

**TO THE HONORABLE BOARD OF COMMISSIONERS OF BERRIEN COUNTY:** Your County Personnel and Human Services Committee respectfully recommends the adoption of the following:

**RESOLUTION**

**WHEREAS**, everyone living in Michigan deserves to live a long and healthy life in a safe environment; and,

**WHEREAS**, for over 100 years, public health professionals have worked to safeguard our health by protecting our food and water supplies, by investigating and controlling infectious disease outbreaks, by educating the public about ways to address risks to our health, and by mobilizing partners to improve environmental and community conditions that impact our well-being, and

**WHEREAS**, in the past year, the COVID-19 pandemic has threatened the health and well-being of Michigan residents in ways that have not been witnessed in recent generations, and

**WHEREAS**, local public health professionals have made untold personal sacrifices to combat this pandemic, working long hours for weeks and months on end, in the face of circumstances that have continually changed, often without warning, and

**WHEREAS**, during this week we join the Michigan Department of Health and Human Services, the Michigan Public Health Week Partnership, local health departments, health systems, and community-based organizations in expressing our deep appreciation for the contributions of public health professionals in promoting and protecting the health of Michigan residents

**NOW, THEREFORE, BE IT HEREBY RESOLVED** that the Berrien County Board of Commissioners does hereby proclaim May 9<sup>th</sup> -15<sup>th</sup> as Public Health Week in Berrien County.

Resolution endorsed by the  
BERRIEN COUNTY BOARD OF HEALTH

\_\_\_\_\_  
Margaret A. Kohring, Chair

**RESPECTFULLY SUBMITTED,  
BERRIEN COUNTY PERSONNEL AND HUMAN SERVICES COMMITTEE**

\_\_\_\_\_  
Robert P. Harrison, Chairperson

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Michael J. Majerek, Vice Chairperson

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Rayonte D. Bell

RESOLUTION APPROVED AS TO FORM	
Administrator <u>EB</u>	Date <u>5-5-21</u>
Comments Attached _____	
Corporate Council _____	Date _____
Comments Attached _____	