

THE STATE OF TEXAS §

COUNTY OF HARRIS §

The Commissioners Court of Harris County, Texas, Met in a regular session at its regular term at the Harris County Administration Building in the City of Houston, Texas, on _____,

with the following members present:

Judge Hidalgo	County Judge
Rodney Ellis	Commissioner, Precinct No. 1
Adrian Garcia	Commissioner, Precinct No. 2
Tom S. Ramsey, P.E.	Commissioner, Precinct No. 3
Lesley Briones	Commissioner, Precinct No. 4

and the following members absent: _____,

constituting a quorum, when among other business, the following was transacted:

ORDER AUTHORIZING HARRIS COUNTY PUBLIC HEALTH to approve the enclosed “Certificate of Appointment” form(s) designating Dr. Ericka Brown as the Local Health Authority of Harris County.

Commissioner _____ introduced an order and moved that Commissioners Court adopt the order. Commissioner _____ seconded the motion for adoption of the order. The motion, carrying with it the adoption of the order, prevailed by the following vote:

	Yes	No	Abstain
Judge Hidalgo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comm. Ellis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comm. Garcia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comm. Ramsey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comm. Briones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The meeting chair announced that the motion had duly and lawfully carried and that the order had been duly and lawfully adopted. The order adopted follows:

IT IS ORDERED that the County Judge is authorized to approve the enclosed “Certificate of Appointment” form(s) designating Dr. Ericka Brown as the Local Health Authority of Harris County effective June 29, 2024 through June 29, 2026.

The documents are attached hereto and incorporated herein and incorporated as if set out in full word for word. Harris County is authorized to do any and all things necessary or convenient to accomplish the purpose of this Order.

Barbie L. Robinson, MPP, JD, CHC
Executive Director
1111 Fannin Street | Houston, Texas 77002
Tel: (832) 927-7500 | Fax: (832) 927-0237



Harris County
Public Health
Building a Healthy Community

April 17, 2024

The Honorable Judge Lina Hidalgo
and Commissioners Court
Harris County Administrative Building
1001 Preston Avenue
Houston, Texas 77002

Dear Court Members:

I respectfully request your review and approval of the enclosed "Certificate of Appointment" form designating Dr. Ericka Brown as the Local Health Authority for Harris County for the following two-year term, i.e., June 29, 2024, through June 29, 2026.

This appointment will allow for the execution of certain state health activities in Harris County, such as providing disease surveillance and reporting certain diseases.

If you have questions or concerns regarding this matter, please contact me at (832) 927-7500.

Sincerely,

Barbie L. Robinson, MPP, JD, CHC
Executive Director

*HCPH is the local public health agency for the Harris County, Texas jurisdiction.
It provides a wide variety of public health activities and services aimed at improving the health and well-being of the Harris County community.*

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www.hcphtx.org



THE STATE OF TEXAS

Statement of Elected/Appointed Officer

(Please type or print legibly)

I Ericka Brown do solemnly swear (or affirm) that I have not directly or indirectly paid, offered, promised to pay, contributed, or promised to contribute any money or thing of value, or promised any public office or employment for the giving or withholding of a vote at the election at which I was elected or as a reward to secure my appointment or confirmation, whichever the case may be, so help me God.

Ericka Brown
Affiant's Signature

Ericka Brown
Printed Name

Local Health Authority
Position to Which Elected/Appointed

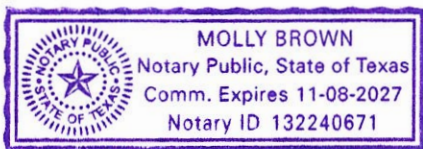
Harris County
City and/or County

SWORN TO and subscribed before me by affiant on this 17th day of April 2024.

Molly Brown
Signature of Person Authorized to Administer
Oaths/Affidavits

Molly Brown
Printed Name

Notary Public, State of Texas
Title



(Seal)



OATH OF OFFICE

For Health Authorities in the State of Texas

I, Ericka Brown, do solemnly swear (or affirm), that I will faithfully execute the duties of the office of Health Authority (HA) of the State of Texas and will to the best of my ability, preserve, protect, and defend the Constitution and laws of the United States and of this State, so help me God.

Ericka Brown

Affiant*

Preferred Name (e.g. "J. Paul Doe")

1111 Fannin St. Houston, TX 77002

Mailing Address*

ZIP*

M 7 8 7 7

Texas Medical License Number*

713-408-0775

Phone Number (Emergency/After Hours)*

No

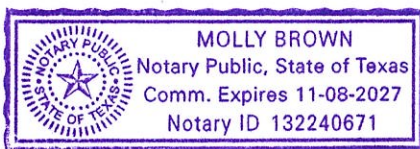
Are you a deputy/backup HA?

Ericka.Brown@phs.hctx.net

Email Address (Official, if you have one)*

Additional Email Address

SWORN TO and subscribed before me this 17th day of April, 2024.



Molly Brown

Signature of Person Administering Oath

Molly Brown

Printed Name

Notary Public, State of Texas

Title

(Seal)

*=denotes required field



Certificate of Appointment

for a

Health Authority

The Health Authority has been appointed and approved by the:

(Put an "X" by the appropriate designation below)

☒ Commissioners Court for Harris County

☐ Governing Body for the Municipality of _____

☐ Director, _____ Health Department

☐ Director, _____ Public Health District

I, Ericka Brown, acting in my capacity
as: *(Put an "X" by the appropriate designation below)*

☒ County Judge or Designee

☐ Mayor or Designee

☐ Non-physician and the Local Health Department Director

☐ Non-physician and the Public Health District Director

do hereby certify the physician, Ericka Brown, who is licensed
by the Texas Board of Medical Examiners, was duly appointed as the (check as applicable),

☒ Health Authority

☐ Health Authority Designee

for the jurisdiction of _____, Texas.

Date term of office begins June 29th, 2024

Date term of office ends June 29th, 2026, unless removed by law.

I certify to the above information on this the _____ day of _____, 20__.

Signature of Appointing Official