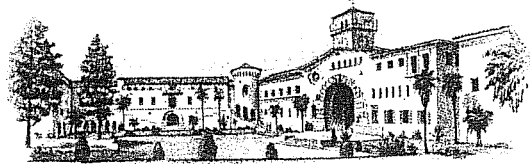


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MAY 19 2009



COUNTY OF SANTA BARBARA CALIFORNIA

RESOLUTION PROCLAIMING
THE DAY OF MAY SIXTH, 2009
AS NATIONAL NURSES DAY
AND THE WEEK OF MAY 6-12, 2009
AS NATIONAL NURSES WEEK

WHEREAS, professional nursing strengthens the health care delivery system and enhances the Building of a Healthy America; and

WHEREAS, at 2.9 million strong, nurses represent the largest group of health care workers in America and are recognized by the public as vital to the health care system; and

WHEREAS, today's nursing professionals, irrespective of setting, must have the skills and knowledge to care for patients and community members during times of disaster and crisis; and

WHEREAS, nursing professionals promote access to primary health care, foster individual responsibility for personal health, self care, and informed decision making in selecting health care services; and

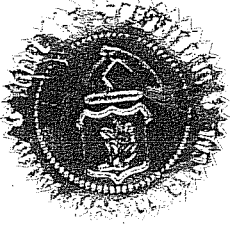
WHEREAS, nursing knowledge and expertise is sought and required as a component of the multi-disciplinary health care team; and

WHEREAS, nursing support staff may be medical assistants, health service aides, home health aides, or certified nursing assistants; and

WHEREAS, the theme for National Nurses Week 2009, "Nurses: Building a Healthy America" is the celebration and recognition of the commitment and quality of care nurses provide to the individuals that they serve.

NOW, THEREFORE, BE IT HEREBY ORDERED AND RESOLVED that the Board of Supervisors of Santa Barbara County hereby observes the sixth day of May 2009 as National Nurses Day, and the week of May sixth through May twelfth as National Nurses Week in recognition of the contributions of all nurses and nursing support staff working in all of our educational and health care settings in the County of Santa Barbara.

PASSED AND ADOPTED, by the Board of Supervisors of the County of Santa Barbara, State of California, this 12th day of May 2009, by a unanimous vote of all members present.



[Signature]

Supervisor - 1st District

[Signature]

Supervisor - 2nd District

[Signature]

Supervisor - 3rd District

[Signature]

Supervisor - 4th District

[Signature]

Supervisor - 5th District

ATTEST: *[Signature]*
Clerk of the Board