



Legislation Text

File #: R-167-23, **Version:** 1

Council Members Whitman, McPherson, Hobbs and Gadus

Recognizing April 11- 17, 2023, as Black Maternal Health Week in the City of Toledo; and declaring an emergency.

WHEREAS, Women of Color have long been treated with substandard care especially in maternal and gynecological care; and

WHEREAS, Black women are over three times more likely to die during childbirth or within the first year after childbirth than their white counterparts; and

WHEREAS, the month of April is recognized as National Minority Health Awareness Month; and

WHEREAS, held annually between April 11-17th, Black Maternal Health Week is a week-long campaign founded and led by the Black Mamas Matter Alliance to build awareness, activism, and community-building to amplify the voices, perspectives and lived experiences of Black Mamas and birthing people; and

WHEREAS, the importance of increasing positive outcomes for Black mothers and babies in the City of Toledo and Lucas County is not lost on those elected to office in our area; and

WHEREAS, with a focus on Black Maternal Health Week recognized in the City of Toledo the inequity and inequality in care and treatment can be address for those Black Mamas and birthing people and we can work to the goal of reducing maternal death to zero; NOW, THEREFORE,

Be it resolved by the Council of the City of Toledo:

SECTION 1. That we designate April 11-17, 2023 as Black Maternal Health Week.

SECTION 2. That this Resolution is declared to be an emergency measure and shall be in force and effect from and after its adoption. The reason for the emergency lies in the fact that same is necessary for the immediate preservation of the public peace, health, safety, and property and for the further reason that this Resolution must be immediately effective in order to designate April 11-17, 2023 as Black Maternal Health Week.

Vote on emergency clause: yeas _____, nays _____.

Adopted: _____, as an emergency measure: yeas _____, nays _____.

Attest: _____
Clerk of Council

President of Council

Approved: _____

Mayor

I hereby certify that the above is a true and correct copy of a Resolution adopted by Council

_____.

Attest: _____
Clerk of Council