we can try some of these
3 things like Zoom and appointments.

4 CHAIRMAN HILL: Appointments.

5 EXECUTIVE DIRECTOR ARMSTRONG: Give
6 them the choice.

7 CHAIRMAN HILL: Yes, limit
8 appointments, yeah.

9 EXECUTIVE DIRECTOR ARMSTRONG: Yeah,
10 appointment by Zoom or appointment in person --

11 CHAIRMAN HILL: Exactly.

12 EXECUTIVE DIRECTOR ARMSTRONG: -- give
13 them the choice --

14 CHAIRMAN HILL: Right. Exactly.

15 EXECUTIVE DIRECTOR ARMSTRONG: -- you
16 know, and we can post that right by where they make
17 the payment --

18 CHAIRMAN HILL: Yes.

19 EXECUTIVE DIRECTOR ARMSTRONG: -- we
20 could put it on the website --

21 CHAIRMAN HILL: Yup.

22 EXECUTIVE DIRECTOR ARMSTRONG: -- and
23 when they call we can tell them that that's available
24 to them.

25 CHAIRMAN HILL: Okay.

1 We don't need to really vote -- how
2 should I say that?

3 I guess we should get a -- you know, I
4 know Ms. Davies is probably not too thrilled even
5 about that, sorry about that Stephanie, but I think
6 we do need to move forward a little bit. Mr. Dedar
7 made it very clear, his community is outreaching.
8 Let's try it -- my opinion is let's try it, if we see
9 we're having some issues we can always go back.

10 Just to -- not -- not a correction, but
11 I know still, though, even with the CRDA, I'm there
12 only another month or two, but they -- we still are
13 not live. We still are doing Zooms. So not all
14 agencies are up and running yet full force.

15 So, okay?

16 EXECUTIVE DIRECTOR ARMSTRONG: And
17 another thing is too, you can consider, is where --
18 and it's similar to the way the municipal court does
19 -- have a day where -- a day and a time possibly
20 where people can log in via Zoom and then be dealt
21 with in breakout rooms with individuals and then take
22 turns or -- you know, it's easier with appointments
23 to me, but if it becomes necessary for them to know
24 that they can log in on the particular day and get
25 questions answered, I don't know, maybe you can do

1 something like that.

2 CHAIRMAN HILL: Right.

3 I guess my biggest question is who's
4 going to organize those appointments and schedule
5 them? Where do we go --

6 EXECUTIVE DIRECTOR ARMSTRONG: When
7 they call in --

8 CHAIRMAN HILL: -- where is that
9 manpower? Does it come to Anita's office? She's
10 busy to begin with. I mean not Anita, you know,
11 who's it going to go to?

12 EXECUTIVE DIRECTOR ARMSTRONG: Well,
13 it's going to go to customer service downstairs
14 because --

15 CHAIRMAN HILL: Okay.

16 EXECUTIVE DIRECTOR ARMSTRONG: -- that's
17 who's getting the calls --

18 CHAIRMAN HILL: Okay. All right.

19 EXECUTIVE DIRECTOR ARMSTRONG: -- now
20 and has to answer the questions and, quite frankly,
21 if they walked in the door that's who would have to
22 deal --

23 CHAIRMAN HILL: Okay.

24 EXECUTIVE DIRECTOR ARMSTRONG: -- they
25 would have to deal with them.

1 CHAIRMAN HILL: All right.

2 EXECUTIVE DIRECTOR ARMSTRONG: Okay.

3 CHAIRMAN HILL: All right. So let's --

4 EXECUTIVE DIRECTOR ARMSTRONG: I'll put
5 something together.

6 CHAIRMAN HILL: Okay. Great.

7 Why don't -- and could you send that
8 out to everybody please --

9 EXECUTIVE DIRECTOR ARMSTRONG: I will.

10 CHAIRMAN HILL: -- Michael?

11 EXECUTIVE DIRECTOR ARMSTRONG: I will.

12 CHAIRMAN HILL: As we can connect that
13 with the next issue. Do you want to work -- we've
14 all talked, we heard the both doctors it's -- because
15 it's both of them that are kind of together, about
16 our employees, a standard policy, we would told by
17 the leading doctor that 12 days or more is really a
18 lot of time and, you know, again he's basing this on
19 no symptoms coming back in ten days is what I was
20 hearing.

21 Correct?

22 EXECUTIVE DIRECTOR ARMSTRONG: No
23 symptoms --

24 CHAIRMAN HILL: In ten days.

25 EXECUTIVE DIRECTOR ARMSTRONG: -- after

1 five days --

2 CHAIRMAN HILL: Right.

3 EXECUTIVE DIRECTOR ARMSTRONG: -- if
4 you're vaccinated, 10 days if --

5 CHAIRMAN HILL: Right, but we've been
6 doing up to 12. We've been -- we haven't let anybody
7 back to work.

8 EXECUTIVE DIRECTOR ARMSTRONG: Unless a
9 negative test --

10 CHAIRMAN HILL: Right.

11 EXECUTIVE DIRECTOR ARMSTRONG: -- unless
12 they come back with a negative test.

13 CHAIRMAN HILL: Okay.

14 EXECUTIVE DIRECTOR ARMSTRONG: But I
15 believe he said that if they're not vaccinated it was
16 --

17 CHAIRMAN HILL: Still important --

18 EXECUTIVE DIRECTOR ARMSTRONG: -- ten
19 days, yeah, wear a mask for ten days, quarantine for
20 five days then wear a mask for ten days.

21 CHAIRMAN HILL: Right.

22 EXECUTIVE DIRECTOR ARMSTRONG: If they
23 --

24 CHAIRMAN HILL: And if they keep
25 testing positive then they have to get a doctor's

1 note.

2 COMMISSIONER BANFIELD: A note.

3 EXECUTIVE DIRECTOR ARMSTRONG: I think
4 they should get a doctor's -- I think we agree that
5 they should come back with a doctor's note.

6 CHAIRMAN HILL: I agree.

7 EXECUTIVE DIRECTOR ARMSTRONG: Yes.

8 CHAIRMAN HILL: I think so, they should
9 actually have a -- does everybody else feel that way
10 or -- I mean are we okay with that?

11 COMMISSIONER BANFIELD: I have a
12 question, Mr. Chairman.

13 CHAIRMAN HILL: Yes.

14 MR. BANFIELD: Do -- do we have someone
15 now outside of the -- of a person's primary care,
16 like, do the MUA like Dr. Regis say --

17 CHAIRMAN HILL: No.

18 MR. BANFIELD: -- somebody that we have
19 a go to now.

20 Do we have --

21 CHAIRMAN HILL: No, that's why we're
22 going to meet and -- we're going to work on that.
23 No, we do not.

24 MR. BANFIELD: Okay.

25 CHAIRMAN HILL: Everybody's on their

1 own.

2 COMMISSIONER BANFIELD: Also -- also
3 the presentation today did -- are we going to get the
4 kind of information, like, hard copy of stuff that we
5 could have for our records.

6 EXECUTIVE DIRECTOR ARMSTRONG: We can
7 make a request for it.

8 CHAIRMAN HILL: Sure.

9 COMMISSIONER BANFIELD: Okay. Thank
10 you.

11 CHAIRMAN HILL: Sure.

12 EXECUTIVE DIRECTOR ARMSTRONG: Bruce,
13 can you ask for that PowerPoint presentation?

14 CHAIRMAN HILL: Yes, please?

15 MR. WARD: Yes, no problem. We'll get
16 the PowerPoint.

17 EXECUTIVE DIRECTOR ARMSTRONG: Thank
18 you.

19 CHAIRMAN HILL: Thank you.

20 I think it's vital that we all are --
21 and we'll do this again, I -- you know, we're hopeful
22 the numbers will stay a little bit lower, but, you
23 know, I think it's important we're updated and we
24 move forward.

25 So, Mr. Armstrong, could you work on a

1 -- just a line or two, employee policy, that we know
2 a few changes are going to be made as well as
3 in-person appointments and so forth for the public.

4 So we'll have an employee update and
5 we'll have a facility update.

6 Is that fair with everybody?

7 COMMISSIONER BANFIELD: Yup.

8 CHAIRMAN HILL: And we'll do that.

9 Okay. All right.

10 Mr. Ward, you're on, do you -- you have
11 none on here, you have nothing to say? Nothing to --

12 MR. WARD: Only in closed session --

13 CHAIRMAN HILL: I thought so.

14 MR. WARD: -- I will have a report.

15 CHAIRMAN HILL: I thought so. Okay.

16 Very good.

17 We'll move forward then.

18 Committee reports, we did have an
19 engineering committee, a very long engineering
20 committee, I might add.

21 The EPA issue is -- has been worked on,
22 a lot of work has gone in putting the letter to the
23 EPA. We had deadlines to meet. We had tons of
24 information to garnish. I want to thank Mr. Smith in
25 particular and the people at the plant that worked

1 our -- our consultants out there.

2 Claude, can you just give the rest of
3 the board -- Mr. Eccles was part of that meeting, but
4 I -- I just, again, I like transparency for the
5 entire board of where we stand.

6 DEPUTY EXECUTIVE DIRECTOR SMITH: Yes,
7 sir.

8 Thank you very much.

9 CHAIRMAN HILL: Thank you.

10 DEPUTY EXECUTIVE DIRECTOR SMITH: Just
11 in regards to the EPA update, apart from the
12 information that was actually requested and
13 recommended to be given to the EPA, they've actually
14 made an additional request of materials to be given
15 to them or forwarded to them as well as --

16 (Vice Chairman Dedar speaking.)

17 CHAIRMAN HILL: Go ahead.

18 DEPUTY EXECUTIVE DIRECTOR SMITH: -- as
19 well a requested visit at our other -- our treatment
20 plant treatment.

21 (Vice Chairman Dedar speaking.)

22 CHAIRMAN HILL: Mr. Dedar, could you
23 just -- there you go.

24 VICE CHAIRMAN DEDAR: I got it.

25 CHAIRMAN HILL: We got it.

1 Thanks.

2 Go ahead, Mr. Smith.

3 DEPUTY EXECUTIVE DIRECTOR SMITH: Okay.

4 So -- so, therefore, we -- we are still
5 complying with issues -- with not issues, but
6 requests that EPA has actually made to the Authority
7 for materials and documentation that needs to be
8 given to them.

9 So we're still in that particular
10 situation at this time.

11 In regards to other engineering --

12 EXECUTIVE DIRECTOR ARMSTRONG: Well,
13 just on that EPA issue, just a distinction with the
14 second request is that they're coming in in person.

15 DEPUTY EXECUTIVE DIRECTOR SMITH:
16 Right, I did mention that they would be visiting the
17 plant.

18 EXECUTIVE DIRECTOR ARMSTRONG: Yes,
19 this is sort of like a surprise. We asked for an
20 extension, though.

21 DEPUTY EXECUTIVE DIRECTOR SMITH:
22 Right.

23 Right, we -- we -- they -- they did
24 give us a very short time period to actually respond
25 to materials that they requested as well as a visit

1 to the plant we -- of course, Mike did ask for an
2 extension based on, of course, availability of
3 individuals and vacations being taken and that
4 extension has been given up until August of this --
5 this year.

6 CHAIRMAN HILL: And I did want to just
7 interject because of all the amount of information
8 and things they had to come up with and now issues
9 we're dealing with, I wanted to let everybody else
10 know that our consultant of H2M worked very hard on
11 this, as well as our special Counsel from DeCottis,
12 they had an environmental attorney advise us as well
13 and put input into the EPA letter for the rest of the
14 board, so you -- months ago when we voted for all of
15 that, it's very well that we did, is my point,
16 because we really have been using them.

17 EXECUTIVE DIRECTOR ARMSTRONG: That's
18 correct.

19 CHAIRMAN HILL: Anything else, Claude,
20 for engineering?

21 DEPUTY EXECUTIVE DIRECTOR SMITH: We
22 did get -- we did get a report back from H2M on the
23 critical infrastructure needs assessment for the
24 plant. It was a short-term critical infrastructure
25 -- excuse me -- analysis that was actually done.

1 We're still waiting for the long term which is more
2 entailed as to the -- the replacement of the
3 treatment plant and facilities at that particular
4 location. So we're going to review the short term a
5 little bit more because of the fact that it does
6 entail some work that needs to be done to keep us up
7 and running during the time period that we actually
8 go for the long-term replacement of the treatment
9 plant. So this is something that, of course, will
10 take a lot more of engineering committee --

11 CHAIRMAN HILL: Right.

12 DEPUTY EXECUTIVE DIRECTOR SMITH: --
13 organization as well as meeting to make some
14 determination of what we would do.

15 CHAIRMAN HILL: There are some
16 projects -- you're right, there are some projects
17 according to the report that we can and should
18 handle. We need to be a little bit more proactive on
19 this and some of the things that we can do we should
20 do, correct?

21 DEPUTY EXECUTIVE DIRECTOR SMITH:
22 That's correct.

23 CHAIRMAN HILL: Right. Okay.

24 DEPUTY EXECUTIVE DIRECTOR SMITH: Well,
25 I don't think it's a little bit of it, it's probably

1 all of it.

2 CHAIRMAN HILL: Well, I was trying to
3 be fiscally careful so, yeah, I -- I get it. All
4 right.

5 DEPUTY EXECUTIVE DIRECTOR SMITH: Yes.

6 CHAIRMAN HILL: So we'll -- we should
7 review that and really make some decisions on the
8 next committee, I believe. I'd like to.

9 DEPUTY EXECUTIVE DIRECTOR SMITH:
10 That's correct, whether or not some of those projects
11 will -- will be completed or --

12 CHAIRMAN HILL: Right.

13 DEPUTY EXECUTIVE DIRECTOR SMITH: -- or
14 need some -- entertain for this particular fiscal
15 year --

16 CHAIRMAN HILL: Right.

17 DEPUTY EXECUTIVE DIRECTOR SMITH: -- or,
18 of course --

19 CHAIRMAN HILL: Exactly.

20 DEPUTY EXECUTIVE DIRECTOR SMITH: -- for
21 2023.

22 CHAIRMAN HILL: Okay.

23 DEPUTY EXECUTIVE DIRECTOR SMITH: Of
24 course we still have our water main replacement
25 projects that are ongoing. There is one particular

1 issue that has come up, we'll discuss that a little
2 bit more in our engineering session that probably
3 will become, of course, an increase in costs to the
4 Authority. It was an unexpected or unknown issue
5 that we are -- that derived and we're now faced with.

6 So they're currently working on
7 Wisteria Avenue in terms of doing the water main
8 replacement. They have at least two more locations
9 that should be going on simultaneously, but, again,
10 like I says we -- we have to come up with some
11 resolutions. I have a meeting with a contractor as
12 well as the engineer on Thursday. And we'll be
13 discussing that a little bit further.

14 Once we have some form of agreement or
15 settlement then, therefore, that will be brought to
16 the engineering committee as well too.

17 But we have to move forward no matter
18 what.

19 CHAIRMAN HILL: Okay.

20 DEPUTY EXECUTIVE DIRECTOR SMITH: Okay.

21 CHAIRMAN HILL: Thank you.

22 Personnel committee? I don't know if
23 you met or not, Mr. Dedar, any comments?

24 VICE CHAIRMAN DEDAR: Mr. Chairman, no,
25 we -- unfortunate I was sick we could not make it so

1 --

2 CHAIRMAN HILL: Okay.

3 VICE CHAIRMAN DEDAR: -- definitely this
4 month we will be meeting.

5 CHAIRMAN HILL: Okay. Very good.

6 VICE CHAIRMAN DEDAR: And next -- next
7 meeting we'll give you some update.

8 CHAIRMAN HILL: Okay. Very good.

9 Thank you.

10 We do have one or two things that just
11 recently came up, I was just informed a couple of
12 minutes ago, we'll, discuss in closed session with
13 some personnel at our facilities. So we'll -- we'll
14 discuss that in closed session, obviously. Okay?

15 Executive Director Mr. Armstrong,
16 you're on if -- a professional human resource
17 consultant?

18 Sorry. No, Michael, you're muted.

19 EXECUTIVE DIRECTOR ARMSTRONG: Sorry
20 about that.

21 Debby Dansbe is our personnel director
22 she is in Anita's office for the court reporter.

23 CHAIRMAN HILL: Yes.

24 EXECUTIVE DIRECTOR ARMSTRONG: And she
25 indicated to me that now that we're back in Civil

1 Service as of June 24th of 2021 it requires that we
2 enter considerable amount of data into the Civil
3 Service system and -- and some regs have changed,
4 guidelines have changed, and Debby would like to have
5 the assistance of a person who we dealt with for a
6 number of years as -- when she was at Civil Service,
7 but now she retired from Civil Service and she's a
8 consultant to other public entities. Debby's going
9 to tell you a little bit more about her. I believe
10 her information was provided to you in the package
11 with her qualification and her rate. And have the
12 Board consider whether or not we could obtain her
13 services as a consultant to the MUA.

14 CHAIRMAN HILL: Very good.

15 Debby, would you -- first of all we all
16 know Debby works really hard so this should be a
17 no-brainer. Let's go.

18 MD. DANSBE: I'm in here because my
19 Zoom is not working for some reason.

20 So I can't --

21 CHAIRMAN HILL: It's okay. You're very
22 welcome in Anita's office.

23 So you're masked and your distanced.
24 You're good.

25 MD. DANSBE: We're masked now.

1 CHAIRMAN HILL: Sorry. Okay.

2 MD. Dansbe?

3 MD. DANSBE: All right. Her name is
4 Cynthia Cotton -- oh, my name is Deborah Dansbe.
5 Okay.

6 Her name is Cindy Cotton. And when she
7 did work at Civil Service she was our representative.
8 So she is familiar with our entity and the different
9 positions and titles that we have.

10 We have been out of Civil Service for
11 about approximately 6 years. So lot of the regs have
12 changed and things that we would institute that we
13 did prior to that.

14 So, therefore, she would -- it would
15 behoove her to come and kind of help us out, she does
16 with other authorities in the area, you know, and to
17 be like a consultant and she can help us with the
18 different promotions and the different titles and
19 things that we would have to put through.

20 So she has offered her service. And I
21 have talked to Mr. Armstrong and I had give Stella a
22 proposal which everyone would have the opportunity to
23 look at to see if it would behoove us to, you know,
24 bring her on board.

25 EXECUTIVE DIRECTOR ARMSTRONG: I don't

1 actually have it in my package. Stella, is it in the
2 board -- the board members' package?

3 MS. JOHNSON: It was sent by e-mail.

4 EXECUTIVE DIRECTOR ARMSTRONG: Oh,
5 separate e-mail. Okay.

6 Does everybody have that?

7 MS. JOHNSON: The first e-mail that
8 went out.

9 EXECUTIVE DIRECTOR ARMSTRONG: Okay.
10 Does everybody have that?

11 CHAIRMAN HILL: Yes.

12 EXECUTIVE DIRECTOR ARMSTRONG: Okay.
13 With her rates.

14 CHAIRMAN HILL: You know what, can you
15 review those real quickly, maybe, for the people that
16 don't have it.

17 Does everybody have it?

18 MS. JOHNSON: I don't have it with me.

19 CHAIRMAN HILL: Oh.

20 EXECUTIVE DIRECTOR ARMSTRONG: Let me
21 -- which -- maybe I could put it up on the screen.
22 Let me just --

23 CHAIRMAN HILL: Yeah, because I can't
24 get -- I don't know how to get out and come back.

25 Mr. Ward, do we -- if we move forward

1 on this, can we do -- we don't have to go out for a
2 consultant we -- we do consultant all the time,
3 correct?

4 MR. WARD: I would think so, yes.

5 CHAIRMAN HILL: Right. Okay.

6 EXECUTIVE DIRECTOR ARMSTRONG: Let's
7 see...

8 CHAIRMAN HILL: Yeah, I don't know how
9 to go out and in.

10 EXECUTIVE DIRECTOR ARMSTRONG: Why
11 don't we do this, because it -- if it -- it does
12 involve contract negotiations so what we can do is
13 I'll find it --

14 CHAIRMAN HILL: Yes. And then --

15 EXECUTIVE DIRECTOR ARMSTRONG: -- we can
16 pull it up in closed session.

17 CHAIRMAN HILL: That's good.

18 EXECUTIVE DIRECTOR ARMSTRONG: And then
19 we could have some discussion.

20 CHAIRMAN HILL: I'm assuming everybody
21 on the board, in particular, knows the reason why
22 we're doing this and looking at that. It makes a lot
23 of sense to me especially if she's familiar with
24 everything.

25 MS. JOHNSON: And Mr. --

1 MR. WARD: Well, again, the scope of --

2 MS. JOHNSON: As -- as --

3 (Simultaneous Speaking.)

4 MR. WARD: The scope of services is it
5 short term or is it long term?

6 CHAIRMAN HILL: Right.

7 MR. WARD: I didn't know what Debby
8 needed in terms of the extent.

9 CHAIRMAN HILL: Yeah.

10 MD. THAPA: I mean professional service
11 is usually one year anyway.

12 EXECUTIVE DIRECTOR ARMSTRONG: Right.

13 MR. WARD: Oh, it's one year?

14 CHAIRMAN HILL: Right.

15 MR. WARD: Oh, then we will have to go
16 out. Yeah.

17 CHAIRMAN HILL: That's what I was
18 concerned about.

19 MR. WARD: Yeah, I thought it was a
20 short, like, three weeks or something get in and take
21 a look.

22 EXECUTIVE DIRECTOR ARMSTRONG: I don't
23 know if it still -- you may not still have to go out
24 based on that because if it's a specialized, unique
25 service -- I'll talk to you about it later, Bruce --

1 MR. WARD: Okay.

2 EXECUTIVE DIRECTOR ARMSTRONG: -- today.

3 CHAIRMAN HILL: That's why I asked the
4 question.

5 EXECUTIVE DIRECTOR ARMSTRONG: Yes.
6 The term probably won't determine it, whether it has
7 to go out, but the --

8 CHAIRMAN HILL: Right.

9 EXECUTIVE DIRECTOR ARMSTRONG: -- the
10 nature of the service.

11 CHAIRMAN HILL: Right, is specialized.

12 EXECUTIVE DIRECTOR ARMSTRONG: Yeah,
13 this is a --

14 (Simultaneous Speaking.)

15 CHAIRMAN HILL: Right.

16 EXECUTIVE DIRECTOR ARMSTRONG: --
17 special --

18 CHAIRMAN HILL: So that could be --

19 EXECUTIVE DIRECTOR ARMSTRONG: -- it's a
20 unique service.

21 CHAIRMAN HILL: -- around that.

22 Okay. Well then we'll -- we'll finish
23 discussing that a little bit later. Thank you,
24 Debby, appreciate it.

25 MS. JOHNSON: And, Mr. Armstrong, it

1 was the first e-mail that went out on Friday around
2 the end of the day.

3 EXECUTIVE DIRECTOR ARMSTRONG: Okay.

4 MS. JOHNSON: That's where the
5 attachment was Friday, in Friday's e-mail.

6 EXECUTIVE DIRECTOR ARMSTRONG: Okay.

7 CHAIRMAN HILL: Okay.

8 EXECUTIVE DIRECTOR ARMSTRONG: Okay.

9 And I'll try to find it. I --

10 CHAIRMAN HILL: And I know we've been
11 working on a Shared Service Agreement, some
12 information of the city of Atlantic City, Michael, do
13 you want to speak about that?

14 EXECUTIVE DIRECTOR ARMSTRONG: Yeah, I
15 don't have any -- I reached out to the City. Anita
16 reached out to the City a few weeks ago. I reached
17 out to them this week.

18 I even reached out to them as early as
19 this morning to see if I can give you an update. I
20 know that the City has been meeting with respect to
21 the Shared Services Agreement.

22 CHAIRMAN HILL: Right.

23 EXECUTIVE DIRECTOR ARMSTRONG: But --

24 CHAIRMAN HILL: Well, we can't do any
25 -- we can't do anything until they give it to us

1 so...

2 EXECUTIVE DIRECTOR ARMSTRONG: Yes, but
3 it's -- it's been a long time, to be honest with you
4 --

5 CHAIRMAN HILL: Well --

6 EXECUTIVE DIRECTOR ARMSTRONG: -- we
7 have been going back and forth with them since
8 somewhere around September or October of last year.

9 CHAIRMAN HILL: It's -- that's
10 ridiculous, but...

11 EXECUTIVE DIRECTOR ARMSTRONG: Yes.

12 And -- but it -- the type of service
13 that they're offering, if we can be a part of it, is
14 really beneficial to us.

15 CHAIRMAN HILL: Right.

16 EXECUTIVE DIRECTOR ARMSTRONG: Saves us
17 some money. You know we can join with their fiber
18 optics plan and -- and not have some of the same
19 issues that we had in the past with the Internet and
20 connections and be at a much higher speed.

21 And Claude and I just attended a
22 seminar put on by the State Economic Development
23 Committee that's over -- placed there by the City --
24 by the State talking about fiber optics and where
25 fiber optics is going and the speeds.

1 And based on what I saw, I think we
2 really do want to be a part of moving into fiber
3 optics.

4 You know if you're not going to be
5 connected via fiber optics in coming years you're
6 going to be left far behind according to what we
7 learned in this seminar last week.

8 CHAIRMAN HILL: Right. That was the
9 same --

10 EXECUTIVE DIRECTOR ARMSTRONG: So I
11 really --

12 CHAIRMAN HILL: That was the same one I
13 was on as well.

14 EXECUTIVE DIRECTOR ARMSTRONG: That's
15 right. That's right.

16 CHAIRMAN HILL: Yes, it was an amazing
17 presentation, way over my head, way over my head.
18 But I get the idea. We need to be part of it, yeah.

19 EXECUTIVE DIRECTOR ARMSTRONG: Yes.

20 So, I'll update you as soon as I learn
21 something else and I'll sent out an e-mail.

22 CHAIRMAN HILL: Okay. Thank you.

23 Mr. Armstrong, I know we've had -- we
24 have some other issues in closed session, anything
25 else public you'd like --

1 EXECUTIVE DIRECTOR ARMSTRONG: No.

2 CHAIRMAN HILL: -- to speak to?

3 EXECUTIVE DIRECTOR ARMSTRONG: No.

4 You have to open to the public.

5 CHAIRMAN HILL: Very good then we're

6 going to move on to the accounting and finance

7 report, where the money is, what we're missing,

8 balances, shut offs.

9 Of course we are in shut off season, if
10 indeed, we need to do that.

11 Anita, I know you sent all your
12 reports, or Stella did for you.

13 Would you like to comment on any of
14 those or make any changes, edits or --

15 MD. THAPA: This is pretty much the
16 same as usual monthly reports for April are provided.

17 Financial report, as far as the revenue
18 we have so far as of April we have collected about
19 \$5 million in revenue, which is about 7 percent
20 higher than what we budgeted for which is a little
21 bit good news there.

22 As far as the cash management, as you
23 -- you have seen on the report, the interest rate is
24 still under 0.50 percent. So we will not be able to
25 invest anything on any CDs or any kind of good

1 investment in our available cash.

2 And the balance adjustments, just for
3 the review for the Board and for shut-offs this year
4 we're probably going to do not as much as we usually
5 do, but I know we will try to call the customers if
6 we have their contact information, and -- and just
7 give an opportunity for them, you know, before we
8 shut off.

9 So going forward it's not going to be
10 as much the we -- in -- we normally would do, so
11 maybe, like, maybe five or six --

12 CHAIRMAN HILL: Okay.

13 MD. THAPA: -- a week. So that way at
14 least the customer will be aware of the Authority and
15 give more opportunity for them to pay the balances
16 there.

17 CHAIRMAN HILL: Right.

18 MD. THAPA: So, yeah, that's about it.

19 If you have any comments or, you know,
20 on the reports, please feel free to reach out to
21 me --

22 CHAIRMAN HILL: Thank you.

23 MD. THAPA: -- and I'll be glad to
24 help.

25 CHAIRMAN HILL: Thank you.

1 MR. WARD: Anita, on the shut offs,
2 with regard to distressed properties that are falling
3 behind, I think we might want to revisit whether or
4 not we can connect those people with the Water
5 Protection Grant that is out there. There's money
6 out there in this state that we've already connected
7 with to help them to pay some of their balances if
8 they've fallen behind.

9 So we might want to, you know, kind of
10 close ranks on that and see if we can help those
11 individuals.

12 MD. THAPA: Yes, which we have, you
13 know, we have our customer service has provided that
14 information.

15 CHAIRMAN HILL: Oh, good.

16 MD. THAPA: Unfortunately, customer has
17 to apply for it. There's --

18 CHAIRMAN HILL: Right.

19 MD. THAPA: -- nothing, you know, in our
20 part we -- we can't do anything about it. All -- we
21 all have to just share the information that's all.

22 MR. WARD: Okay.

23 MD. THAPA: Yeah, so it's still on the
24 website, I believe, somewhere I raised that the due
25 date is by June 14th, hopefully they have extended,

1 I'm not sure.

2 I think we have only, like, maybe 10,
3 15 customers only applied, you know, that's
4 everything we have only.

5 MR. WARD: Yes.

6 MD. THAPA: Like I said, if all the
7 Board Members, if you could reach out our -- you
8 know, shared information that would be great.

9 But, you know, as far as the Authority,
10 there's nothing we could do if the customer does not
11 --

12 MR. WARD: Trust me doesn't apply.

13 CHAIRMAN HILL: Right. It's up to
14 them.

15 MD. THAPA: Yes.

16 CHAIRMAN HILL: Exactly.

17 Okay. Very good. Thank you, Anita.

18 Anybody have a question for our finance
19 person?

20 (No response.)

21 CHAIRMAN HILL: Very good.

22 We're going to move on to old business.

23 This is accepting a bid for water meter
24 installation parts and accessories. We have to make
25 sure it's working so we can get paid.

1 So we're going to -- this is Resolution
2 10a.

3 Ms. Johnson, could you read that
4 please?

5 MS. JOHNSON: Yes.

6 "Be it resolved by the Board of
7 Directors of the Atlantic City Municipal
8 Utilities Authority the bids were received
9 and publicly opened and read at a meeting of
10 the purchasing board held on June 7th for
11 furnishing and delivering water meter
12 installation parts and accessories for the use
13 of the said water department.

14 "Be it resolved that the following
15 bids are hereby accepted from CORE & MAIN, LP,
16 in the amount of \$546,650.00 and from Ferguson
17 Waterworks in the amount of \$55,246.71.

18 CHAIRMAN HILL: Right. Very good.

19 And these are our supplies.

20 Discussion?

21 (No response.)

22 CHAIRMAN HILL: I'll take a motion to
23 accept.

24 EXECUTIVE DIRECTOR ARMSTRONG: Yes, I
25 don't see her.

1 CHAIRMAN HILL: I need a motion please?
2 VICE CHAIRMAN DEDAR: Motion.
3 CHAIRMAN HILL: Thank you.
4 And a second?
5 COMMISSIONER BANFIELD: I'll second.
6 CHAIRMAN HILL: Thank you.
7 Roll call?
8 MS. JOHNSON: Mr. Banfield.
9 MR. BANFIELD: Yes.
10 MS. JOHNSON: Mr. Dedar?
11 VICE CHAIRMAN DEDAR: Yes.
12 MS. JOHNSON: Mr. Hill?
13 CHAIRMAN HILL: Yes.
14 MS. JOHNSON: Ms. Langford?
15 (No response.)
16 CHAIRMAN HILL: She's on mute.
17 COMMISSIONER LANGFORD: Yes.
18 CHAIRMAN HILL: Thanks.
19 MS. JOHNSON: Mr. Eccles?
20 COMMISSIONER ECCLES: Yes.
21 MS. JOHNSON: That's it.
22 CHAIRMAN HILL: Thank you. Very good.
23 New business? This is abatements which
24 is -- we have a number of them. Of course, with our
25 policy they weren't -- they couldn't come anyway

1 because we were closed, but all of the accounts are
2 -- I'm assuming that all of the abatements meet our
3 requirement of 50 percent fixing the property and so
4 forth, correct, Anita?

5 MD. THAPA: Yes. Correct.

6 CHAIRMAN HILL: Okay.

7 So I think we can -- we've done this
8 before we can -- we can put them all together, you
9 don't have to read every single one, Stella --

10 MS. JOHNSON: Yes.

11 CHAIRMAN HILL: -- let's just name the
12 name. This is abatement for 6 -- 11a. And we just
13 maybe -- we don't have to read the name, maybe the
14 addresses --

15 MR. WARD: Yes.

16 CHAIRMAN HILL: -- I guess.

17 COMMISSIONER ECCLES: Excuse me, Gary.

18 CHAIRMAN HILL: Yes.

19 COMMISSIONER ECCLES: I -- I just have
20 one question --

21 CHAIRMAN HILL: Sure.

22 COMMISSIONER ECCLES: -- before --
23 before you get into this resolution and I guess I
24 should really put the question to -- to Bruce. There
25 are a couple of names on this -- on these abatement

1 lists where there -- these are people that as an
2 attorney I have represented, I mean nothing to do
3 with --

4 CHAIRMAN HILL: Yes, with water.

5 COMMISSIONER ECCLES: -- with MUA, but I
6 just --

7 CHAIRMAN HILL: Right.

8 COMMISSIONER ECCLES: -- they're not
9 unknown people to me. So I just want to make sure
10 that --

11 CHAIRMAN HILL: Right.

12 COMMISSIONER ECCLES: -- would be --
13 would it be more advisable if I -- if you're going to
14 bunch them all together, if I -- if I just -- if I
15 just abstained, just -- just to avoid any kind of
16 potential conflict.

17 MR. WARD: You're probably --

18 COMMISSIONER ECCLES: -- potential
19 conflict.

20 MR. WARD: You're probably safe to
21 abstain and we do have enough members --

22 CHAIRMAN HILL: Right.

23 MR. WARD: -- or commissioners to -- to
24 do it.

25 I also have a conflict on one myself

1 so...

2 CHAIRMAN HILL: Right. But you're not
3 voting, Bruce.

4 MR. WARD: I'm not voting.

5 COMMISSIONER ECCLES: Lucky.

6 CHAIRMAN HILL: Okay.

7 Good question, John.

8 COMMISSIONER ECCLES: Thank you.

9 CHAIRMAN HILL: And, of course --

10 COMMISSIONER ECCLES: As I said I don't
11 want to --

12 CHAIRMAN HILL: -- there is -- all this
13 is, is standard, you know, regulation and they had to
14 do certain things to get the abatements. It's
15 nothing like special -- a special dispensation. It's
16 -- the numbers are the numbers and they did what they
17 did.

18 Okay. We'll move forward on that. And
19 we do have enough members to vote.

20 Okay, Ms. Johnson, I don't know -- I
21 guess -- I think we could -- we don't need you to do
22 all the names, we can just do the addresses.

23 MS. JOHNSON: Okay.

24 The address is 619 Wabash Avenue in the
25 amount of \$217.37.

1 Address 1011 North Michigan Avenue in
2 the amount of \$296.22.

3 The address of 21 South Gordon's Alley
4 in the amount of \$508.96.

5 The address of 426 Madison Avenue in
6 the amount of \$251.52.

7 The address 108 North Mississippi
8 Avenue in the amount of \$1,271.20.

9 And the address of 201 North New York
10 Avenue in the amount of \$1,582.34.

11 And, last, the address 61 Anchorage
12 Court in the amount of \$344.27.

13 CHAIRMAN HILL: Very good.

14 Okay. Discussion?

15 (No response.)

16 CHAIRMAN HILL: We already discussed.

17 I'll make a motion to accept to move
18 the abatements. I need a second.

19 VICE CHAIRMAN DEDAR: Second.

20 MR. BANFIELD: I second.

21 CHAIRMAN HILL: Thank you.

22 Roll call?

23 MS. JOHNSON: Mr. Hill?

24 CHAIRMAN HILL: Yes.

25 MS. JOHNSON: I'm sorry.

1 Mr. Dedar?

2 VICE CHAIRMAN DEDAR: Yes.

3 MS. JOHNSON: Mr. Banfield?

4 COMMISSIONER BANFIELD: Yes.

5 I'd like to abstain on 20 -- the
6 Gordon's Alley.

7 The rest, yes.

8 CHAIRMAN HILL: Okay.

9 MS. JOHNSON: Okay.

10 Ms. Langford?

11 COMMISSIONER LANGFORD: Yes.

12 MS. JOHNSON: And that will be it.

13 CHAIRMAN HILL: That will be it.

14 That's fine.

15 Bills, we have our monthly bills.

16 You all got a record of that. And
17 that's Resolution 12a.

18 Ms. Johnson, can you read the
19 resolution please?

20 MS. JOHNSON: Yes.

21 "Whereas, the Atlantic City Municipal
22 Utilities Authority has indebtedness to the
23 following companies for services rendered in
24 the amount of \$454,751.44."

25 CHAIRMAN HILL: Right. Thank you.

1 Discussion?
2 (No response.)
3 CHAIRMAN HILL: Okay. A motion to
4 accept?
5 VICE CHAIRMAN DEDAR: Motion.
6 CHAIRMAN HILL: Thank you.
7 A second?
8 COMMISSIONER BANFIELD: Second.
9 COMMISSIONER ECCLES: I'll second.
10 CHAIRMAN HILL: Thank you.
11 Roll call?
12 MS. JOHNSON: Mr. Banfield?
13 COMMISSIONER BANFIELD: Yes.
14 MS. JOHNSON: Mr. Dedar?
15 VICE CHAIRMAN DEDAR: Yes.
16 MS. JOHNSON: Mr. Hill?
17 CHAIRMAN HILL: Yes.
18 MS. JOHNSON: Ms. Langford?
19 COMMISSIONER LANGFORD: Yes.
20 MS. JOHNSON: Mr. Eccles?
21 COMMISSIONER ECCLES: Yes.
22 CHAIRMAN HILL: Thank you.
23 We're going to moving into executive
24 session. We're going to talk labor negotiations with
25 Mr. Reilly. We have some news on that front, as well

1 as the consultant, HR consultant. And then we have
2 one or two other small items to discuss that just
3 recently happened.

4 So I will entertain a motion -- oh, I'm
5 sorry.

6 Ms. Johnson, could you read the motion
7 Resolutions 13.

8 MS. JOHNSON: Approving to Enter Into
9 Closed Session.

10 "Whereas N.J.S.A. 10:4-12 allows for a
11 public body to go into closed session during a
12 public meeting."

13 CHAIRMAN HILL: Right.

14 Thank you.

15 Discussion?

16 I'll make a motion for move.

17 A second?

18 VICE CHAIRMAN DEDAR: Second.

19 CHAIRMAN HILL: Thank you.

20 Roll call?

21 MS. JOHNSON: Mr. Banfield?

22 COMMISSIONER BANFIELD: Yes.

23 MS. JOHNSON: Mr. Dedar?

24 VICE CHAIRMAN DEDAR: Yes.

25 MS. JOHNSON: Mr. Hill?

1 CHAIRMAN HILL: Yes.

2 MS. JOHNSON: Ms. Langford?

3 COMMISSIONER LANGFORD: Yes.

4 MS. JOHNSON: Mr. Eccles?

5 COMMISSIONER ECCLES: Yes.

6 CHAIRMAN HILL: Thank you.

7 Do we need -- does everybody -- we're
8 going out to go out of this, go into another room
9 or...

10 MS. JOHNSON: Yes.

11 MD. THAPA: I think I have to leave.
12 Have a good day everybody.

13 CHAIRMAN HILL: Thank you, Anita.

14 Everybody else, I think, is a part of
15 this. So we're going to go out and come back.

16 MS. JOHNSON: We have breakout room.

17 CHAIRMAN HILL: Right.

18 (Whereupon, the Atlantic City Municipal
19 Utilities Authority goes into closed session.
20 The Atlantic City Municipal Utilities
21 Authority returns to the public hearing at
22 12:18 p.m. Vice Chairman Dedar has left the
23 meeting at this point and Mr. Kausar has
24 returned.)

25 CHAIRMAN HILL: Just for public

1 information Mr. Dedar had to leave the meeting so he
2 no longer on.

3 So we need to make a -- I'd like to
4 make -- we're going to be -- we just finished closed
5 session a number of topics were discussed. And we're
6 going to be doing a resolution, reading the
7 resolution to come out and go back into public
8 session.

9 MS. JOHNSON: Yes.

10 CHAIRMAN HILL: Ms. Johnson, can you
11 just give us a reading of that.

12 MS. JOHNSON: Yes.

13 "Whereby, the Atlantic City MUA is now
14 authorizing the closing of the closed session
15 meeting and to go into open session."

16 CHAIRMAN HILL: Right.

17 I need a motion to do that.

18 COMMISSIONER BANFIELD: I make a
19 motion.

20 CHAIRMAN HILL: Thank you.

21 A second?

22 COMMISSIONER ECCLES: I'll second.

23 CHAIRMAN HILL: Thank you.

24 Roll call?

25 MS. JOHNSON: Mr. Banfield?

1 COMMISSIONER BANFIELD: Yes.
2 MS. JOHNSON: Mr. Dedar?
3 (No response.)
4 MS. JOHNSON: He's gone.
5 Mr. Hill?
6 CHAIRMAN HILL: Yes.
7 MS. JOHNSON: Ms. Langford?
8 COMMISSIONER LANGFORD: Yes.
9 MS. JOHNSON: Mr. Eccles?
10 COMMISSIONER ECCLES: Yes.
11 MS. JOHNSON: Ms. Davies?
12 COMMISSIONER DAVIES: Yes.
13 MS. JOHNSON: And, Mr. Kausar, he
14 should be on now.
15 CHAIRMAN HILL: He is.
16 MS. JOHNSON: Okay.
17 CHAIRMAN HILL: Thank you. Very good.
18 Okay. A number of topics were
19 discussed in closed session including some security
20 issues and concerns --
21 EXECUTIVE DIRECTOR ARMSTRONG: Just for
22 clarification I think that was six votes counted.
23 CHAIRMAN HILL: Yes, it should be --
24 EXECUTIVE DIRECTOR ARMSTRONG: Right?
25 CHAIRMAN HILL: Mr. Kausar didn't have

1 to vote on that one.

2 EXECUTIVE DIRECTOR ARMSTRONG: Yes, he
3 shouldn't have to vote. Right.

4 CHAIRMAN HILL: Exactly.

5 MS. JOHNSON: He didn't have to? Okay.

6 CHAIRMAN HILL: Right.

7 Whatever I said. And then we're going
8 to be -- one of the main things we do want to move on
9 today is we are -- we are directing, after legal
10 review, the hiring of a professional human resource
11 consultant to work that MD. Dansbe for help with
12 human resource issues, updates and regulations.

13 So after legal review, this gives them
14 permission to move forward with the profile that was
15 presented to us and referred.

16 EXECUTIVE DIRECTOR ARMSTRONG: And you
17 want to do the monthly at a minimum of ten --

18 CHAIRMAN HILL: Right.

19 EXECUTIVE DIRECTOR ARMSTRONG: -- hours.

20 CHAIRMAN HILL: Yes, the monthly, No. 2
21 option, I forget exactly how it was worded.

22 EXECUTIVE DIRECTOR ARMSTRONG: Yes,
23 \$80.00 an hour --

24 CHAIRMAN HILL: Right.

25 EXECUTIVE DIRECTOR ARMSTRONG: -- at a

1 minimum of ten hours a month.

2 CHAIRMAN HILL: Exactly, very good.

3 EXECUTIVE DIRECTOR ARMSTRONG: As

4 opposed to \$120.00 an hour.

5 CHAIRMAN HILL: Any other discussion on
6 that topic, for human resource consultant?

7 (No response.)

8 CHAIRMAN HILL: Okay. I will move that
9 to move forward.

10 And we need a second.

11 COMMISSIONER BANFIELD: I second.

12 CHAIRMAN HILL: Thank you, sir.

13 Roll call please.

14 MS. JOHNSON: Mr. Banfield?

15 COMMISSIONER BANFIELD: Yes.

16 MS. JOHNSON: Mr. Hill?

17 CHAIRMAN HILL: Yes.

18 MS. JOHNSON: Ms. Langford?

19 COMMISSIONER LANGFORD: Yes.

20 MS. JOHNSON: Mr. Eccles?

21 COMMISSIONER ECCLES: Yes.

22 MS. JOHNSON: Ms. Davies?

23 COMMISSIONER DAVIES: Yes.

24 CHAIRMAN HILL: Thank you.

25 I'll entertain a motion for

1 adjournment?

2 COMMISSIONER BANFIELD: Make a motion.

3 CHAIRMAN HILL: Thank you.

4 And a second?

5 COMMISSIONER DAVIES: I second.

6 CHAIRMAN HILL: Thank you.

7 Roll call.

8 MS. JOHNSON: Mr. Banfield?

9 COMMISSIONER BANFIELD: Yes.

10 MS. JOHNSON: Mr. Hill?

11 CHAIRMAN HILL: Yes.

12 MS. JOHNSON: Ms. Langford?

13 COMMISSIONER LANGFORD: Yes.

14 MS. JOHNSON: Mr. Eccles?

15 COMMISSIONER ECCLES: Yes.

16 MS. JOHNSON: Ms. Davies?

17 COMMISSIONER DAVIES: Yes.

18 CHAIRMAN HILL: Thank you.

19 Everybody have a very safe summer.

20 Okay. Be careful out there guys.

21 COMMISSIONER KAUSAR: Everybody have a

22 good day.

23 MS. JOHNSON: You too.

24 COMMISSIONER ECCLES: You too.

25 CHAIRMAN HILL: Thank you.

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(Whereupon, the meeting is concluded.
Time noted: 12:22 p.m.)

C E R T I F I C A T E

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I, LAURA A. CARUCCI, C.C.R., R.P.R., a Notary Public of the State of New Jersey, Notary ID. #50094914, Certified Court Reporter of the State of New Jersey, and a Registered Professional Reporter, hereby certify that the foregoing is a verbatim record of the testimony provided under oath before any court, referee, board, commission or other body created by statute of the State of New Jersey.

I am not related to the parties involved in this action; I have no financial interest, nor am I related to an agent of or employed by anyone with a financial interest in the outcome of this action.

This transcript complies with regulation 13:43-5.9 of the New Jersey Administrative Code.

Laura A. Carucci

LAURA A. CARUCCI, C.C.R., R.P.R.
License #XI02050, and Notary Public
of New Jersey #50094914, Notary
Expiration Date December 3, 2023

Dated:

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