

REQUEST TO SPEAK FORM (3 Minute Limit)

Complete this form and place it in the upright box near the speaker's podium, and wait to be called by the Chair.

Personal information is optional. This speaker's card will be incorporated into the public record of this meeting.

Name (PRINT):

Oraneet Shikman Oravi
Or-uh-neat sheek-muh Or-eh-vee

To ensure your name is announced correctly, you may want to include its phonetic spelling

Address: _____

City: _____

Phone: _____

I am speaking for: ☒ Myself

☐ Organization: _____

I am a practicing attorney in Contra Costa County.

I wish to speak on Agenda Item #: D-4

Date: 9/22/15

My comments will be: ☐ General

☒ For

☐ Against

☐ I wish to speak on the subject of: _____

☒ I do not want to speak but would like to leave comments for the Board to consider
(Use the back of this form)

Information for Speakers:

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2. Wait to be called by the chair. Please speak into the microphone at the podium.
3. Begin by stating your name and your city or area of residence, and whether you are speaking for yourself or on behalf of an organization.
4. If you have handout materials, give them to the Clerk.
5. Avoid repeating comments made by previous speakers.
6. The Chair may limit the time allocated to speakers so that all may be heard.

In lieu of speaking, I wish to submit these comments:

~~Oraneet Shikman Oravi is a resident of Contra Costa County.~~
I am a practicing attorney working with poor and historically marginalized communities in Contra Costa County. Currently, Undocumented immigrants have limited access to healthcare. Their inability to access such a vital resource for their basic survival negatively impacts not just them but the community at large because access to preventative healthcare enables people to stay healthy, avoid more costly treatments and procedures, and avoids overburdening our emergency rooms, which are the most expensive point of healthcare delivery. I strongly support Contra Costa CARES program for these reasons and because it connects our communities through a program that provides healthcare access to all.

NON-SPEAKER

D-4

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Name (PRINT):

Oraneet Shikmah Orewi

To ensure your name is announced correctly, you may want to include its phonetic spelling

or-en-vee

Address

City:

Berkeley, CA 94705

Phone:

I am speaking for: ☒ Myself

☐ Organization:

I wish to speak on Agenda Item #: 1304

Date:

9/22/15

My comments will be: ☐ General

☒ For

☐ Against

☐ I wish to speak on the subject of:

☒ I do not want to speak but would like to leave comments for the Board to consider (Use the back of this form)

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In lieu of speaking, I wish to submit these comments:

Our constitution makes clear that each individual is entitled to equal protection ~~and~~ and equal application of the law. Thus, if we truly value our constitution and the people that it seeks to protect and represent, Contra Costa needs health-care that is accessible to all - documented or not.

D.4

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Name (PRINT): GWEN WATSON

To ensure your name is announced correctly, you may want to include its phonetic spelling

Address: _____

City: LAFAYETTE

Phone: _____

I am speaking for: ☐ Myself

☒ Organization: Multi Faith ACTION
Social Justice Alliance

I wish to speak on Agenda Item #:

Date: _____

My comments will be: ☐ General

☐ For

☐ Against

☐ I wish to speak on the subject of:

Please
see
over

☐ I do not want to speak but would like to leave comments for the Board to consider
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In lieu of speaking, I wish to submit these comments:

On behalf of the Multi-Faith
Action Steering Committee & the Social Justice
Alliance of the Interfaith Council, and in
the spirit of FRANCIS, I commend the
Superior for considering the
establishment of Contra Costa CARES.
Gwen WATSON
Lafayette

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Name (PRINT):

VIOLA LUTAN

To ensure your name is announced correctly, you may want to include its phonetic spelling

Address:

City:

Pittsburg, CA

Phone:

I am speaking for: ☐ Myself

☒ Organization:

La Clinica de La Raza

I wish to speak on Agenda Item #: 04

Date:

9/22/15

My comments will be: ☐ General

☒ For

☐ Against

☐ I wish to speak on the subject of:

☒ I do not want to speak but would like to leave comments for the Board to consider
(Use the back of this form)

Vote Yes to Fund
Contra Costa Cares

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In lieu of speaking, I wish to submit these comments:

- 7,10,000 uninsured adults were transferred to La Clinica when decision was made to terminate services to this population by the County in 2009/2010.
- BOS called for a system of care to be developed for these community members in partnerships w/ hospitals, County & CBOs.
- Contra Costa Cares provides just that. (over)

- It is a true collaborative partnership
- It is the Right thing to do
- It saves money
- It provides access to health care to our family members
- Helps to divert care from expensive emergency rooms to primary care providers
- Quality of care & health outcomes are improved i.e.;
 - X 97% patient satisfaction
 - X 99% immunization rates for children @ 3yrs.
 - X 100% linkage to care for HIV diagnosed patients
 - X 91% Asthma pts 5-40yrs. are on meds. inhaler corticosteroids
 - X 91% Tobacco use pts. offered cessation classes

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Name (PRINT): EMILY ROSS

To ensure your name is announced correctly, you may want to include its phonetic spelling

Address: [REDACTED] B

City: RICHMOND CA 94804

Phone: [REDACTED]

I am speaking for: ☒ Myself

☐ Organization: _____

I wish to speak on Agenda Item #: D4

Date: 9/22/15

My comments will be: ☐ General
☐ For
☐ Against

☒ I wish to speak on the subject of:

CONTRA COSTA

CARES. (IF I NEED

TO LEAVE BEFORE

ITEM IS HEARD. SEE
BELOW

☐ I do not want to speak but would like to leave comments for the Board to consider
(Use the back of this form)

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In lieu of speaking, I wish to submit these comments:

I AM A RICHMOND RESIDENT

PLEASE CONSIDER EXTENDING

HEALTH CARE SERVICES TO

ADDITIONAL UNINSURED RESIDENTS

WHO REMAIN UNINSURED IN

C.C. COUNTY

D.4

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Name (PRINT):

Pat Daily

To ensure your name is announced correctly, you may want to include its phonetic spelling

Address:

747 Charlton Cir.

City:

Pleasant Hill, Ca

Phone:

I am speaking for: ☐ Myself

☐ Organization: _____

I wish to speak on Agenda Item #:

Date:

9-22-'15

My comments will be: ☐ General
☐ For
☐ Against

☐ I wish to speak on the subject of:

☒ I do not want to speak but would like to leave comments for the Board to consider
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In lieu of speaking, I wish to submit these comments:

I'm here in support of
Multi Faith ACTION Coalition

Concerning support for
the approval & authorization
of Contra Costa CARES.

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Name (PRINT): Cassie Romero Gonzalez
To ensure your name is announced correctly, you may want to include its phonetic spelling

Address: _____

City: Concord

Phone: _____

I am speaking for: ☒ Myself

☒ Organization: ACCE

I wish to speak on Agenda Item #: D. 4

Date: 9/22/15

My comments will be: ☐ General

☒ For

☐ Against

☐ I wish to speak on the subject of:

D4 - Contra Costa CARES

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In lieu of speaking, I wish to submit these comments:

"I am a public health nurse & have seen the need first hand. There are free clinics but people do not go because they feel bad or its too complicated. They'll go for weeks without insulin or blood pressure medication & by then their kidneys or heart has already been affected & they will have to be hospitalized & it will cost us all more! Health care is a basic human right! Support Contra Costa CARES!"