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MULTNOMAH COUNTY BOARD OF COMMISSIONERS  
PUBLIC TESTIMONY SIGN-UP

Please complete this form and return to the Board Clerk  
\*\*\*This form is a public record\*\*\*

MEETING DATE: 6/10/2010

SUBJECT: HEALTH CARE 10/6/1999  
ED TABOR "BIG ORG." CHAUSA.ORG

AGENDA NUMBER OR TOPIC: \_\_\_\_\_

FOR: \_\_\_\_\_ AGAINST: \_\_\_\_\_ THE ABOVE AGENDA ITEM

NAME: PAUL, ADOLPH PHILLIPS

ADDRESS: 1212 SW CLAY APT#217

CITY/STATE/ZIP: PORTLAND, OREGON 97201

PHONE: \_\_\_\_\_ DAYS: \_\_\_\_\_ EVES: \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

SPECIFIC ISSUE: HEALTH CARE

WRITTEN TESTIMONY: YES FROM  
WALLA WALLA CLINIC

**IF YOU WISH TO ADDRESS THE BOARD:**

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to 3 minutes.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

**IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:**

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2. Written testimony will be entered into the official record.

RECEIVED APR 14 1999



WALLA  
WALLA  
CLINIC

55 WEST TIETAN • (509) 525-3720  
WALLA WALLA, WASHINGTON 99362

April 6, 1999

Walter Hales, M.D.  
821 Swift Boulevard  
Richland, WA 99352

RE: PAUL A. PHILLIPS  
DOB: 3/10/54

Dear Walter:

Paul Phillips is a 45-year-old originally right-handed male, but now left-handed with impaired vision, considered legally blind. He was injured on 7 October 1981 while working in the laundry in St. Joseph's Hospital, Lewiston, Idaho. He is not sure how he injured his hand, but he is concerned about his persisting pain. He has seen a host of different physicians but has not yet seen a hand surgeon.

?  
I think his right hand is quite normal but I cannot convince him of that because he thinks I am biased. I would appreciate your evaluation and recommendations for Paul. I thank you very much for your cooperation.

Sincerely,

ROBERT W. RUGGERI, M.D.  
Department of Orthopaedic Surgery

RWR/kgb

1936 60 YEARS OF SERVICE 1996

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MEETING DATE: TUES JUN 10 2010

SUBJECT: ELDER ABUSE PROCLAMATION OF JUN 15, 2010

AGENDA NUMBER OR TOPIC: LAST WEEK

FOR:  AGAINST: \_\_\_\_\_ THE ABOVE AGENDA ITEM

NAME: ROBERT A BURCO ROBERT BURCO

ADDRESS: 10325 S.E. HOLWAY BLVD # 405

CITY/STATE/ZIP: PORTLAND, OREGON 97226

PHONE: \_\_\_\_\_ DAYS: \_\_\_\_\_ EVES: \_\_\_\_\_

EMAIL: rburco@gmail.com FAX: \_\_\_\_\_

SPECIFIC ISSUE: RESPONSES TO ELDER ABUSE CIRCUMSTANCES  
OR DEPRESSION, ISOLATION, SENIOR-SENIOR CONFLICT RESOLUTION

WRITTEN TESTIMONY: WILL FOLLOW

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