

Deposition of: **Talbot County Council Meeting**

January 11, 2022

In the Matter of:

Talbot County Council Meeting

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1	COUNTY COUNCIL OF TALBOT COUNTY, MARYLAND		
2			
3			
4	Council Meeting		
5			
6			
7	January 11, 2022; 6:00 p.m.		
8			
9			
10	Via Webex Events		
11			
12			
13	COUNCIL MEMBERS:		
14	Chuck F. Callahan		
15	Pete Lesher		
16	Frank Divilio		
17	Corey W. Pack		
18	Laura E. Price		
19			
20	Reported by		
21	Diane Houlihan		

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1	TRANSCRIPT OF PROCEEDINGS	1	MR. LESHER: Aye.
2		2	SECRETARY: Ms. Price.
3	MR. CALLAHAN: I want to welcome Council,	3	MS. PRICE: Aye.
4	welcome to whoever is listening.	4	SECRETARY: Mr. Pack.
5	We're going to be virtual the next couple	5	MR. CALLAHAN: Can you hear us, Corey?
6	of meetings. And hopefully, this virus will	6	Just a thumbs up if you can hear us. We can't
7	calm down here in the next four to six weeks	7	hear you. Thumbs up if you can hear us.
8	and we'll be all back together in the regular	8	Uh-oh. No. He can't hear us. Can you
9	meeting.	9	hear me? No.
10	So for right now, we're going to go	10	MR. PACK: Can you hear me?
11	virtual and try to be safe and do the best	11	MR. CALLAHAN: Yeah. Now I can hear you.
12	thing for everybody.	12	MR. PACK: I can't hear you. Go ahead.
13	So right now, could we stand. And	13	MR. CALLAHAN: You can hear us? Okay. So
14	Mr. Lesher is going to say the prayer and then	14	we want to keep moving forward? Okay. So
15	we're going to do the Pledge of Allegiance of	15	let's just keep moving forward. I think Corey
16	the Flag.	16	will be with us.
17	(Prayer and Pledge of Allegiance.)	17	MR. PACK: Say again, Jess. That's right.
18	MR. CALLAHAN: Thank you, Mr. Lesher. I	18	MR. CALLAHAN: Hey, Clay, do we want to,
19	appreciate your great prayer. Appreciate that.	19	you think, Clay, do we want to move on?
20	So okay, Council, we have the agenda	20	MR. STAMP: So why don't we give it just a
21	before us. And are there any additions,	21	couple of minutes here.
	Page 3		Page 5
1	deletions, or corrections to the agenda?	1	MR. CALLAHAN: Okay. No problem.
2	MR. LESHER: Mr. President, I'd like to	2	MR. STAMP: Yeah.
3	amend the agenda to include a closed session	3	MR. CALLAHAN: All right. No worries. No
4	afterward.	4	worries.
5	MR. CALLAHAN: Okay.	5	We'll just tell everybody we're just
6	MR. LESHER: And do we need to list the	6	trying to get Mr. Pack here hooked up and get
7	reasons at this time? And if so, could staff	7	this agenda all straight. We just need his
8	assist us with that, get the prior citations in	8	approval, too. We'll get there.
9	here?	9	MR. STAMP: Thank you.
10	MR. STAMP: Personnel and legal matters.	10	MS. MORRIS: Mr. Callahan, Mr. Pack is
11	MR. LESHER: I will move for that addition	11	going to call in as well and see if he can get
12	to the agenda.	12	audio that way.
13	MR. CALLAHAN: Second?	13	MR. CALLAHAN: Okay. No problem. You
14	MS. PRICE: Second if you need it.	14	want me to just hold up until we can hear him
15	MR. CALLAHAN: On this, Madam Secretary	. 15	you thinking?
16	Take yourself off mute.	16	MS. MORRIS: Yes. That would be terrific.
17	SECRETARY: Mr. Callahan.	17	Thank you.
18	MR. CALLAHAN: Aye.	18	MR. CALLAHAN: Oh, good. Okay.
19	SECRETARY: Mr. Divilio.	19	If people are out there listening to us,
1			
20	MR. DIVILIO: Aye.	20	we're just going to, we're trying to get

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1	a little patient, we'll have him on here in a	1	December 14th, December 21st. Are there any
2	few minutes. Appreciate it.	2	additions, deletions, or corrections on the
3	This is kind of messing my record setting	3	minutes? Okay. Hearing none, the chair moves
4	meeting up. You know what I mean? So Pete,	4	that the minutes be accepted by unanimous
5	it's not going to happen. I think Corey staged	5	consent.
6	this somehow, you know.	6	Let's move on to the next, which would be
7	MR. LESHER: We deal the hands that we are	7	disbursements of December 28th, January 4th,
8	dealt.	8	and January 11th. Council has had time to
9	MR. CALLAHAN: Exactly. Yup.	9	review it. Are there any additions, deletions,
10	MR. LESHER: Rather, we play the hands	10	or corrections on the disbursements? Hearing
11	that we are dealt.	11	none, the chair moves that the disbursements be
12	MR. CALLAHAN: That's right. I knew what	12	accepted by unanimous consent.
13	you meant, you know.	13	And what I didn't do on the agenda, I want
14	MS. MORRIS: Mr. Callahan, if you want to	14	to go back up to the agenda. We are waiting
15	just go ahead and get started. We'll still	15	for Mr. Pack's vote. But I probably should say
16	work with Mr. Pack on his audio issue.	16	hearing nothing, the chair moves that the
17	MR. CALLAHAN: Okay. So we'll move on.	17	agenda be accepted as unanimous consent.
18	We had a Madam Secretary, you want to,	18	Now we are going to move on. And Jess,
19	once again, do we want to say with the agenda,	19	just stop me or, Madam Secretary, stop me if
20	we changed the agenda a little bit. Do you	20	you need to butt in. Okay?
21	want to tell them?	21	We're going to do an update with the
	Page 7		Page 9
1	SECRETARY: Yes. Mr. Lesher made a motion	1	Talbot County Health Department on the COVID.
2	and Ms. Price seconded the motion to go into	2	Dr. Maguire is on the line. So we're going to
3	closed session following the meeting for legal	_	
		3	welcome, Doctor. There she is.
4	and personnel matters.	4	welcome, Doctor. There she is. Can you hear me, Dr. Maguire?
5	and personnel matters. MR. CALLAHAN: That sounds great. That		
	•	4	Can you hear me, Dr. Maguire?
5	MR. CALLAHAN: That sounds great. That	4 5	Can you hear me, Dr. Maguire? DR. MAGUIRE: Yes, I can hear you.
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	Taloot County C		
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1	situation in Talbot County as well as the	1	we're relying on, like I said, personal
2	Health Department's response to the COVID	2	computers. Staff is sharing computers. We're
3	pandemic.	3	using loaners. We're buying new computers that
4	As President Callahan mentioned, I only	4	were not in our budget.
5	give good news. Just kidding, but you know.	5	And we are, again, still without access to
6	MR. CALLAHAN: I know you do.	6	our internal network, our internal servers.
7	DR. MAGUIRE: As was mentioned, there is a	7	They're undergoing a forensic evaluation right
8	hand we're dealt. So we will respond	8	now to see the extent of this infection, so to
9	accordingly.	9	speak.
10	MR. CALLAHAN: Please keep it simple.	10	And therefore, right now we don't have
11	Please keep it simple.	11	access to most of our regular files or any
12	DR. MAGUIRE: All right. So just we can	12	software that's not based on the web.
13	move on to the next slide I believe. Okay.	13	So that is hindering our day-to-day
14	Thank you.	14	efforts. We're trying to cope as best we can.
15	So just want to give just a situational	15	And I do hope that within the next I'm crossing
16	update. Just over a month ago, the Maryland	16	my fingers for a week or two that we will be
17	Department of Health experienced a network	17	back on board with some of our normal
18	outage. A lot of people probably heard about	18	operations. We are continuing to provide as
19	this, and I just wanted to give just a small	19	many normal services as we can.
20	update about how this is continuing to affect	20	And luckily, we do have access to WiFi,
21	us as well as all the other local health	21	which a lot of our neighboring health
	Page 11		Page 13
1	departments.	1	departments do not and are operating off of hot
2	So on December 4th, there was an event	2	spots.
3	that caused certain systems within the entire	3	So just as a background to what I present,
4			
5	Maryland Department of Health to be suspended.	4	some of the data I have may not be quite as
'	Maryland Department of Health to be suspended. Some access to State systems did return,	4 5	some of the data I have may not be quite as detailed as usual, and that's partly the reason
6			• •
	Some access to State systems did return,	5	detailed as usual, and that's partly the reason
6	Some access to State systems did return, including some data systems related to COVID,	5 6	detailed as usual, and that's partly the reason for that. But we are coping as best we can.
6 7	Some access to State systems did return, including some data systems related to COVID, returned somewhere between December 20th and	5 6 7	detailed as usual, and that's partly the reason for that. But we are coping as best we can. So next slide, please.
6 7 8	Some access to State systems did return, including some data systems related to COVID, returned somewhere between December 20th and December 30th.	5 6 7 8	detailed as usual, and that's partly the reason for that. But we are coping as best we can. So next slide, please. Just to give a sense of where we are, I'm
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6 7 8 9 10	Some access to State systems did return, including some data systems related to COVID, returned somewhere between December 20th and December 30th. But I just wanted to mention that some data and systems are still inaccessible to the	5 6 7 8 9	detailed as usual, and that's partly the reason for that. But we are coping as best we can. So next slide, please. Just to give a sense of where we are, I'm sure anyone who has been paying attention has noticed that cases of COVID are surging right
6 7 8 9 10	Some access to State systems did return, including some data systems related to COVID, returned somewhere between December 20th and December 30th. But I just wanted to mention that some data and systems are still inaccessible to the Maryland Department of Health and, therefore,	5 6 7 8 9 10 11	detailed as usual, and that's partly the reason for that. But we are coping as best we can. So next slide, please. Just to give a sense of where we are, I'm sure anyone who has been paying attention has noticed that cases of COVID are surging right now since the beginning of December. I just
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	Tuloot County (
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1	boom, omicron.	1	County. It's a three and a half times increase
2	So omicron has really been surging. We,	2	in the past month.
3	right now just to give some very high level	3	We've been trending similar to the rest of
4	info, we have in our worst time before we even	4	the state. Right now, the state reached just
5	started our vaccination campaign, we have two	5	over 30 percent testing positive. In the
6	and a half times as many cases basically on a	6	health care setting, so doctors' offices, the
7	daily basis right now, this January, as we did	7	hospital, they're running higher, which kind of
8	a year ago January. And it's really because of	8	makes sense because people who go to doctors'
9	this sudden and swift omicron spread.	9	offices or hospitals are probably already sick.
10	And we have literally a five-time increase	10	And they're in the kind of 40 to 50 percent
11	in the number of cases from early December to	11	range in terms of tests.
12	today. So just in that one month, we've had	12	So
13	five times the case rate.	13	MR. CALLAHAN: Hey, Dr. Maguire?
14	Can you go oh, sorry. Thank you.	14	DR. MAGUIRE: Yes.
15	So in the past week, we've had over 500	15	MR. CALLAHAN: Can I ask one question,
16	cases. And that's, like I said, five times	16	just a quick little thing? So help everybody
17	what we normally had in a week back around	17	understand what the 28 percent means to what
18	Thanksgiving, early December.	18	other number. So 28 percent. So what are we
19	And we're currently dealing with several	19	trying to what am I trying to say?
20	outbreaks in different locations, nursing home	20	28 percent to what other number? What was the
21	outbreaks, there's outbreaks in schools. We	21	number?
	Page 15		Page 17
1	always had outbreaks throughout this pandemic.	1	DR. MAGUIRE: So what was the number was
2	But now we're certainly seeing it widespread	2	the goal that had been talked about for the
3	and definitely affecting a lot of our core and	3	longest time was we really want to keep a
4	essential agencies.	4	number of under five percent. That's probably
5	And you know, ever since vaccinations	5	good.
6	started, the goal has really been to keep all	6	And what's interesting is that the way
7	our normal business operations running	7	beginning of the pandemic when we were talking
8	normally, keep kids in school. And what we're	8	about well, what metrics do we use to keep our
9	finding is a lot of our organizations and	9	schools to go virtual, and really it was this
10	agencies are really struggling with staffing	10	metric of five percent positivity. And you
11	right now because of this.	11	know, that those metrics are obviously out
12	Next slide, please.	12	the window at this point because now we know
13	We are noticing a significant increase in	13	more. It's a different situation than it was
14	our test positivity in Talbot County. So we	14	March 2020.
15	traditionally have been running around a	15	MR. CALLAHAN: Right.
16	five percent, five to ten percent of our tests	16	DR. MAGUIRE: But we have in general in
17	that are done by residents coming back	17	this county maintained a decent at most times
18	positive. And that was pretty acceptable. It	18	test positivity, which meant that we had,
19	goes high and low here and there.	19	except for certain times when tests were short,
20	But this 28 percent is really unheard of	20	we had enough testing going on of people who
21	and the highest we've ever hit in Talbot	21	were not sick.

1	Page 18 Now what we see is that literally for	1	Page 20 With omicron, we don't really know right
2	every hundred tests performed on Talbot	2	now. I keep asking our epidemiologists okay,
3	residents, 28 of those are coming back	3	what is that number. It's certainly above
4	positive. And generally, if a place, a country	4	seven. Some have told me ten. And that means
5	has a rate of 25 percent or above, that's	5	that really when you're out and about sick with
		6	
6	telling me there's a lot of COVID going on,		COVID, that you're likely to infect a lot of
7	there's not enough testing going on, and that's an issue that needs to be fixed. And so we're	7	other people, all things being equal.
8		8	I want to compare this to measles.
9	kind of chasing our tail with testing.	9	Measles is the most contagious disease in the
10	MR. CALLAHAN: Okay. Appreciate that.	10	world. And it's R nought number is somewhere
11	DR. MAGUIRE: Sure thing.	11	between 12 and 18. A lot of people cite it at
12	Next slide, please.	12	15 to 17.
13	So this is all due to the omicron variant	13	And so it's not necessarily that right
14	that came or was first identified, I should	14	now, but it is very contagious. And so what
15	say, out of South Africa. And the reason for	15	does this mean? What do we care? Okay.
16	this, we've talked about other variants of	16	So next slide, please. Thank you.
17	coronavirus behaving differently let's say.	17	So it's really contagious, but isn't it
18	Some are more severe. Some are more	18	mild. And this does seem to be true. And I'll
19	infectious, contagious. And so I just wanted	19	show you this on some of the next slides. But
20	to put out a perspective of what this omicron	20	for most people, omicron is pretty mild. A lot
21	means.	21	of people are just describing this as a cold.
	Page 19		Page 21
1	And of course, we're learning more about	1	Anecdotally, a lot of people we are seeing
2	it as more people get infected. But if I had	2	are, you know, out of work kind of with like
3	to give a headline, it would be really	3	flu-like symptoms. So it doesn't certainly
4	infectious, really contagious, probably less	4	make them feel good, but it's not for everyone.
5	severe than the delta we just came off of.	5	And the thing is when you even with a milder
6	And so the epidemiologists use this number	6	variant, if it's that much more transmissible
7	called the R nought (phonetic) or the	7	and it spreads so aggressively, it does
8	reproducibility index. And this is basically	8	ultimately cause more hospitalization and even
9	the average number of people that you, as a	9	deaths.
10	sick infected person, will go on to infect.	10	And so I put this scale just to show yeah,
11	So when you talk about your normal flu,	11	it's less severe for most. But that's far, far
12	that number is about 1.2. When you talk about	12	outweighed by just how rapidly this is
13	the pandemic flu from 1918, it was higher than	13	spreading in the community.
14	that. It was 1.8. When we had our COVID 1.0,	14	And so right now, you know, a lot of
15	the original, that number was about 2.5. So	15	people are changing how they're describing this
16	for every one person who was sick with COVID,	16	and saying that the key thing to look at is how
17	they went on to infect, on average, two and a	17	many people are being hospitalized, not
18	half other people. And that's how it spreads.	18	necessarily how many people are sick or coming
19	You know, like compound interest.	19	back positive, but how many people are truly
20	And then with delta, that increased even	20	being affected and how are we burdening the
21	further to five.	21	health system?
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	Page 22		Page 24
1	Next slide, please.	1	there with a broken leg happens to test
2	And so when we look at the	2	positive. So they're not there at all because
3	hospitalizations in Maryland, we are seeing	3	of COVID.
4	this exponential increase. And the number of	4	And I believe it was the CDC director, I
5	people hospitalized today with COVID-19 is	5	can't remember her name, I'm sure you know her
6	3,452. And that has far exceeded what we saw	6	name, that the people that are hospitalized
7	with delta. The peak for the delta variant was	7	have four to six co-morbidities. So that there
8	a quarter of this.	8	are major underlying health conditions.
9	And they are expecting in the next week or	9	So trying to follow all of the information
10	two for this to climb even further, approaching	10	that's coming out, including from Dr. Fauci and
11	maybe 5,000 hospitalizations a day.	11	the CDC director, so it keeps it in some
12	MS. PRICE: (Inaudible.)	12	perspective.
13	DR. MAGUIRE: Please, yes.	13	DR. MAGUIRE: Yeah. And for Maryland,
14	MS. PRICE: Just real quick. You did say	14	luckily for the children, we've never had huge
15	with COVID, not necessarily of COVID, correct?	15	numbers, but I did notice that they are
16	DR. MAGUIRE: Yeah. And that's an	16	following the same trend and having increases.
17	important point because I'm trying to figure	17	So they just started reporting out the
18	this out.	18	number of kids hospitalized with positive
19	But the reason someone is hospitalized	19	COVID. And it was in the single or low double
20	comes into effect here. So is it someone who	20	digits in the fall. And just on Friday, they
21	is admitted to the hospital because they're	21	reached 60. And so it's certainly increasing a
	Page 23		Page 25
1	sick with COVID or is it someone admitted for	1	lot.
2	another reason, like a heart attack, and they	2	So yes, not all of them are necessarily
3	incidentally happen to have COVID. And these	3	yeah, maybe they have a broken leg and they're
4	numbers include all those. So both categories.	4	there for orthopedic surgery or something and
5	When I ask the hospitals for exact numbers	5	they test positive.
6	on those, the closest I can find, and I don't	6	But the reports from Children's National
7	know how reliable this is, but it came out of	7	and Johns Hopkins Children's Hospital and UMS
8	Johns Hopkins, is that they think about	8	Children's Hospital definitely say that their
9	70 percent of people are admitted with COVID	9	ICUs, especially in conjunction with some other
10	because they're sick with COVID and maybe	10	normal winter issues, are being filled because
11	30 percent they find it. But I don't know if	11	this COVID hospitalization is really putting
12	it's oh, I came in for gallbladder surgery and	12	stress on their systems.
13	oh, no, I'm coughing and now I'm on oxygen, if	13	Fortunately, if there is some good news,
14	it's that type of sequence either.	14	is that we're having less ICU admissions
15	So yeah. It's about maybe 30 percent of	15	proportionally. So you know, we are not seeing
16	people are the with, not because of. So that	16	the four times as many ICU. Of course, ICU is
17	should be taken into account, but	17	limited resource wise. But it is appropriating
18	MR. PACK: Some other really quick things.	18	the highest levels that we've seen so far.
19	I even even Dr. Fauci was talking about	19	And I just had a call with Shore Regional.
20	like the children. And he said that that is	20	Their ICU was full. A lot of hospitals, their
21	grossly overstated, that a kid who has been	21	ICUs are full. Yes, not just with COVID
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	Page 26		Page 28
1	patients, but they are taking up the beds.	1	saying please, please get vaccinated so that we
2	And I don't often mention cost, but I read	2	can stop being overwhelmed, which I think sends
3	that the average COVID hospitalization, for	3	a big message.
4	COVID itself, not for an incidental, does cost	4	Next slide, please.
5	somewhere between 20 and \$30,000. So that does	5	In terms of deaths due to this omicron
6	add up. These 3,400 people, if they are	6	surge, again, like the ICU situation,
7	admitted for COVID, that's \$69 million just	7	proportionately they're not as high, but they
8	them. So the hospitalization is really what's	8	are approaching the highest levels.
9	being stressed right now.	9	When we look specifically at Talbot, which
10	Next slide, please.	10	is on the next slide, we have cumulatively
11	And so the hospitals have said on calls,	11	since the beginning of this pandemic, this
12	on communications that they are overwhelmed.	12	graph doesn't show it exactly, but we've had 68
13	They are implementing things called Crisis	13	deaths due to COVID. And the thing I wanted to
14	Standards of Care. I know Tidal Health down in	14	show in this graph, which shows the number of
15	Salisbury went into that today. This is	15	deaths over time, is that luckily right now we
16	something Shore is involved in right now.	16	are not seeing the exponential increase in
17	And this, these are specific interventions	17	deaths, which we saw a year ago November when
18	to deal with the overwhelming burden that they	18	the slope of this curve became very, very
19	have, coupled with staff shortages because	19	vertical.
20	their own staff is affected, too, and some are	20	But of course, you know, we want to avoid
21	out and sick.	21	all deaths if we can, especially if any are
	Page 27		Page 29
1	And one of the things they're doing is	1	preventable.
2	canceling non-emergency procedures. I hate to	2	Next slide, please.
3	call these elective because, you know, they're	3	So who is hospitalized? What is
4	medically-necessary procedures. I guess they	4	accounting for these increased COVID
5	could wait a bit. But that means people are	5	hospitalizations? And what we're seeing across
6	getting delayed cancer diagnoses. And they are	6	Maryland is that over 75 percent of these
7	also implementing crisis staffing levels.	7	hospitalizations are in people who have
8	And this is after, you know, almost two	8	received no COVID vaccinations. And the
9	years of this workforce already working higher	9	Eastern Shore hospitals, they are reporting
10	than normal with COVID hospitalizations.	10	somewhere between 80 and 85 percent of their
11	And this is also causing backlogs on the	11	admissions with COVID are in people who are
12	emergency services. We have reports of	12	completely unvaccinated. About 20 percent of
13	ambulances sitting at hospitals for a couple of	13	people are vaccinated but they're due for their
14	hours. They have to defer, which takes those	14	booster. And so they're not technically up to
15	ambulances out of our community. And as I	15	date, as in maybe they were vaccinated last
16	mentioned, their own staff is stretched and	16	February and now they're sick with omicron.
17	taxed because of their own staff getting sick.	17	And in Maryland, less than five percent of
18	And I just put a picture of this was an ad	18	people admitted to the hospital with COVID are
19	from hospitals from Ohio where hospitals like	19	fully vaccinated and boosted.
20	the Cleveland Clinic literally put out an ad	20	So there's still the immune escape with
21	saying help. Because this is in mid-December,	21	omicron, which is concerning.
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	Page 30		Page 32
1	Like I said, on the Eastern Shore	1	movement where you have 75 percent of people
2	hospitals, numbers are pretty similar, a little	2	nationally who are going to the hospital are
3	bit more skewing more towards the unvaccinated.	3	unvaccinated, 85 percent here in the region
4	Next slide, please.	4	that are admitted into hospitals are
5	MR. LESHER: Dr. Maguire.	5	unvaccinated? And you hear of hospital staff,
6	DR. MAGUIRE: Please.	6	doctors, emergency nursing staff who are saying
7	MR. LESHER: That statistic seems	7	we're overwhelmed, the flood of people coming
8	particularly surprising that we would have an	8	in is overwhelming us. We're telling people do
9	even higher proportion of hospitalized who are	9	not go to the hospital to get your COVID shot.
10	unvaccinated, given our relatively high	10	You should be going to either the Health
11	vaccination rates in Talbot County, or perhaps	11	Department or into one of the local pharmacies
12	that's offset by lower vaccination rates in	12	to do that.
13	surrounding counties that are being served by	13	What's the difficulty in getting that
14	these hospitals.	14	messaging out to people that the unvaccinated
15	DR. MAGUIRE: That's exactly it. So	15	are the bulk of this problem?
16	these, those statistics, those percentages were	16	DR. MAGUIRE: Right. Well, that's a
17	from the hospital data themselves. It's not	17	million dollar question there.
18	specifically for Talbot residents.	18	So why aren't more people vaccinated,
19	The COVID hospitalizations for Talbot	19	because a lot of these hospitalizations could
20	residents, per se, I am not receiving at this	20	be prevented. Not all of them certainly, but a
21	time. That's one of those systems that,	21	lot of them could be.
	Page 31		Page 33
1	unfortunately, is still not able to be	1	And some people may assume oh, a year ago
2	disseminated.	2	I was infected with COVID, I'm fine. Or a lot
3	And part of the reason that's significant	3	of it seems to be a sense of I'm not high risk,
4	for us is because previously, and I assume it's	4	I'm in the 20 to 50-year-old age group, I don't
5	continuing, about 60 percent of Talbot		
6	continuing, about 00 percent of Taroot	5	have underlying health conditions.
0	residents who were hospitalized for COVID were	5 6	have underlying health conditions. You know, the bulk of hospitalizations are
7	•		, •
	residents who were hospitalized for COVID were	6	You know, the bulk of hospitalizations are
7	residents who were hospitalized for COVID were going across the bridge to the special Laurel	6 7	You know, the bulk of hospitalizations are not in the 65-year-old and older population
7 8	residents who were hospitalized for COVID were going across the bridge to the special Laurel COVID hospital. And so that meant they weren't	6 7 8	You know, the bulk of hospitalizations are not in the 65-year-old and older population that was meant to you know, what, two years
7 8 9	residents who were hospitalized for COVID were going across the bridge to the special Laurel COVID hospital. And so that meant they weren't local, they weren't here at Shore or down in	6 7 8 9	You know, the bulk of hospitalizations are not in the 65-year-old and older population that was meant to you know, what, two years ago we kept harping on oh, the seniors and who
7 8 9 10	residents who were hospitalized for COVID were going across the bridge to the special Laurel COVID hospital. And so that meant they weren't local, they weren't here at Shore or down in Salisbury or even Anne Arundel.	6 7 8 9 10	You know, the bulk of hospitalizations are not in the 65-year-old and older population that was meant to you know, what, two years ago we kept harping on oh, the seniors and who is high risk.
7 8 9 10 11	residents who were hospitalized for COVID were going across the bridge to the special Laurel COVID hospital. And so that meant they weren't local, they weren't here at Shore or down in Salisbury or even Anne Arundel. But you know, right now, I just gave the	6 7 8 9 10 11	You know, the bulk of hospitalizations are not in the 65-year-old and older population that was meant to you know, what, two years ago we kept harping on oh, the seniors and who is high risk. And what we're seeing now is the bulk of
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7 8 9 10 11 12 13	residents who were hospitalized for COVID were going across the bridge to the special Laurel COVID hospital. And so that meant they weren't local, they weren't here at Shore or down in Salisbury or even Anne Arundel. But you know, right now, I just gave the statistics about the hospitals here. And they certainly serve a wide variety of people from	6 7 8 9 10 11 12 13	You know, the bulk of hospitalizations are not in the 65-year-old and older population that was meant to you know, what, two years ago we kept harping on oh, the seniors and who is high risk. And what we're seeing now is the bulk of our infections, especially in Talbot County, I know are in the unvaccinated 20 to 50-year-old
7 8 9 10 11 12 13 14	residents who were hospitalized for COVID were going across the bridge to the special Laurel COVID hospital. And so that meant they weren't local, they weren't here at Shore or down in Salisbury or even Anne Arundel. But you know, right now, I just gave the statistics about the hospitals here. And they certainly serve a wide variety of people from various counties. And you're correct in that	6 7 8 9 10 11 12 13 14	You know, the bulk of hospitalizations are not in the 65-year-old and older population that was meant to you know, what, two years ago we kept harping on oh, the seniors and who is high risk. And what we're seeing now is the bulk of our infections, especially in Talbot County, I know are in the unvaccinated 20 to 50-year-old population where it may not be someone who
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7 8 9 10 11 12 13 14 15 16 17 18	residents who were hospitalized for COVID were going across the bridge to the special Laurel COVID hospital. And so that meant they weren't local, they weren't here at Shore or down in Salisbury or even Anne Arundel. But you know, right now, I just gave the statistics about the hospitals here. And they certainly serve a wide variety of people from various counties. And you're correct in that Talbot itself does have a higher vaccination rate than our surrounding counties. But I can't pull out exactly how many of our hospital patients are residents of Talbot. MR. PACK: Dr. Maguire, this is Corey. I	6 7 8 9 10 11 12 13 14 15 16 17 18	You know, the bulk of hospitalizations are not in the 65-year-old and older population that was meant to you know, what, two years ago we kept harping on oh, the seniors and who is high risk. And what we're seeing now is the bulk of our infections, especially in Talbot County, I know are in the unvaccinated 20 to 50-year-old population where it may not be someone who considers them high risk. Certainly, some people hospitalized are potentially immunosuppressed or at higher risk. The other thing is COVID, coronavirus seems to be especially problematic in people

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1	know, a lot of people who fall within those	1	risks, the unknown, the unknown long-term risks
2	categories may not think of themselves as	2	is why they're not choosing to be vaccinated.
3	particularly high risk or immunosuppressed, but	3	But just wanted to get your point on that.
4	it does tend to have a more severe course in	4	And I'm hearing a lot that COVID is going
5	those individuals.	5	to be with us for the foreseeable future, like
6	So it's a tough message. And then, of	6	flu. Do you have an opinion on that?
7	course, I'll show later on a lot of people may	7	DR. MAGUIRE: Yeah. I think we've been in
8	have a false sense of security because, like I	8	a pandemic stage and we will be entering an
9	said, either they had COVID themselves or	9	endemic stage at some point, which means the
10	because they were vaccinated a while back.	10	virus circulates. It may be seasonably, like
11	Now, the vaccinated are not the bulk. But	11	as does flu, as does other viruses, as do other
12	we're certainly seeing a lot of people who seem	12	viruses. And we're not at that point.
13	to their immunity has waned and they haven't	13	But we will see coronavirus viruses
14	gotten their booster dose yet for whatever	14	mutate. That's what they do. That's how they
15	reason.	15	survive.
16	There's a lot of fears, too, about what	16	Fortunately, some, like for instance, some
17	are the long-term side effects of these	17	influenzas are not as severe as say like what
18	vaccines. So far, all the data I've seen shows	18	happened in 1918 where we had millions of
19	that they are safe and effective. There are	19	deaths. And that's the hope with this
20	very, very few side effects, very few	20	coronavirus, is that it will, in future
21	significant adverse events. There's been	21	mutations, be less severe and truly have the
	Page 35		Page 37
1	hundreds of millions of doses of these given	1	effect of being a cold, which for most
2	out, and I can report on, you know, on one	2	coronaviruses, that is what they are. When I
3	hand, less than one full hand the amount of	3	used to see kids come up positive for
4	adverse effects we've seen.	4	coronavirus in clinics, oh, it's a cold, I
5	MR. PACK: I think what you do is it's	5	don't have to worry about that. But you know,
6	almost like competing thoughts.	6	until
7	I mean if you're looking at what's the	7	MR. PACK: We're kind of seeing that now
8	long-term side effect as opposed to what's the	8	when you look at omicron versus delta. I mean
9	short-term risk of not getting vaccinated and	9	omicron, of course, is spreading more rapidly
10	short term rish of hot getting vaccinates and	9	officion, of course, is spreading more rapidly
	spreading it to your loved ones in your family.	10	but the death rate and hospitalization rate,
11			
11 12	spreading it to your loved ones in your family.	10	but the death rate and hospitalization rate,
	spreading it to your loved ones in your family. I mean that's a very dangerous game of	10 11	but the death rate and hospitalization rate, from what I've seen, are less with the omicron
12	spreading it to your loved ones in your family. I mean that's a very dangerous game of roulette that individuals are playing to say	10 11 12	but the death rate and hospitalization rate, from what I've seen, are less with the omicron than they have been with the delta virus.
12 13	spreading it to your loved ones in your family. I mean that's a very dangerous game of roulette that individuals are playing to say hey, I'm concerned about the long-term risks	10 11 12 13	but the death rate and hospitalization rate, from what I've seen, are less with the omicron than they have been with the delta virus. Delta strain, I should say.
12 13 14	spreading it to your loved ones in your family. I mean that's a very dangerous game of roulette that individuals are playing to say hey, I'm concerned about the long-term risks that may be out there if I do get vaccinated,	10 11 12 13 14	but the death rate and hospitalization rate, from what I've seen, are less with the omicron than they have been with the delta virus. Delta strain, I should say. DR. MAGUIRE: That's true. But omicron is
12 13 14 15	spreading it to your loved ones in your family. I mean that's a very dangerous game of roulette that individuals are playing to say hey, I'm concerned about the long-term risks that may be out there if I do get vaccinated, as opposed to the short-term risk of being	10 11 12 13 14 15	but the death rate and hospitalization rate, from what I've seen, are less with the omicron than they have been with the delta virus. Delta strain, I should say. DR. MAGUIRE: That's true. But omicron is still much more severe than the "normal"
12 13 14 15 16	spreading it to your loved ones in your family. I mean that's a very dangerous game of roulette that individuals are playing to say hey, I'm concerned about the long-term risks that may be out there if I do get vaccinated, as opposed to the short-term risk of being unvaccinated, contracting the disease, ending	10 11 12 13 14 15 16	but the death rate and hospitalization rate, from what I've seen, are less with the omicron than they have been with the delta virus. Delta strain, I should say. DR. MAGUIRE: That's true. But omicron is still much more severe than the "normal coronaviruses," though, that literally are
12 13 14 15 16 17	spreading it to your loved ones in your family. I mean that's a very dangerous game of roulette that individuals are playing to say hey, I'm concerned about the long-term risks that may be out there if I do get vaccinated, as opposed to the short-term risk of being unvaccinated, contracting the disease, ending up in the ICU, and God forbid even worse, and	10 11 12 13 14 15 16 17	but the death rate and hospitalization rate, from what I've seen, are less with the omicron than they have been with the delta virus. Delta strain, I should say. DR. MAGUIRE: That's true. But omicron is still much more severe than the "normal coronaviruses," though, that literally are colds.
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1	Page 38	1	Page 40
1	DR. MAGUIRE: My take on it is well, we	1	National Guard and they are going throughout
2	need to as a community and as individuals do	2	the state in 20 what they call hospital
3	what we can to make it not disrupt society and	3	adjacent testing sites. And so we will have
4	make it not cause deaths and keep people out of	4	one in Easton, probably not for another week or
5	hospitals.	5	week and a half. And that will help.
6	I think back to March 2020 when we were	6	But the at-home tests are still limited.
7	talking about crushing the curve and making	7	I was we get a biweekly allotment. And
8	sure hospitals can function. And I'm hearing	8	up until today, was 252 kits every two weeks.
9	echoes of that, although we are in a different	9	That's not nearly enough of what we need.
10	place right now.	10	And today I was told we were getting 126.
11	But yeah. Honestly, I do think a lot of	11	I was able to increase that back up to 252.
12	people will become infected. And what they can	12	But honestly, a lot of those kits are not going
13	do to make it less severe on themselves and	13	to the general population right now because
14	less, you know, cause the system to be less	14	we're trying to ensure adequate staffing levels
15	burdened is to do what they can, which is, and	15	in our community of emergency and public safety
16	I say this, most of it is let's get vaccinated,	16	agencies. So a lot of our kits that we're
17	let's get some immunity under our belts because	17	getting in for rapid testing are going to
18	a lot of people are getting COVID who were	18	places like the Detention Center and fire and
19	vaccinated, some even who were boostered.	19	police to make sure that those people can go to
20	And what I see is if you were vaccinated,	20	work.
21	got your booster, you may be sick but you're	21	MR. PACK: Well, that's a good point.
	Page 39		Page 41
1	sick at home, you're not sick intubated, you're	1	With that being said, I've talked to
2	not sick in the hospital.	2	friends in other counties. And they're going
3	MR. PACK: What about the home test kits?	3	into their local CVS or Walgreens and getting
4	Are we getting more of those coming in?	4	three or four kits and then bringing them home.
5	DR. MAGUIRE: We are continuing to get a	5	So how does the local resident here in
6	small allotment.	6	Talbot County, who are maybe vaccinated and
7	We are as a Health Department, I go into	7	boosted but want to have a kit in case they may
8	this a little bit later, we just made a large	8	become in contact, how do they get it? If your
9	purchase, but these are expensive. So we	9	kits are just being saved for governmental use,
10	mumahasad 1 200 mamid antigan tasts and wa	10	
11	purchased 1,200 rapid antigen tests and we	10	then how does the general public get kits here
	purchased 1,200 rapid antigen tests and we purchased 1,000 more PCR tests for at-home use.	11	then how does the general public get kits here in Talbot County?
12			
	purchased 1,000 more PCR tests for at-home use.	11	in Talbot County?
12	purchased 1,000 more PCR tests for at-home use. And that is actually the end of our testing budget for buying tests.	11 12	in Talbot County? DR. MAGUIRE: We do have a couple pharmacies that are getting them in stock. I
12 13	purchased 1,000 more PCR tests for at-home use. And that is actually the end of our testing	11 12 13	in Talbot County? DR. MAGUIRE: We do have a couple
12 13 14	purchased 1,000 more PCR tests for at-home use. And that is actually the end of our testing budget for buying tests. We keep being told in very general sense	11 12 13 14	in Talbot County? DR. MAGUIRE: We do have a couple pharmacies that are getting them in stock. I know Pemberton Pharmacy tends to get some in
12 13 14 15	purchased 1,000 more PCR tests for at-home use. And that is actually the end of our testing budget for buying tests. We keep being told in very general sense yeah, more will be coming. I have yet to see it.	11 12 13 14 15	in Talbot County? DR. MAGUIRE: We do have a couple pharmacies that are getting them in stock. I know Pemberton Pharmacy tends to get some in stock. And I know the minute I say that, they'll disappear.
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12 13 14 15 16 17 18	purchased 1,000 more PCR tests for at-home use. And that is actually the end of our testing budget for buying tests. We keep being told in very general sense yeah, more will be coming. I have yet to see it. I did hear some good news today that we're getting an additional testing site in Easton.	11 12 13 14 15 16 17 18	in Talbot County? DR. MAGUIRE: We do have a couple pharmacies that are getting them in stock. I know Pemberton Pharmacy tends to get some in stock. And I know the minute I say that, they'll disappear. But what we're hearing from residents is when they go to pharmacies, they're there very
12 13 14 15 16 17	purchased 1,000 more PCR tests for at-home use. And that is actually the end of our testing budget for buying tests. We keep being told in very general sense yeah, more will be coming. I have yet to see it. I did hear some good news today that we're	11 12 13 14 15 16	in Talbot County? DR. MAGUIRE: We do have a couple pharmacies that are getting them in stock. I know Pemberton Pharmacy tends to get some in stock. And I know the minute I say that, they'll disappear. But what we're hearing from residents is

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1	Page 42		Page 44
1	more from the State. We've yet to hear back on	1	infection. What we do see is that, and this
2	those requests.	2	is we're learning more. Omicron is about
3	We, you know, we've tried to buy some	3	five times more likely to cause a reinfection
4	ourselves. And there's just not enough supply	4	than delta was. So we're seeing a lot of
5	right now. And I keep hearing there's millions	5	people, both in the hospital and out of the
6	of purchases and so many hundreds of thousands	6	hospital, who had COVID a year ago, who were
7	have been purchased. They're not coming here.	7	hospitalized for COVID a year ago or less, and
8	And it's very frustrating.	8	they're getting infected again.
9	MR. PACK: Yes, it is. Thank you.	9	And there is an estimate that the
10	MR. CALLAHAN: Dr. Maguire, I appreciate	10	protection from a previous natural infection
11	it. We got some more things. So could you go	11	where you got COVID may be as low as only about
12	ahead and kind of wrap it up for us if you	12	19 percent. So it certainly doesn't offer as
13	could?	13	robust protection as the vaccination. So
14	DR. MAGUIRE: Sure thing, sure thing.	14	that's why we recommend please do get
15	MR. CALLAHAN: I appreciate it.	15	vaccinated even if did you have COVID. Because
16	DR. MAGUIRE: So I've already talked about	16	if you have both, previous history and
17	a lot of these.	17	vaccination, then you're in a much better
18	So even before we saw omicron, we were	18	position.
19	noticing that people who were vaccinated were	19	Next slide, please.
20	not going in the hospital. And that's what	20	So this graph shows that with the omicron
21	this graph shows, that the vaccines were	21	and you do have your booster, you're 25 times
	Page 43		Page 45
1	keeping people out of the hospital, no matter	1	more protected in terms of antibody level than
2	which variant.	2	if you don't have your booster.
3	Next slide, please.	3	And again, we didn't that significant
4	I want to mention how important the	4	difference between having two shots versus
5	booster vaccinations are. And this is even	5	three with the "original virus".
6	more so for the omicron variant. What this	6	Next slide, please.
7	graph shows is specifically for Pfizer, but	7	So it was mentioned that Talbot County, we
8	it's very similar to Moderna, is that over	8	have pretty good vaccinations rates. So I just
9	time, which is going left to right is time,	9	separate out here. I know there's a lot of
10	after time since your second dose, your	10	numbers. But in adults, we have about
11	immunity wanes.	11	80 percent, almost 80 percent of our adults
12	And so it goes from, you know, above	12	have had their full vaccination primary series
13	80 percent to maybe 50 percent when it was	13	of two doses. And of those people who are
14	delta. With omicron, we're seeing that	14	eligible for boosters, we've got 63 percent who
15	immunity wane is more significant. So it's	15	have gotten a booster.
16	even more important to get your booster with	16	That means that we do have about
17	the omicron. And then that boosts it back up	17	27 percent of people who are eligible for a
18	to where it was right after you got your second	18	booster who haven't gotten it, and that's about
19	dose.	19	7,800 people. And that's in addition to the
20	And a lot of people ask well, what about	20	adults who are unvaccinated who are at high
21	having COVID, what about that natural	21	risk of hospitalization.

Page 46 1 And so I've highlighted just the number of 1 wish it would go	
	Page 48
the magnitude and appropriate and become arranged to the magnitude and the	vant people to sit up and
	nportant things we've been
	iiportant unings we ve been
	ges that I'm giving here are
	n what I've said every time but it's important now,
	•
	e time frame we're dealing
	avenaged and sight. A sain, wa
	exposed and sick. Again, we
	e bit about the testing
-	o have some increased testing
	g our way. Whether it's going
	meet the demand, you know,
	all their appointments are
	sting. And there's just
	ng demand with testing.
•	t a resource issue
	PCR tests in terms of tests.
	We can't pay people enough
21 live with COVID. So Councilman Pack mentioned 21 to conduct testin	ıg.
Page 47	Page 49
	k, stay home. Call your
	nain doctor because there are
	v. There's treatments for
4 burden on our systems? And there's really four 4 COVID, some or	ral, a pill that can help keep you
5 ways to do that. 5 out of the hospital	
6 In my opinion, the most important is 6 And the State	e is slowly getting some of
6 In my opinion, the most important is 6 And the State 7 vaccination, including getting that booster. 7 these. Some will	e is slowly getting some of l be available at pharmacies.
6 In my opinion, the most important is 6 And the State 7 vaccination, including getting that booster. 7 these. Some will 8 Wear a mask when you're indoors in public. 8 So for instance, to	e is slowly getting some of I be available at pharmacies. there's one called Paxlovid
6 In my opinion, the most important is 6 And the State 7 vaccination, including getting that booster. 7 these. Some wil 8 Wear a mask when you're indoors in public. 8 So for instance, to 9 That has been the consistent message from the 9 that's 88 percent	e is slowly getting some of I be available at pharmacies. there's one called Paxlovid effective at preventing
6 In my opinion, the most important is 7 vaccination, including getting that booster. 8 Wear a mask when you're indoors in public. 9 That has been the consistent message from the 10 CDC, from us, please wear a mask. 10 hospitalization as	e is slowly getting some of I be available at pharmacies. there's one called Paxlovid effective at preventing and death from COVID. This is
6 In my opinion, the most important is 7 vaccination, including getting that booster. 7 these. Some will 8 Wear a mask when you're indoors in public. 9 That has been the consistent message from the 10 CDC, from us, please wear a mask. 11 Some people at this point may want to 11 an oral pill. And	e is slowly getting some of I be available at pharmacies. there's one called Paxlovid effective at preventing and death from COVID. This is I that's going to be coming to
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	Page 50		Page 52
1	State.	1	Next slide, please.
2	And again, the site that will be adjacent	2	With the masks, and I know people are sick
3	to one of the Shore Health sites is supposed to	3	of masks. I don't want to wear a mask, but in
4	be coming to Easton in about seven to ten days	4	indoors in public, it is recommended to wear a
5	is the word from a couple of hours ago.	5	mask during these periods of high transmission.
6	And we will be trying to give out more	6	And so I do recommend that there be I
7	when our tests arrive that we've ordered to the	7	do recommend that the Council in its capacity
8	general public. But we, we generally, when	8	as the Board of Health gives consideration to
9	we're not giving rapid antigen tests to	9	implementing a countywide recommendation
10	agencies, we do distribute at the library.	10	requiring face coverings in public for
11	And I just wanted to also mention how just	11	individuals five and older in public indoor
12	today was announced the Maryland Department of	12	settings.
13	Health has a portal for reporting your at-home	13	I think importantly this should be a
14	rapid test results. So and that we will push	14	temporary, time-limited intervention. There
15	out. It's on our Facebook page already.	15	should be appropriate exceptions. And I would
16	But one of the things I didn't mention	16	recommend that such an intervention be
17	about our numbers is we only know what's	17	implemented until the end of January, when this
18	reported to us. And with a lot of people	18	surge is really at its peak.
19	getting at-home tests, we don't see those	19	The goal of this is really to reduce the
20	numbers unless someone calls us or they report	20	burden on hospitals, reduce the burden on law
21	through another system. So it is important for	21	enforcement and public safety, allow our
	Page 51		Page 53
1	surveillance for people to report their	1	schools to remain in person, allow us to have
2	results, especially if they're positive.	_	
3		2	enough teachers who are not sick so that kids
	Next slide, please.	3	enough teachers who are not sick so that kids can schools can remain open and not go
4	Next slide, please. Again, I mentioned vaccination, including		
5	· <u>I</u>	3	can schools can remain open and not go
	Again, I mentioned vaccination, including	3 4	can schools can remain open and not go virtual. And to, again, minimize employee
5	Again, I mentioned vaccination, including the booster. Right now everyone age five and	3 4 5	can schools can remain open and not go virtual. And to, again, minimize employee absences in just businesses.
5 6	Again, I mentioned vaccination, including the booster. Right now everyone age five and up is eligible for a vaccination. Everyone as	3 4 5 6	can schools can remain open and not go virtual. And to, again, minimize employee absences in just businesses. And this recommendation, a lot of counties
5 6 7	Again, I mentioned vaccination, including the booster. Right now everyone age five and up is eligible for a vaccination. Everyone as of last week age 12 and up is eligible to get a	3 4 5 6 7	can schools can remain open and not go virtual. And to, again, minimize employee absences in just businesses. And this recommendation, a lot of counties are have these in place or are in the
5 6 7 8	Again, I mentioned vaccination, including the booster. Right now everyone age five and up is eligible for a vaccination. Everyone as of last week age 12 and up is eligible to get a booster.	3 4 5 6 7 8	can schools can remain open and not go virtual. And to, again, minimize employee absences in just businesses. And this recommendation, a lot of counties are have these in place or are in the process of considering them. And this
5 6 7 8 9	Again, I mentioned vaccination, including the booster. Right now everyone age five and up is eligible for a vaccination. Everyone as of last week age 12 and up is eligible to get a booster. You know, our teenagers were eligible for	3 4 5 6 7 8 9	can schools can remain open and not go virtual. And to, again, minimize employee absences in just businesses. And this recommendation, a lot of counties are have these in place or are in the process of considering them. And this recommendation is consistent with a request
5 6 7 8 9	Again, I mentioned vaccination, including the booster. Right now everyone age five and up is eligible for a vaccination. Everyone as of last week age 12 and up is eligible to get a booster. You know, our teenagers were eligible for vaccination with Pfizer last May. So a lot of	3 4 5 6 7 8 9	can schools can remain open and not go virtual. And to, again, minimize employee absences in just businesses. And this recommendation, a lot of counties are have these in place or are in the process of considering them. And this recommendation is consistent with a request that was made by the Maryland Hospital
5 6 7 8 9 10	Again, I mentioned vaccination, including the booster. Right now everyone age five and up is eligible for a vaccination. Everyone as of last week age 12 and up is eligible to get a booster. You know, our teenagers were eligible for vaccination with Pfizer last May. So a lot of them are ready for a booster. And the guidance	3 4 5 6 7 8 9 10 11	can schools can remain open and not go virtual. And to, again, minimize employee absences in just businesses. And this recommendation, a lot of counties are have these in place or are in the process of considering them. And this recommendation is consistent with a request that was made by the Maryland Hospital Association, the Maryland Medical Society, and
5 6 7 8 9 10 11 12	Again, I mentioned vaccination, including the booster. Right now everyone age five and up is eligible for a vaccination. Everyone as of last week age 12 and up is eligible to get a booster. You know, our teenagers were eligible for vaccination with Pfizer last May. So a lot of them are ready for a booster. And the guidance now is after your second dose of Pfizer,	3 4 5 6 7 8 9 10 11 12	can schools can remain open and not go virtual. And to, again, minimize employee absences in just businesses. And this recommendation, a lot of counties are have these in place or are in the process of considering them. And this recommendation is consistent with a request that was made by the Maryland Hospital Association, the Maryland Medical Society, and some other health care provider agencies in a
5 6 7 8 9 10 11 12 13	Again, I mentioned vaccination, including the booster. Right now everyone age five and up is eligible for a vaccination. Everyone as of last week age 12 and up is eligible to get a booster. You know, our teenagers were eligible for vaccination with Pfizer last May. So a lot of them are ready for a booster. And the guidance now is after your second dose of Pfizer, Moderna five months after that you're eligible	3 4 5 6 7 8 9 10 11 12 13	can schools can remain open and not go virtual. And to, again, minimize employee absences in just businesses. And this recommendation, a lot of counties are have these in place or are in the process of considering them. And this recommendation is consistent with a request that was made by the Maryland Hospital Association, the Maryland Medical Society, and some other health care provider agencies in a letter to Health Secretary Schrader. And so I
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	Page 54	,	Page 56
1	Well, we will be next slide, please.	1	work through this difficult time.
2	We will be dealing with COVID	2	I certainly want to recognize not only
3	coronaviruses for a while. But what is going	3	Dr. Maguire and her work, but our Emergency
4	to help us get to the state of an endemic	4	Operations Center that there's over two dozen
5	disease is getting our population the immunity	5	organizations there. I say this because I want
6	they need to deal with it so that society can	6	the community to be aware. There are over two
7	function. Vaccines are doing what we hoped,	7	dozen organizations and agencies in Talbot
8	which is keeping people alive and out of the	8	County that have coordination calls weekly
9	hospital. But we are not at the place yet that	9	presently to decide how to address issues and
10	the population has enough immunity to this	10	to leverage the resources they have to effect
11	disease. So that it does remain a significant	11	change.
12	threat to public health and the public health	12	And we're doing that right now. So the
13	infrastructure.	13	couple of areas, (inaudible) we're in a bubble.
14	So we will be dealing with it for a while.	14	But the one area that I really want to
15	I hope it to get better soon. But the next	15	highlight is our 911 system, our EMS is being
16	couple of weeks are very critical, as I	16	severely impacted. And it's true.
17	mentioned.	17	When you call an ambulance right now, it
18	So thank you very much for allowing me to	18	takes on average from anywhere from 45 minutes
19	present some information, and I'm happy to take	19	to an hour before we can get you off the
20	additional questions if you have any.	20	stretcher and into a bed. And at times it's
21	MR. CALLAHAN: Thanks a lot, Dr. Maguire.	21	two hours. And we had one instance where it
	Page 55		Page 57
1	Mr. Stamp, do you want to say a couple of	1	was over four hours.
2	words?	2	Our ERs are being hit hard. So you're
3	MR. STAMP: Well, first, thank you,	3	going to see press releases go out asking
4	Dr. Maguire. You've been on the front line for	4	people only call 911 if you truly have an
5	a long time. As a matter of fact, not that	5	emergency. If there's any way possible to
6	we're counting, we began this endeavor 668 days	6	educate yourself to treat at home if you're
7	ago, or one year and nine months ago.	7	chronic and not acute, we want to encourage you
8	And I think that as divisive an issue this	8	to do that. We are wrestling with this right
9	is in our community, our community has come	9	now, our health care system.
10	together in the past 668 days and we've	10	Again, I just want to thank Council for
11	wrestled with issues, we wrestled with issues	11	your leadership. The way we win this is not
12	when there were people that couldn't find food,	12	easy. But the way we win it is small
13	and the community came together to help feed	13	communities all over working together, having
14	those individuals. We came together when our	14	tough conversations, and finding that middle
15	hospitality industry was being impacted	15	ground.
16	severely. And under the leadership of Council	16	But anyway, thank you, Mr. Council
17	Member Pack and Council, we pushed grants	17	President, for giving me a few minutes to speak
18	through to our businesses. When our Hispanic	18	on it.
19	community was being impacted, we rallied around		MR. CALLAHAN: Thank you, Mr. Stamp.
20	that.	20	And Dr. Maguire, I really, really
21	So we as a community coming together will	21	appreciate all the information.
41	so we as a community coming together will	41	appreciate an the information.

	Tailoot County C	- Oun	
	Page 58		Page 60
1	And we're going to work on this for the	1	Okay. And we can sit up here and talk all
2	next four weeks or so. And hopefully, it will	2	night long about the dos and the don'ts and the
3	come down.	3	statistics. And Dr. Maguire is doing the best
4	But I want to make sure the public	4	she can and we're doing the best we can as a
5	understands. If you're sick, stay home. Okay.	5	Council.
6	And that's what we need to do. If you're sick,	6	At the end of the day, we want people
7	don't come out, so to speak, you know.	7	healthy. We are, the five of us, are the Board
8	I think we're moving in a world in the	8	of Health. Okay. We have to make some tough
9	next six months is going to be common sense.	9	decisions sometimes. Okay. That's why we're
10	And I think you have to use a little common	10	doing virtual right now. We're trying to help
11	sense when it comes to running to the hospital	11	each other help the community. Okay.
12	if you get the sniffles or something, you know.	12	But just listen. Be very smart, be very
13	Obviously, I had it. And my experience	13	common sense smart.
14	was it was a different sickness. So I knew I	14	But my message to you is if you're nervous
15	had something different.	15	about it, don't put yourself in a position in
16	So listen to your body, what it's doing.	16	crowds, don't go in crowds. There's ways to
17	Pay attention to it. It's a very serious	17	handle if you're nervous about it.
18	situation. That's for sure. But if you're	18	Everybody has parents and concerns and
19	sick, that means you're sick and stay home.	19	stuff about that.
20	That's beyond the mask thing. Just don't come	20	So we're all going to get through it. We
21	out.	21	really are. We're going ups and downs, but be
	Page 59		Page 61
1	You know, bear with some of the techniques	1	just common sense smart about it. That's what
2	that everybody is saying to do. It works for	2	I'm doing myself. I'm not trying to put myself
3	some people, some people it don't. Some people	3	in the position where in big crowds or
4	got different views on it.	4	whatever.
5	But at the end of the day, you know, to me	5	I have a job to the community. I'm in the
6	personally, I'm the president of this Council,	6	community. I'm the president of the Council.
7	I take it very serious. I've got, you know,	7	I'm around a lot of people. I owe it to try to
8	everybody knows me now. I'm not a big mask	8	do the best I can to protect myself and protect
9	person, you know. But where I need to do	9	who I'm around. Okay. But you have to make
10	respect for businesses, if I have to wear it,	10	that choice yourself.
11	that's fine.	11	So other than that, Dr. Maguire, I really
12	At the end of the day, I got the shot, I	12	appreciate it, and I hope some of this
13	got the booster.	13	information helps whoever is listening and
14	I can tell you that I'm not sure that I	14	really thinks about making their choice. It's
15	agree with it. But the ultimate, the ultimate	15	their choice. And I would recommend certain
16	downfall is if you it's going to help you if	16	things. But if you're nervous about it, just
17	you get it again. The statistics are showing	17	take your time, just take your time making the
18	if you do get it again and you have the shot,	18	right decision. And that's up to you.
19	so far it seems not to hurt you as bad.	19	So thank you.
20	So I'm just telling you as president of	20	MR. PACK: Mr. Callahan, if I may.
21	the Council, you have to make those choices.	21	MR. CALLAHAN: Absolutely. Absolutely,

	Page 62		Page 64
1	Mr. Pack, absolutely.	1	doing that?
2	MR. PACK: I certainly do hear what you're	2	We've been through this before early on in
3	saying, but we got to be very, very careful	3	the early days of the pandemic. That mechanism
4	about the words that we're choosing because	4	was a State of Emergency, a declaration of a
5	people are listening.	5	temporary State of Emergency. I think last
6	MR. CALLAHAN: Exactly.	6	time it was done in kind of a patchwork of
7	MR. PACK: So if this is an endemic, which	7	county and municipal action. Doesn't need to
8	is something that has a consistent constant	8	be done that way.
9	presence in our life, it may not be getting	9	And so if we are going to consider this,
10	through anything. It may be readjusting how we	10	what would be the way of going about it?
11	live with COVID moving forward.	11	MR. CALLAHAN: I heard Dr. Maguire on he
12	So it may not be getting through this.	12	recommendations. I think that's something for
13	It's living with this and what do we do to	13	Council to consider right now, but I don't want
14	adjust to its presence in society, you know.	14	to put anything in place right at this second.
15	So if this is going from a pandemic to	15	MR. LESHER: Well, if we're going to
16	·	16	
17	something which is going to be constant and		consider that, I think the first stage of that
	consistent in our life moving forward, we have	17	would be understanding what's the mechanism we
18	to readjust how we do things, how we	18	would go about in doing that.
19	communicate, and how we interact so that we can	19	MR. PACK: Is Patrick on?
20	keep everybody healthy.	20	MR. THOMAS: I am, yes.
21	You know, I was certainly you said you	21	MS. PRICE: Patrick, can you review the
	Page 63		Page 65
1	didn't agree with getting the shot. I	1	mechanism if Council so chooses the
2	certainly agree with getting my shot. But I	2	recommendation?
3	think the science proved that being vaccinated	3	MR. THOMAS: Yes. I will review and
4	was far better than being unvaccinated. The	4	report back.
5	science proved that being boosted increased	5	MR. LESHER: Thank you very much.
6	your immunity and gave you more protection than		MR. CALLAHAN: Thank you, Mr. Lesher. I
7	just having the two solo shots.	7	appreciate it.
8	So my message to constituents would be to	8	MR. DIVILIO: Dr. Maguire, if I could,
9	follow the science, to follow what your health	9	this is Frank Divilio.
10	director and your other health officials have	10	MR. CALLAHAN: Yup, yup.
11	been saying from federal level to the State	11	MR. DIVILIO: One thing that I've been
12	level to the local level and get your shots.	12	I've got children in the schools. I've been
13	MR. CALLAHAN: Thank you, Mr. Pack. I	13	closely following the schools, which is
14	appreciate it.	14	somewhat a unique experience, a study group in
15	MR. LESHER: Mr. Callahan.	15	and of itself of what masking does with strong
16	MR. CALLAHAN: Yes, sir.	16	masking requirements and high vaccination
17	MR. LESHER: We do have a recommendation	17	numbers.
18	for an action item here.	18	You mentioned that the five percent
19	And I guess my question would be to	19	positivity that we were initially using, those
20	Council if we are going to consider acting on	20	numbers, they've gone out the window. Things
21	that recommendation, what is the mechanism for	21	have changed a lot with how the School Board

Page 66 1 and schools are implementing things. 2 I was just wondering if there is some 3 information that you would be able to share to 4 kind of calm the fears of the people that are 5 saying gosh, the numbers have really spiked and 6 schools haven't done anything. But I know that 7 there are discussions and decisions that are 8 keeping the children safe there. 9 keeping the children safe there. 10 that briefly? 11 DR. MAGUIRE: Yes. It's a very important 12 question because, you know, last year the 13 virtual for most of the school year. And this 14 virtual for most of the school year. And this 15 year really the goal has been completely 16 different because we saw the negative effects 17 of virtual schooling in many realms. 18 And so really the goal this year has been 19 let's try to keep schools operational, let's 10 who are eligible to get vaccinated so they can 2 stay in school and not have to be quarantine 2 stay in school and thinky to be schools are not the predominant cause of 3 and fully participate. 4 And so the metrics in schools are high 5 right now, as they are with other areas. The 6 schools are not the predominant cause of 7 yeread. 8 And what's a little difficult at the 9 moment right now is since omicron came into our 10 one and a half days. So we haven's seen 11 that Mother Nature's natural lockdown. 12 veren't seeing significant levels of 18 transmission of COVID in the schools when those 19 let asked all the time what are the 19 let asked all the time what are the 10 lives, schools have been open generally one or 11 one and a half days. So we haven't seen 12 veren't seeing significant levels of 13 that Mother Nature's natural lockdown. 14 Thursday and we had a lot of snow days. I call 15 that Mother Nature's natural lockdown. 16 So the good news is prior to omicron, we 17 veren't seeing significant levels of 18 transmission of COVID in the schools when those 19 layered prevention strategies were in place. 10 Tege for 11 veren't seeing significant levels of 12 transmission of covient in the		<u> </u>		
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there are discussions and decisions that are keeping the children safe there. Is there anything that you could speak to It that briefly? It prevent every case of COVID, no. And thank you they are really the goal that briefly? It we were really pushing, especially for children who are eligible to get vaccinated so they can tay in schools are not the predominant cause of spread. And what's a little difficult at the moment right now is since omicron came into our lives, schools have been open generally one or lives, schools have been open	5	saying gosh, the numbers have really spiked and	5	dangerous place. That's where we have those
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2 exactly what is being transmitted in schools. 2 Sorry, they've been in, yeah, since last 3 near a student. And the nurse was the one who 2 near a student. And the nurse was the one who 2 answered most of the questions. 2 And then when my son tested positive for 3 COVID and we had to notify the school, a 4 different school, Chapel versus Easton Middle, 4 student body size is differently, they both new 4 layered prevention strategies were in place. 4 I get asked all the time what are the 4 sent home who was quarantined because he was 4 near a student. And the nurse was the one who 4 answered most of the questions. 4 COVID and we had to notify the school, a 4 different school, Chapel versus Easton Middle, 4 student body size is differently, they both new 4 the population, they knew the kids, they knew 5 how to quickly get things under control.	10	lives, schools have been open generally one or	10	frontline.
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19 layered prevention strategies were in place. 20 I get asked all the time what are the 20 how to quickly get things under control.	17	weren't seeing significant levels of	17	different school, Chapel versus Easton Middle,
20 I get asked all the time what are the 20 how to quickly get things under control.	18	transmission of COVID in the schools when those	18	student body size is differently, they both new
	19	layered prevention strategies were in place.	19	the population, they knew the kids, they knew
21 metrics you use to determine closing a school. 21 And I really want to thank them for doing	20	I get asked all the time what are the	20	how to quickly get things under control.
	21	metrics you use to determine closing a school.	21	And I really want to thank them for doing

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1	Page 70	1	Page 72
1	an excellent job. I have to think that they're	1	the COVID in an Analysis at leaf and the COVID in an Analysis at leaf and the covid and the covid at leaf at
2	the ones who are helping lead the fight and	2	the COVID issue. And I give all of you and
3	making things safer and answering a lot of	3	Dr. Maguire and her staff credit for all the
4	questions. So thank you.	4	work that's gone into managing this situation
5	DR. MAGUIRE: Thank you. They really are.	5	we're in.
6	And one of the interventions I just want	6	So I do have the very brief presentation
7	to briefly mention is we purchased some rapid	7	about the State Highway Administration's
8	PCR tests specifically to be used in the	8	request to the Board of Education regarding
9	schools so that kids can find out within an	9	improvements that they would like to make at
10	hour what their status is so they don't have to	10	Glenwood Avenue and Maryland 322, the bypass
11	miss as much school. They don't have to wait	11	And so the improvements that are taking
12	two days for an answer.	12	place, and I know Jessica, I'm pausing here, or
13	And you're right. The nurses in every	13	Susan, I'm not sure who is running the
14	school, both independent and TCPS, they know	14	presentation there. Once they get that
15	their student body. When I call them, they	15	situated.
16	have the answer right away. And they have been	16	MS. MORRIS: Kevin, can you see the
17	just really at the front lines and the core of	17	PowerPoint? Kevin, can you see the PowerPoint?
18	this.	18	MR. SHAFER: I can. Does it look good to
19	And I hope everyone in the community	19	you? Because I can go ahead if it looks fine
20	really appreciates all their efforts because	20	to you.
21	it's been really important.	21	MS. MORRIS: I can see it. It's only very
	Page 71		Page 73
1	MR. CALLAHAN: All right. Well, thanks a	1	little. I can see it. It's only very little.
2	lot, once again. And we'll see you soon.	2	(Inaudible) slide show.
3	DR. MAGUIRE: Thank you.	3	MR. SHAFER: Got you, got you. Okay.
4	MR. CALLAHAN: Okay. Let's move on,	4	MR. CALLAHAN: Hey, Kevin. Before you
5	Council. The next thing we have on the agenda	5	start, is everybody hearing like an echo? Is
6	is presentation by the Talbot County Public	6	everybody hearing like an echo?
7	Schools on the request from Maryland State	7	MS. PRICE: Definitely.
8	Highway Administration regarding some	8	MR. PACK: This is a very bad echo. There
9	improvements on Route 322 on the bypass on	9	is a very bad echo.
10	Glenwood Avenue.	10	MR. STAMP: If everybody could mute your
11	I think we have I think we have I	11	device.
12	think we have I'm sorry. I'm sorry.	12	MR. CALLAHAN: Everybody mute. Everybody
13	Kevin, can you hear me? Kevin, can you	13	mute.
14	hear me?	14	MR. SHAFER: All right. Is that better
15	MR. SHAFER: Yes, I can. Can you hear me	15	now that everybody is muted? Okay. Very good.
16	okay?	16	Yeah. And there the presentation is. So
17	MR. CALLAHAN: all right.	17	that looks great. Thank you.
18	MR. SHAFER: Very good. Thank you,	18	So this is the first slide of the
19	President Callahan.	19	presentation, and this is just a bird's eye
20	MR. CALLAHAN: Thank you. Thank you.	20	view on the intersection there that we
	·		
21	MR. SHAFER: And good evening, Members of	21	referenced. And that just kind of breaks down

	Page 74		Page 76
1	the improvements that State Highway is	1	And they would, State Highway Administration
2	proposing to make there at the intersection.	2	would be paying for those damages basically to
3	And that is not the focus of my presentation	3	the property in order to make the improvements
4	tonight.	4	and providing the Board of Education \$2,950 for
5	My presentation focuses on the bottom	5	that small area that they would need in order
6	right corner there. And if I could advance the	6	to complete the project.
7	slide, it will show a little closer view of	7	So as I said, it was short. And the Board
8	that.	8	of Education has considered this and they have
9	So in that bottom right corner of that	9	approved the State Highway acquiring that very
10	construction plan, there is a small area	10	small portion of the property at Easton
11	outlined in yellow there, which is the existing	11	Elementary in order to make the improvements
12	right of way on the border of the Board of	12	because we do support, the Board of Education
13	Education property. And then within that,	13	does support the overall improvements that
14	there's a green outline that is a temporary	14	would take place at the intersection there.
15	easement request that the State Highway is	15	And just so the Council is aware, the
16	making to the Board of Education. And then	16	improvements that were noted on this
17	inside that rectangular box there, there's an	17	presentation only include the State Highway
18	area marked fee with a black line. And that	18	Administration improvements, but there is
19	area is what I would like to kind of go through	19	actually a plan by the town that's an amendment
20	and discuss with the Council tonight.	20	to this plan that I don't have the details for
21	Just very briefly, basically the State	21	yet, but they are looking to do some additional
	Page 75		Page 77
1	Highway Association (sic.) is looking to	1	crossing improvements there at the
2	encroach on their existing right of way onto	2	intersection, possibly a light. And I'm not
3	our property, onto the Board of Education	3	exactly sure where that stands, but as soon as
4	property. And they would actually acquire that	4	that information is available, I can certainly
5	very small fee, that area there for storm water	5	provide it.
6	management improvements that would be taking	6	So I can answer any questions that Council
7	place associated with the overall project.	7	may have.
8	If I can have the next slide, please.	8	MR. PACK: Hey, Kevin, this is Corey.
9	So here's just a couple of pictures from	9	Hey, Kevin, this is Corey.
10	the bypass. First, top left, just of the	10	Is the School Board prohibited from
11	school. And then the bottom right is the	11	(inaudible). Echo. Echo.
12	actual acquisition area, which is basically the	12	Is the School Board prohibited from
13	swale area there along the bypass right on the	13	selling any land or property without County
14	border of the Board of Education property.	14	Council approval?
15	Next slide, please.	15	MR. SHAFER: Corey. Yeah, I apologize for
16	And I know that's a little hard to see for	16	that echo. I'm not sure what's going on there.
17	some reason. But ultimately, the area that	17	But my understanding is, and just full
18	we're talking about is very small. We're	18	disclosure, I brought this to staff asking if
19	talking about 1/100th of an acre that they	19	the Board of Education needed to get Council
20	would be asking the Board of Education to	20	approval for this. And my understanding is

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1	get Council approval for. This could be a	1	And I'm not sure that I'm prepared to vote
2	Board of Education the action.	2	on anything until I can see a safety study to
3	The only thing that I have to do is notify	3	say that pedestrian traffic across 322 makes
4	the IAC, the Interagency Commission for school	4	sense.
5	construction, of the acquisition. There's no	5	MR. SHAFER: Yeah. Frank, I don't think
6	approval there, either, because it's under one	6	that my understanding is that this is more
7	acre. So that's basically the summary of the	7	of a traffic situation.
8	approval process as far as I know it.	8	When I said crossing, I didn't want to
9	MR. DIVILIO: Kevin, is the mayor	9	I don't have knowledge as to whether we're
10	Kevin, is the mayor (inaudible.)	10	talking about a pedestrian crossing.
11	I can't hear you.	11	My understanding is that this is a traffic
12	MR. SHAFER: Sorry. So my understanding	12	light situation that they're looking at, that
13	is that the town is supportive of this project,	13	the town is looking at. But once again, the
14	that they are, as I said, on board with making	14	town should weigh in and give their perspective
15	additional improvements at that intersection	15	to the Council.
16	beyond what State Highway is doing, which is	16	MR. CALLAHAN: Okay, Council. Any othe
17	primarily just an expansion (inaudible) marking	17	questions? Okay, Council, any other at all,
18	of the lanes there at the intersection to make	18	but obviously but obviously (inaudible).
19	it safer.	19	Kevin, do you need anything from us?
20	MR. DIVILIO: So it would be helpful if	20	MR. SHAFER: Sorry. I'm trying to keep
21	they it would be helpful if they	21	that echo down.
	Page 79		Page 81
1	(inaudible). I apologize for being unaware of	1	No, I don't think. I think I'm good. I
2	this.	2	just want to make Council aware of the
3	There's a safety study that's been done.	3	situation as it unfolds there.
4	MR. SHAFER: My understanding is yes. But	4	MR. CALLAHAN: Okay. Kevin, I appreciate
5	this would that would not be my area of	5	you bringing us up to speed on everything.
6	expertise. That would be something that the	6	MR. SHAFER: Thank you very much,
7	town or State Highway would have to provide.	7	everyone.
8	I know there are concerns with the lights	8	MR. CALLAHAN: Thank you. Thank you.
9		9	C 1 1 . d
10	at Port Street and then having another light) 9	Council, let's move on to the next thing
	at Port Street and then having another light potentially.	10	on the agenda. It's an update to the
11			_
11 12	potentially.	10	on the agenda. It's an update to the
	potentially. Like I said, that's not part of this	10 11	on the agenda. It's an update to the Department of Public Works.
12	potentially. Like I said, that's not part of this presentation. That's not part of the State	10 11 12	on the agenda. It's an update to the Department of Public Works. Ray, are you with you? Yeah, there he is.
12 13	potentially. Like I said, that's not part of this presentation. That's not part of the State Highway plan.	10 11 12 13	on the agenda. It's an update to the Department of Public Works. Ray, are you with you? Yeah, there he is. MR. CLARKE: Yes, sir, I am.
12 13 14	potentially. Like I said, that's not part of this presentation. That's not part of the State Highway plan. What our interests as the Board of	10 11 12 13 14	on the agenda. It's an update to the Department of Public Works. Ray, are you with you? Yeah, there he is. MR. CLARKE: Yes, sir, I am. MR. CALLAHAN: Okay, buddy. If you can
12 13 14 15	potentially. Like I said, that's not part of this presentation. That's not part of the State Highway plan. What our interests as the Board of Education is having a safer intersection there	10 11 12 13 14 15	on the agenda. It's an update to the Department of Public Works. Ray, are you with you? Yeah, there he is. MR. CLARKE: Yes, sir, I am. MR. CALLAHAN: Okay, buddy. If you can bring us up to date on what's going on. And
12 13 14 15 16	potentially. Like I said, that's not part of this presentation. That's not part of the State Highway plan. What our interests as the Board of Education is having a safer intersection there for our school community and for buses to get	10 11 12 13 14 15	on the agenda. It's an update to the Department of Public Works. Ray, are you with you? Yeah, there he is. MR. CLARKE: Yes, sir, I am. MR. CALLAHAN: Okay, buddy. If you can bring us up to date on what's going on. And try to keep it as brief as you can.
12 13 14 15 16 17	potentially. Like I said, that's not part of this presentation. That's not part of the State Highway plan. What our interests as the Board of Education is having a safer intersection there for our school community and for buses to get in and out of the Easton Elementary School	10 11 12 13 14 15 16	on the agenda. It's an update to the Department of Public Works. Ray, are you with you? Yeah, there he is. MR. CLARKE: Yes, sir, I am. MR. CALLAHAN: Okay, buddy. If you can bring us up to date on what's going on. And try to keep it as brief as you can. MR. CLARKE: Okay. Very briefly, the
12 13 14 15 16 17 18	potentially. Like I said, that's not part of this presentation. That's not part of the State Highway plan. What our interests as the Board of Education is having a safer intersection there for our school community and for buses to get in and out of the Easton Elementary School campus there.	10 11 12 13 14 15 16 17	on the agenda. It's an update to the Department of Public Works. Ray, are you with you? Yeah, there he is. MR. CLARKE: Yes, sir, I am. MR. CALLAHAN: Okay, buddy. If you can bring us up to date on what's going on. And try to keep it as brief as you can. MR. CLARKE: Okay. Very briefly, the Community Center, the sewer. Basically it

	Page 82		Page 84
1	they're scheduled to start the installation of	1	Wye Mills. We had a meeting with MDE's AGs
2	the manholes in front of the building, which is	2	last week. And we're also working to prevent I
3	the gravity system that would go to the pump	3	guess or prepare the applications to the
4	station. That should be started next week.	4	Maryland Water Quality Finance Program for The
5	The goal right now is also to wrap up that	5	Preserve at Wye Mills, as well as was it we
6	project by the end of this month. So we	6	had a couple of other projects. I'm going to
7	haven't heard anything different from the	7	read those for you real quick.
8	contractor that they will not complete that or	8	And that was we also have oh, jeez.
9	they will miss that deadline of finishing it by	9	The region five wastewater treatment plant
10	the end of the month.	10	sewer extension, as well as sewer collection
11	In addition to that, we also the other	11	system improvements, and we also have a sewer
12	projects, just real briefly, that are in	12	extension to the Bar Neck Fairbank. We're
13	construction. The belt filter press for the	13	applying for funding as well, and we're hoping
14	St. Michael's wastewater treatment plant is	14	to have all those applications wrapped up by
15	currently being manufactured and should be	15	the end of the month.
16	delivered to the plant in May for installation.	16	In addition to that, we also are working
17	They will begin demo work probably in	17	on the Black Dog Alley. The survey work was
18	March. And in addition to that, we are also	18	completed for the design.
19	working to have the Senior Center parking lot	19	And then ultimately Airport Road. We're
20	put out to bid. So we're working on the bid	20	still working on the right of way requirements
21	advertisement for that project as well.	21	and acquisition plan.
	Page 83		Page 85
1	And then we should probably start seeing	1	And then with that, we have the
2	work starting with the St. Michael's sewer,	2	Goldsborough Neck Road. Trying to get our
3	which is \$1.6 million. That work hopefully	3	permits for environmental permits and also
4	will begin probably sometime in February. So	4	finalize the design on that.
5	we'll begin those projects.	5	The other thing we also are working on is
6	In addition to that, we also have I guess	6	the sewer extension related to Resolution 235.
7	designs that are underway.	7	And we currently have Lane Engineering has
8	One of the things that we are working on	8	received comments back from MDE on the Royal
9	is the Ferry Point wastewater treatment plant.	9	Oak pump station as well as the force mains
10	That project, we're currently looking at the	10	into what is it (inaudible), Doncaster, and
11	means of disposal.	11	Rolles Range Road. We're hoping we can sit
12	Based upon discussions with I guess MDE	12	down with I guess MDE's financing to work out
13	through Rauch, we're not allowed to direct	13	the financing package.
14	discharge. So that's one of the reasons we're	14	I'll just let the Council know we are
15	having to go through the process and review	15	probably we are going to have to have a rate
16	spray irrigation and ground water and sewer	16	increase come with the next budget cycle. So
17	injection. And we'll kind of keep the Council	17	we'll be presenting that to you hopefully soon.
18	posted once we determine how we can dispose of	18	And we're also working to try and apply
19	the effluent from that proposed wastewater	19	for permits for the Resolution 250 project,
20	treatment plant.	20	which is the sewer extension down to Bozman and
21	We've also been working on The Preserve at	21	Neavitt. And we're hoping to have a lot of
		1 -	

that done probably in March. MR. PACK: Ray, this is Corey. Appreciate all of those updates. That certainly wasn't necessary for you to go through all those items this evening, but I certainly appreciate it. The two items that I wanted your comment on was, number one, the sewer extension to the Community Center. And you did submit a memo to us earlier this month that kind of laid out why tit wasn't completed. I think earlier this year, if I remember Tournetly, we were looking for it to be Completed by the end of calendar year. MR. CLARKE: Yes. MR. PACK: December. So do you feel today on the 11th that by the end of this to what the transport of the reason we're running to the state of the reason we're running into, you know, now we're having to look at an open the state of the reason we we're having to look at an open the state of the reason we we're having to look at an open the state of the reason we we're having to look at an open the state of the reason we we're having to look at an open the state of the reason we we're having to look at an open the state of the reason we we're having to look at an open the state of the reason we we're having to look at an open the state of the reason we we're having to look at an open the state of the reason we we're having to look at an open the state of the reason we we're having to look at an open the state of the reason we we're having to look at an open the state of the reason we're having to look at an open the state of the reason we're having to look at an open the state of the reason we're having to look at an open the state of the reason we're having to look at an open the state of the reason we're having to look at an open the state of the reason we're having to look at an open the state of the reason we're having to look at an open the state of the reason we're having to look at an open the state of the reason we're having to look at an open the state of the reason we're having to look at an open the state of the reason we're having to look at an open the stat
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10 10 10 10 10 10 10 10 10 10 10 10 10 1
month, that EastComm will have that connection 18 alternative means of disposal, which is spray
19 completed and that the Community Center will 19 irrigation or ground water injection.
20 finally be connected to the wastewater 20 MR. PACK: And God forbid we bring
21 treatment plant in the Town of Easton? 21 Lakeside into the discussion, but I will.
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1 MR. CLARKE: That's what we're looking at. 1 How, if we're not allowed to discharge
2 Barring any heavy snow events I think that 2 into the Choptank for this small MBR, how is
3 would put us back, we are definitely on target 3 that the Lakeside project would be allowed to
4 to finish by the end of the month. 4 increase their discharge into that water body?
5 MR. PACK: Okay. So all the conflicts 5 I know they have an option to spray, but I
6 that were with Easton Utilities have been 6 thought there was also an option to discharge
7 resolved, all the material conflicts as far as 7 as well.
8 shipping and production have been addressed, 8 MR. CLARKE: Yeah. I think what we're
9 and it's now just getting hands on the plow and 9 hearing from I guess MDE is that ultimately
putting piping in the ground; is that correct? 10 because of the shellfish that are in the
MR. CLARKE: Right. That is correct, yes. 11 Choptank River, the shellfish beds, that's the
MR. PACK: Okay. That answers that 12 reason we're not allowed to discharge there.
13 question. 13 And that's, MDE has taken a very hard line on
14 The Ferry Point Marina, you know we got a 14 that.
PER done. And the PER looked at a number of 15 MR. PACK: Well, I think that this changes
different scenarios regarding Ferry Point. One 16 things significantly as far as us trying to
was to take connection over into Dorchester 17 provide that commercial, those commercial use
was to take connection over into Dorchester 17 provide that commercial, those commercial use
was to take connection over into Dorchester County. Another was to move it up north into 17 provide that commercial, those commercial used down at Ferry Point with a way to keep their

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1	spray plant, we have to acquire more property	1	MR. CALLAHAN: Questions, Council, for
2	and then go through all of the storage, as you	2	Ray?
3	laid out in your memo. It has to be stored	3	Okay, Ray. Well, appreciate the good
4	because it can't be sprayed during the winter	4	update.
5	months and it has to be set back from homes in	5	And Ray, I know you got a lot on your
6	the area.	6	plate. And I can tell you, you're hard at it,
7	So this is certainly not something that I	7	you're in the trenches, and we, as a Council,
8	remember us even remotely discussing early on	8	really appreciate all the hard work you're
9	during the PER process. So it's definitely, in	9	putting into this because the wastewater and
10	my opinion, a game changer as to how we're	10	all this stuff is so vital to Talbot County and
11	going to get this resolved.	11	to have a healthy environment around here.
12	MR. CLARKE: We are looking at some	12	I'm looking forward to some day when it
13	options.	13	does get to the Bozman and Neavitt area, which
14	One option is to try and work out a deal	14	sounds like it's coming soon.
15	with DNR and spray irrigate. I think that the	15	MR. CLARKE: Last but not least, I would
16	State Park is one option that we're looking at.	16	say the region two treatment plant discharged
17	At the same time, we have a property owner that	17	less than two milligrams per liter of total
18	does have land. So we're looking at trying to	18	nitrogen into the Miles River for the entire
19	possibly acquire or do an easement on their	19	calendar year of 2021. So the guys out there
20	land to spray irrigate.	20	did a great job.
21	MR. PACK: Okay, okay. When will you have	21	MR. CALLAHAN: Well, let's
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1	something to present back on either one of	1	MR. LESHER: Mr. Callahan, just one quick
2	those options?	2	question.
3	MR. CLARKE: I will to be honest with	3	Speaking of the region two plant,
4	you, sir, it will probably take a little bit of	4	Mr. Clarke has spoken to us in the past about
5	time. I would say we're probably looking at	5	INI issues in that system. And I know that
6	spring before we'll have a good answer for you.	6	we've been using a lot of grant funding, USDA
7	So I would say I can probably give you an	7	grant funding to fix a lot of those issues in
8	update probably maybe March, if not April.	8	certain parts of that system.
9	MR. PACK: Maybe March, April, okay.	9	Could you remind us, Mr. Clarke, of the
10	If you could, Ray, work to get us	10	enforcement mechanism that's now lacking for us
11	something back by the spring on this. I don't	11	to be able to stop the unauthorized penetration
12	want to see this project die on the vine. So I	12	into the system?
13	want to see all options being explored to see	13	MR. CLARKE: Yeah. Just to your point, we
14	how we can help those commercial properties out		do have the \$1.6 million to help address a lot
15	down in that Ferry Point area.	15	of the inflow that's coming in through let's
16	So if you could certainly please give us	16	say broken pipe and whatnot.
17	something for Council to consider in March,	17	One of the problems we do run into now is
18	April, I would appreciate it.	18	that we have let's say laterals or clean-outs
19	MR. CLARKE: Not a problem.	19	as well as downspouts that are tied into the
20	MR. PACK: Thank you.	20	sewer system. And so we would need to have
	•	21	
21	MR. CLARKE: Any other questions?	41	legislation adopted for like elicit connections

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1	so we can help prevent that from happening in	1	submit that to you all at the end of the year,	
2	the future as well as creating a mechanism that	2	we are submitting a project to MDE to put	
3	we can go after the property owners.	3	pressure sensors as well as vacuum sensors onto	
4	There is a difference. We can do that	4	our lines so that they'll help become an early	
5	with the Council by resolution for all of the	5	warning system for us if we do have a break.	
6	properties that are in the county. However,	6	So that's something we are seeking funding for	
7	because we serve properties within the Town of	7	as well.	
8	St. Michael's, any actions we do with an elicit	8	MR. CALLAHAN: Okay, then. All right.	
9	connection type ordinance would have to be done	9	Thanks a lot, Ray. I appreciate it.	
10	through a bill.	10	MR. CLARKE: You're welcome. Thank yo	
11	MR. PACK: Should the Public Works	11	all.	
12	Advisory Board bring that language back to us	12	MR. CALLAHAN: All right, Council. We're	
13	first? Do you want to	13	going to move on to introduction to	
14	MR. CLARKE: We're working on that. Yes,	14	legislation.	
15	sir. And we'll try, I'll try and get that.	15	Madam Secretary, you with us? There she	
16	We'll meet with the board in about a week and a	16	is. Okay. Would you mind reading the bill	
17	half, or next week. I'm sorry. And we'll try	17	into the record, please.	
18	and get that.	18	SECRETARY: A bill to repeal and reenact	
19	MR. PACK: Right. Next week, yeah. I got	19	Chapter 102, Parks and Recreation, Talbot	
20	your agenda in my hand now. So on the 20th, on	20	County Code, and to enact a new Chapter 76	
21	the 20th.	21	entitled Golf Board.	
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1	So yeah. Please. This is something else	1	MR. CALLAHAN: Thank you, Madam Secretary.	
2	that's been sitting out there for a while	2	Mr. Thomas, you want to go ahead and	
3	dealing with these elicit connections. We	3	comment on this, where we're at with this bill?	
4	talked about this going back over a year.	4	MR. THOMAS: Sure. So this came about	
5	Again, this is another item, I don't want	5	originally as trying to craft some regulations	
6	to see this die on the vine. We have to be	6	for parks in the county and kind of evolved	
7	able to have some type of punitive action	7	into a bit of a bigger project from there.	
8	against those persons who take it upon	8	But we had a work session back in the	
9	themselves of connecting to the wastewater	9	fall. We looked at a draft version of this	
10	treatment system, tying in their downspouts,	10	bill. And this version that you have in front	
11	tying in their sump pumps and what have you.	11	of you incorporates the changes that we	
12	So yes. If you could please get something	12	discussed at that work session.	
13	back to us hopefully by spring in the year for	13	It separates the Golf Board provisions	
14	Council to consider for action, I would	14	from Chapter 102. It unchanged puts it in a	
15	appreciate it.	15	separate section to avoid any confusion about	
16	MR. CLARKE: The other thing, I know	16	whether these are regulations that would apply	
17	Council may be aware of this as well. We did	17	to them. And then it makes the other, some of	
18	have I guess leaks or, on our force main,	18	the other changes that we had discussed at that	
19	broken pipes on our force main because of	19	meeting.	
20	issues last year.	20	MS. MORRIS: Mr. Callahan, we do have	
21	One of the things, we are and we did	21	Mr. Peper with us this evening as well, if he	
			<u> </u>	

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1	wanted to make comments.	1	and time, please.	
2	MR. CALLAHAN: Welcome, buddy. How you	2	SECRETARY: Yes. This will be known as	
3	doing?	3	Bill Number 1496, and the public hearing will	
4	You're on mute. I can't hear you,	4	be on Tuesday, February 8th, at 6:30 p.m.	
5	Preston. Can you hear me? Can you hear me?	5	MR. CALLAHAN: Everybody get that? All	
6	You can. Okay. Well.	6	right, then. Well, okay. I appreciate that.	
7	MR. DIVILIO: Council President, this is	7	Preston, sorry you couldn't say anything,	
8	my board. If you like, I can take	8	but we appreciate, Preston, we really	
9	MR. CALLAHAN: Absolutely. Yeah. Thank	9	appreciate everything you're doing with Parks	
10	you, Mr. Divilio. I appreciate that. Go	10	and Rec. And you work hard over there, and we	
11	ahead.	11	appreciate all the people over there doing good	
12	MR. DIVILIO: Sure. Yeah. So this is	12	work. Okay.	
13	something that Mr. Peper brought to our	13	Let's move on. We got next, we got the	
14	attention that he would like us to codify the	14	public hearing right now. So continuation of	
15	rule basically.	15	the public hearing. Madam Secretary, will you	
16	And it went through the Parks Board, and	16	please read the Resolution Number 314 into the	
17	it's now before the Council.	17	record, please.	
18	And I'm willing to support this to get it	18	SECRETARY: Resolution Number 314, a	
19	into discussion.	19	resolution authorizing the transfer of any	
20	MR. CALLAHAN: Thank you, Mr. Divilio.	20	interest Talbot County, Maryland, holds in a	
21	Council, anybody have any questions on	21	portion of Brooks Lane to the Commissioners of	
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1	what they read? There's a few things we needed	1	St. Michael's and the execution of a quitclaim	
2	to take care of wording wise, and it looks good	2	deed to effectuate the same.	
3	to me. So anybody else have anything to say?	3	MR. CALLAHAN: Thank you, Madam Secretary.	
4	Okay.	4	Once again, Mr. Thomas, do you want to	
5	So if nobody has anything, because we're	5	comment and make a few remarks on this	
6	at a virtual meeting tonight, I'm going to ask	6	resolution?	
7	Madam Secretary if she would conduct a roll	7	MR. THOMAS: Sure. Briefly, this is part	
8	call for the bill introduction.	8	of land that was annexed into the Town of	
9				
	SECRETARY: Mr. Callahan.	9	St. Michaels back in I think 2017.	
10	SECRETARY: Mr. Callahan. MR. CALLAHAN: Aye.	9	St. Michaels back in I think 2017. One of the conditions of that annexation	
10 11				
	MR. CALLAHAN: Aye.	10	One of the conditions of that annexation	
11	MR. CALLAHAN: Aye. SECRETARY: Mr. Divilio.	10 11	One of the conditions of that annexation was that the town was willing to accept this	
11 12	MR. CALLAHAN: Aye. SECRETARY: Mr. Divilio. MR. DIVILIO: Aye.	10 11 12	One of the conditions of that annexation was that the town was willing to accept this portion of Brooks Lane as a town street	
11 12 13	MR. CALLAHAN: Aye. SECRETARY: Mr. Divilio. MR. DIVILIO: Aye. SECRETARY: Mr. Lesher.	10 11 12 13	One of the conditions of that annexation was that the town was willing to accept this portion of Brooks Lane as a town street provided that certain widths and upgrades were	
11 12 13 14	MR. CALLAHAN: Aye. SECRETARY: Mr. Divilio. MR. DIVILIO: Aye. SECRETARY: Mr. Lesher. MR. LESHER: Aye.	10 11 12 13 14	One of the conditions of that annexation was that the town was willing to accept this portion of Brooks Lane as a town street provided that certain widths and upgrades were made to it to the town standards.	
11 12 13 14 15	MR. CALLAHAN: Aye. SECRETARY: Mr. Divilio. MR. DIVILIO: Aye. SECRETARY: Mr. Lesher. MR. LESHER: Aye. SECRETARY: Ms. Price.	10 11 12 13 14 15	One of the conditions of that annexation was that the town was willing to accept this portion of Brooks Lane as a town street provided that certain widths and upgrades were made to it to the town standards. Those upgrades have been made, and now	
11 12 13 14 15 16	MR. CALLAHAN: Aye. SECRETARY: Mr. Divilio. MR. DIVILIO: Aye. SECRETARY: Mr. Lesher. MR. LESHER: Aye. SECRETARY: Ms. Price. MS. PRICE: Aye.	10 11 12 13 14 15	One of the conditions of that annexation was that the town was willing to accept this portion of Brooks Lane as a town street provided that certain widths and upgrades were made to it to the town standards. Those upgrades have been made, and now we're ready to move forward as contemplated in	
11 12 13 14 15 16 17	MR. CALLAHAN: Aye. SECRETARY: Mr. Divilio. MR. DIVILIO: Aye. SECRETARY: Mr. Lesher. MR. LESHER: Aye. SECRETARY: Ms. Price. MS. PRICE: Aye. SECRETARY: Mr. Pack.	10 11 12 13 14 15 16 17	One of the conditions of that annexation was that the town was willing to accept this portion of Brooks Lane as a town street provided that certain widths and upgrades were made to it to the town standards. Those upgrades have been made, and now we're ready to move forward as contemplated in the annexation. That's what this resolution	
11 12 13 14 15 16 17	MR. CALLAHAN: Aye. SECRETARY: Mr. Divilio. MR. DIVILIO: Aye. SECRETARY: Mr. Lesher. MR. LESHER: Aye. SECRETARY: Ms. Price. MS. PRICE: Aye. SECRETARY: Mr. Pack. MR. PACK: Aye.	10 11 12 13 14 15 16 17 18	One of the conditions of that annexation was that the town was willing to accept this portion of Brooks Lane as a town street provided that certain widths and upgrades were made to it to the town standards. Those upgrades have been made, and now we're ready to move forward as contemplated in the annexation. That's what this resolution accomplishes.	

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1	here, we've got Mr. Parker available. So if	1	MR. STAMP: I am. Good evening. I have	
2	you've got some comments, we'll open the lines	2	two items for your consideration this evening,	
3	up. You'll have three minutes to speak	3	Council.	
4	individually. And if you're representing an	4	The first is under boards and committee	
5	organization, I'll give you five minutes.	5	appointments. I'm requesting your	
6	Parker, do we have anybody, any callers or	6	consideration for the reappointment of Mr. Paul	
7	participants ready to speak on 314?	7	Spies to the Planning Commission.	
8	MR. DURHAM: We do not have anyone	8	MS. PRICE: Make a motion.	
9	indicating that they wish to speak on this	9	MR. PACK: So moved.	
10	item.	10	MR. CALLAHAN: Motion and a second.	
11	If you do wish to speak on this item,	11		
12	please press the raise hand button at the	12	MR. CALLAHAN: Got a motion and second to	
13	bottom of your screen.	13	appoint Paul Spies to the Planning Commission.	
14	No one is indicating.	14	Madam Secretary, could you call the roll,	
15	MR. CALLAHAN: Okay. All right. So at	15	please.	
16	this time, I will Madam Secretary, close the	16	SECRETARY: Mr. Callahan.	
17	public hearing on Resolution 314.	17	MR. CALLAHAN: Aye.	
18	Council, is there a motion and a second to	18	SECRETARY: Mr. Divilio.	
19	bring Resolution 314 to a vote?	19	MR. DIVILIO: Aye.	
20	MS. PRICE: So moved.	20	SECRETARY: Mr. Lesher.	
21	MR. CALLAHAN: Okay. Do I have a second?	21	MR. LESHER: Aye.	
	Page 103		Page 105	
1	We got a motion and a second to bring it	1	SECRETARY: Ms. Price.	
2	to a vote. Madam Secretary, could you please	2	MS. PRICE: Aye.	
3	call the roll, please.	3	SECRETARY: Mr. Pack.	
4	SECRETARY: Mr. Callahan.	4	MR. PACK: Aye.	
5	MR. CALLAHAN: Aye.	5	MR. STAMP: The next item I have is	
6	SECRETARY: Mr. Divilio.	6	requesting your approval to award Bid Number	
7	MR. DIVILIO: Aye.	7	21-14, furnishing and delivery of 2,500 tons of	
8	SECRETARY: Mr. Lesher.	8	A-A-S-H-T-O, AASHTO, M43, number eight, number	
9	MR. LESHER: Aye.	9	seven, triple washed aggregate.	
10	SECRETARY: Ms. Price.	10	As you read in your Council packet,	
11	MS. PRICE: Aye.	11	requesting Council approval to award Bid 21-14	
12	SECRETARY: Mr. Pack.	12	to the low bidder, Vulcan Construction	
13	MR. PACK: Aye.	13	Materials, Incorporated, for the unit price of	
14	MR. CALLAHAN: Thank you, Council. I	14	\$31.75 per ton, with a total bid of	
15	appreciate that.	15	approximately \$158,750.	
16	Thank you, Parker. Parker, you still	16	A total of three bids were received.	
1 - 0		17	MR. PACK: So moved.	
17	there?	1,		
	there? MR. DURHAM: I am, yes.	18	MR. DIVILIO: Second.	
17			MR. DIVILIO: Second. MR. CALLAHAN: Okay. We got a motion and	
17 18	MR. DURHAM: I am, yes.	18		

Page 106 1 please. 2 SECRETARY: Mr. Callahan. Page 106 1 main web page, you'll see a po	Page 108	
	take you there. Or if it doesn't pop up or	
3 MR. CALLAHAN: Aye. 3 goes away before you hit it, yo		
4 SECRETARY: Mr. Divilio. 4 the (inaudible) survey.	ou can scaren for	
5 MR. DIVILIO: Aye. 5 And what this is, this is an	opportunity	
6 SECRETARY: Mr. Lesher. 6 for citizens to advise this Court		
7 MR. LESHER: Aye. 7 would like to see I think it's \$7	•	
8 SECRETARY: Ms. Price. 8 allocated by Congress that is c		
9 MS. PRICE: Aye. 9 County, these one-time funds,	_	
10 SECRETARY: Mr. Pack. 10 be allocated.	, and now they can	
11 MR. PACK: Aye. 11 It's very flexible funding at	nd I think it	
-	-	
	-	
14 2022, in honor of Martin Luther King, Jr. Day. 14 a number of ideas out there an	iu mose are	
And then my last comment is we're in that 15 articulated in a way.		
16 time of year where weather can get bad quick. 16 And what we're asking citiz		
So keep your eyes open and be safe out on the 17 give their sense of their priorit		
18 roads. 18 includes things like broadband		
Thank you, Council. That concludes the 19 services facilities and certainly		
20 county manager report. 20 business, some really important	_	
MR. CALLAHAN: Thank you, Mr. Stamp. I 21 And we appreciate that citi		
Page 107	Page 109	
1 appreciate the good work you're doing. 1 this process. And that survey	closes on	
1 appreciate the good work you're doing. 1 this process. And that survey 2 Let's move on, Council. So let's move on 2 January 16th. So there's just a	closes on a few days left	
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	Page 110		Page 112	
1	He told us that some were certainly	1	Dr. King and all that he did in his efforts to	
2	worried, he acknowledged that some were	2	bring equality and justice here in the United	
3	certainly worried that sanctions would hurt the	3	States during his lifetime.	
4	very people that they were intended to help,	4	Last year, due to COVID, we were not able	
5	that is the black South Africans. And	5	to bring the students into the gym. We just	
6	Archbishop Tutu said yes, we understand that,	6	did not want to take that risk.	
7	speaking on behalf of those black South	7	Although this year we have permission from	
8	Africans. We understand that it will hurt us	8	the schools to enter the schools and go	
9	economically and we want you to do it anyway.	9	forward, in conversations that we had with	
10	It was powerful testimony. It was	10	Dr. Maguire, and we all heard her report	
11	probably my first engagement with an issue of	11	earlier this evening, the members of the	
12	justice. And I'm just one among the millions	12	organizing committee, and some of them I just	
13	who he inspired.	13	named to you all, have decided that we're not	
14	We lost Archbishop Desmond Tutu in	14	going to go forward with that annual event	
15	December. The world is poorer for his loss.	15	again this year.	
16	MR. CALLAHAN: Vice President Lesher, I	16	We're in our 15th season actually of the	
17	appreciate that.	17	MLK Classic. I had to stop and go back and	
18	Mr. Divilio.	18	take a look at how long we've been doing this	
19	MR. DIVILIO: Thank you. No comment at	19	It would have been our 15th anniversary of	
20	this time.	20	that. We had a commemorative patch that we	
21	MR. CALLAHAN: Did you hear me?	21	made. We had bags that we had ordered.	
	Page 111		Page 113	
1	MR. PACK: Did you come to me?	1	We're going to hold on to those items.	
2	MR. CALLAHAN: Yes, sir, yes, sir.	2	And hopefully by next year, we can bring those	
3	MR. PACK: Okay. It's still some echo	3	students together and give them their bags and	
4	going on.	4	those jerseys because we had to preorder that	
5	Yes. Very appropriate words, Mr. Lesher.	5	because of all the delays that have taken place	
6	We all certainly mourn the passing of	6	that have forced the venders and suppliers. So	
7	Archbishop Desmond Tutu and all that he did to	7	those bags and things had to be preordered.	
8	bring awareness of the plight of South Africans	8	So those are coming, but we're going to	
9	during that time, black South Africans during	9	hold off on bringing the students together.	
10	that time. So we certainly join with you in	10	We are going to recognize four	
11	your remembrance of him.	11	individuals, as we have done in the past	
12	I just want to make a quick announcement	12	through the MLK Image Award. And we'll	
13	regarding the annual Dr. Martin Luther King	13	recognize four persons in the Easton,	
14	basketball classic. You all know that I work	14	Cambridge, Federalsburg, and North Caroline	
15	it, along with Preston Peper and Parks and Recs	15	area for their commitment to equality and	
16	and Elaine Gould, the Town of Easton Parks and	16	justice and for their commitment to continually	
17	Recs, the YMCA and Derek White, Megan Cook,	17	living out the life and legacy of Dr. King,	
18	also with the Towns of Denton and Federalsburg	18	whether they be a teacher, police officer, a	
19	and Cambridge.	19	pastor or coach, we want to recognize them.	
20	We bring together middle school students	20	So we will be coming before either this	
21	in the tri-county area for their remembrance of	21	body sometime in March and February and	

	Taibot County Council Meeting January 11, 202				
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1	announcing who the Easton MLK Image Award	1	unquote, visit my first county, along with the		
2	winner is and presenting him or her with	2	executive director Michael Sanderson, and we		
3	their and I shouldn't say winner. I'll say	3	visited Anne Arundel County. However, of		
4	recipient because there are many, as you all	4	course, it was virtually by Zoom.		
5	know through our Maryland you Are Beautiful,	5	The reason that I mention that is we have		
6	there are many great volunteers here in the	6	a work session, as do many of the counties, on		
7	county. So we'll say this year's recipient	7	the Police Accountability Boards. We were		
8	will be announced.	8	supposed to do that last week, but because of		
9	So I just wanted to make that	9	the snow, we didn't. We're going to do that in		
10	announcement.	10	a few weeks.		
11	I want to thank Mr. Divilio, he's been one	11	But it was a little bit of an interesting		
12	of our sponsors in previous years, for his	12	update that we were able to give Anne Arundel		
13	contribution to us, as well as Easton Utility.	13	County because we thought that there was going		
14	I want to give them a big, big shout-out. They	14	to be a whole bunch of State regulations coming		
15	have been a major sponsor of the MLK basketball	15	out. And last week, the group that met, didn't		
16	tournament, YMCA for their partnership as well.	16	come out with any. So kind of what we see is		
17	So I can go on and on and on, but I won't.	17	what we get. And the way Mr. Sanderson put it		
18	But I just want to make the announcement	18	is that the absence of State guidance results		
19	publicly that we're going to postpone that	19	in more county flexibility.		
20	event for this year, but we will be passing out	20	Now, you may or may not like what passed		
21	the image awards. And I'll come back with you	21	in Annapolis last year. However, kind of what		
	Page 115		Page 117		
1	later with that.	1	we have is a skeleton outline. And so it we		
2	I'll yield back, Mr. Divilio. I mean	2	like flexibility. We like county flexibility.		
3	Mr. Callahan. Sorry.	3	One of the challenges is going to be		
4	MR. CALLAHAN: Okay. Thank you, Mr. Pack.	4	getting all this implemented by July 1st.		
5	MR. DURHAM: one person who has added.	5	Time wise, there might be some difficult things.		
6	MR. CALLAHAN: I'm sorry, Parker?	6	We may not have people that meet certain if		
7	MR. DURHAM: We do have one person who has	7	they want people on this board that have		
8	requested to speak.	8	certain criteria, and in a small county like		
9	MR. CALLAHAN: Okay. Hold tight.	9	ours, we might not have somebody at the ready		
10	Ms. Price, ending comment there?	10	for that. But we will do the best that we can		
11	MS. PRICE: Sure. Legislative session in	11	I think if we put forth or our best effort.		
12	Annapolis begins tomorrow.	12	But that was a little bit of a surprise		
13	So MACo met early and we met today to do	13	that there wasn't more meat put on the bone,		
14	some pre-session stuff. And there's been about	14	but I'll take that as a positive that we can		
15	200 bills filed each on the House and the	15	do, with the flexibility, we can do we have		
16	Senate side. But it sounds like a lot, and it	16	to follow the skeleton, but we will be able to		
17	is. However, last year at this time, being in	17	do hopefully what works here for the county.		
18	the middle of COVID, there was over 900	18	There certainly are groups that, like the		
19	pre-filed bills. So we did get started on our	19	municipalities, it's interesting, the		
20	work with that.	20	municipalities, one of their legislative		
21	And also had the opportunity to quote,	21	initiatives is that they actually want enabling		

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1	Page 122 can change the facts.	,	Page 124	
	I am a scientist. I know a lot about what	1	of you.	
2		2	You all are lost in the wilderness. Just	
3	I'm talking about, but let me just say this.	3	don't let the COVID virus into your body and	
4	You're missing the woods through the trees	4	you'll be okay. A mask is how to do that.	
5	here. It doesn't matter what all the	5	Please. Thank you.	
6	statistics are. The fact of it is just as you	6		
7	cannot become addicted to an addictive drug if	7		
8	you don't put it in your body	8	Parker, is there anybody else?	
9	MR. DURHAM: Thirty seconds.		9 MR. DURHAM: No one else is indicating.	
10	MS. ELLISON: If you don't put the virus	10	, ,	
11	in your body, you won't get sick.	11	•	
12	A mask is a crucial element in preventing	12	closed or do we go do final statements first?	
13	illness.	13	,	
14	Why don't we just step with one big step	14	SECRETARY: Are you making any comments,	
15	into endemic and get away from pandemic?	15	5 Mr. Callahan?	
16	Please. She asked you as an officer of the	16	MR. CALLAHAN: I'll make a few. Yeah.	
17	county, the head health officer, besides	17	That's right. I forgot about that.	
18	perhaps yourselves, to have an action item.	18	So tonight we had our first virtual.	
19	Councilman Lesher picked up on that and	19	We're back to virtual for a few weeks.	
20	said let's have an action item. She said	20	We heard a lot of information tonight. We	
21	perhaps only until the end of January. That's	21	had a good meeting.	
	Page 123		Page 125	
1	only two weeks away.	1	I really want to commend staff, who worked	
2	I cannot go to the YMCA because they	2	hard to get us kind of where we need to be	
3	don't they're afraid of upsetting people.	3	tonight and for the next couple of weeks and	
4	So they don't allow masking. They don't	4	everything.	
5	promote it. They don't require it is what I'm	5	And I think, you know, when Dr. Maguire	
6	trying to say. I take that back. They say	6	was talking, I was listening very hard. And I	
7	it's optional.	7	did hear her recommendation. Okay. So we'll	
8	You have no idea what my life is like if	8	walk through that and see where we go with it.	
9	you were approaching your 79th birthday. You	9	You know my feelings. So it's very	
10	wouldn't go outside, either. I have not spent	10	serious situation that we're in right now, and	
11	a penny in Easton for two years. I don't	11	I'm not taking it lightly either.	
12	wander the streets and be lively at night or	12	So but anyway, I want to make sure that	
13	whatever you're hoping for.	13	everybody had a great holiday. It was a great	
14	What you need to do is listen to	14	holiday. And we have a great 2022 coming.	
15	Dr. Maguire. She's given the key to get out of	15	We'll get past this. We'll get back to normal.	
16	this thing, and you're refusing even to	16	And we got a lot of work to do this year	
17	acknowledge her action item request. That's	17	as Council. Like Mr. Pack was asking	
18	preposterous.	18	Mr. Clarke about what is going on with some of	
19	MR. CALLAHAN: Thank you.	19	this wastewater and stuff, we got some really	
20	MS. ELLISON: glad to answer it. But I	20	good things coming. So we've got to stay	
	=	i .		

	<u> </u>			
1	Page 126 survive and be prosperous.	Page 128 1 MR. LESHER: Aye.		
2	And we live in a really, really blessed	2 SECRETARY: Ms. Price.		
	·	3 MS. PRICE: Aye.		
3	place. So I really appreciate everybody being	,		
4	open minded. And that's what we're going to	4 SECRETARY: Mr. Pack. Mr. Pack. 5 MR. PACK, Sorrey, Avg. Ldidn't toke		
5	have to be this year, open minded and we'll all	5 MR. PACK: Sorry. Aye. I didn't take		
6	get through this.	6 myself off mute. Aye.		
7	Okay. Madam Secretary, can you steer me	7 MR. CALLAHAN: Okay.		
8	what I need to do next?	8 (Meeting concluded at: 8:19 p.m.)		
9	SECRETARY: I believe Mr. Lesher, if	9		
10	Mr. Lesher is doing the closing statement, he	10		
11	should incorporate the closed session in that	11		
12	statement.	12		
13	MR. CALLAHAN: Okay. That sounds good.	13		
14	MR. LESHER: I will do so.	14		
15	So the Council will be moving into closed	15		
16	session following this meeting.	16		
17	After adjournment of this meeting, the	17		
18	County Council's next meeting will be held on	18		
19	Tuesday, January 25th, beginning at six o'clock	19		
20	and will be a virtual meeting. The Council	20		
21	will be convening in open session at 3:30 p.m.	21		
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	Page 127 for a work session with Planning and Zoning staff on their recent strategic planning process and then adjourning into closed session to discuss real estate, legal, and personnel matters as listed on the statement for closing that meeting. Therefore, is there a motion to move into closed section and after adjournment, to reconvene as noted? MS. PRICE: So moved. MR. PACK: So moved. MR. DIVILIO: Divilio. MR. PACK: I'm sorry. MR. CALLAHAN: We got a motion and a second. Madam Secretary, could you call the roll. SECRETARY: Mr. Callahan. MR. CALLAHAN: Aye. SECRETARY: Mr. Divilio.	Page 129 I STATE OF MARYLAND I, Diane Houlihan, a Notary Public in and for the State of Maryland, County of Baltimore City, do hereby certify that the within named, Talbot County Council Audio, personally appeared before me at the time and place herein set according to law, was interrogated by counsel. I further certify that the examination was recorded stenographically by me and then transcribed from my stenographic notes to the within printed matter by means of computer-assisted transcription in a true and accurate manner. I further certify that the stipulations contained herein were entered into by counsel in my presence. If urther certify that I am not of counsel, nor related to any of the parties, nor in any way interested in the outcome of this action. AS WITNESS my hand Notorial Seal this 18th day of January, 2022, via Zoom. AS WITNESS my hand Notorial Seal this 18th day of January, 2022, via Zoom.		
20	MR. DIVILIO: Aye.	19 20 My commission expires September 16, 2025		
21	SECRETARY: Mr. Lesher.	21		

[1,000 - adequate]

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[adjacent - asking]

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