

WE ARE THE PEOPLE  
WE SERVE.



SisterReach

# THE RIGHT TO THRIVE



APRIL 2026  
FROM THE DESK  
OF THE CEO

PEOPLE



## Healing, Safety, and the Right to Thrive

April invites us to center what should never be optional: healing, safety, and the right to thrive. TAs April is Sexual Assault Awareness Month, we affirm survivors—disproportionately women, girls, and gender-expansive people—and recommit to cultures rooted in consent, prevention, and care. Survivors deserve to be believed, supported, and resourced, not silenced or criminalized. Healing must be accessible, survivor-led, free from shame, political and toxic power.

April is also STI Awareness Month, reminding us that sexual health is a vital part of overall well-being. HIV and other STI prevention, testing, and treatment must be grounded in compassion, truth, and dignity. Stigma and misinformation remain barriers to care, particularly for communities already navigating systemic harm. This National Minority Health Month with Black Maternal Health Week acknowledged, April 11th–17th. We are called to confront persistent health inequities impacting Black communities—especially Black women and birthing people. From maternal mortality to HIV disparities, these outcomes are shaped by policy decisions, access gaps, and structural racism, not personal failure. Reproductive and sexual justice demands systems that allow Black women and families to live, parent, and heal safely. Equal Pay Day further exposes how economic inequity undermines health. Women—especially Black women—are forced to work longer for less, impacting stability, wellness, and opportunity.

All of these highlighted observances represent reproductive and sexual justice issues. Healing, safety, and dignity are not privileges—they are fundamental human rights and part of our core RSJ principles. We refuse to accept systems that demand survival instead of offering safety, care, and the full right to thrive.

*Charisse Scott*  
Founder & CEO, SisterReach

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## MEMPHIS LET'S TALK! RACIAL BIAS IN MATERNAL HEALTHCARE



Hey Sis! Let's talk.

Did you know that maternal healthcare in the United States reflects deep structural inequalities shaped by race, access to care, economics, and respect for bodily autonomy. In cities like ours, these inequities are especially visible. When pregnant people face racial bias, gaps in insurance coverage, lack of mental health support, and even criminalization for pregnancy outcomes, the result is not simply poor healthcare—it becomes a violation of human rights, reproductive justice, and bodily autonomy.

To fully understand the gravity of these harms, we must also broaden how we talk about violence in healthcare. Inequities and injustices in maternal healthcare can be understood as a form of sexual and reproductive violence. When we think of sexual assault, we often think of the physical, mental, and emotional harm an individual experiences. However, the conversation must expand beyond this narrow frame.

## Pregnant and Denied Autonomy

Sexual assault can also exist on spiritual, economic, legal, political, social, medical, emotional, mental and racial levels, particularly when systems control or violate people's reproductive bodies. When pregnant people are denied autonomy, ignored in moments of pain, or forced to navigate dangerous conditions because of systemic barriers, their bodily integrity is compromised in ways that intersect with these broader forms of injustice.

Racial bias in maternal healthcare remains one of the most persistent drivers of harm. Black women in Tennessee are more than twice as likely to die from pregnancy-related causes compared with white women. In Memphis, more than 60% of births are to African American mothers, yet over one-third of Black mothers receive inadequate prenatal care, a rate more than double that of white mothers. These disparities are not explained by genetics; they reflect systemic racism in healthcare access, provider bias, environmental stressors, and economic inequality. When a person's pain is dismissed, when symptoms are overlooked, or when life-saving care is delayed because of racial bias, the harm is not only medical—it is emotional, psychological, and deeply spiritual.





# RACIAL BIAS IN MATERNAL HEALTHCARE (cont.)

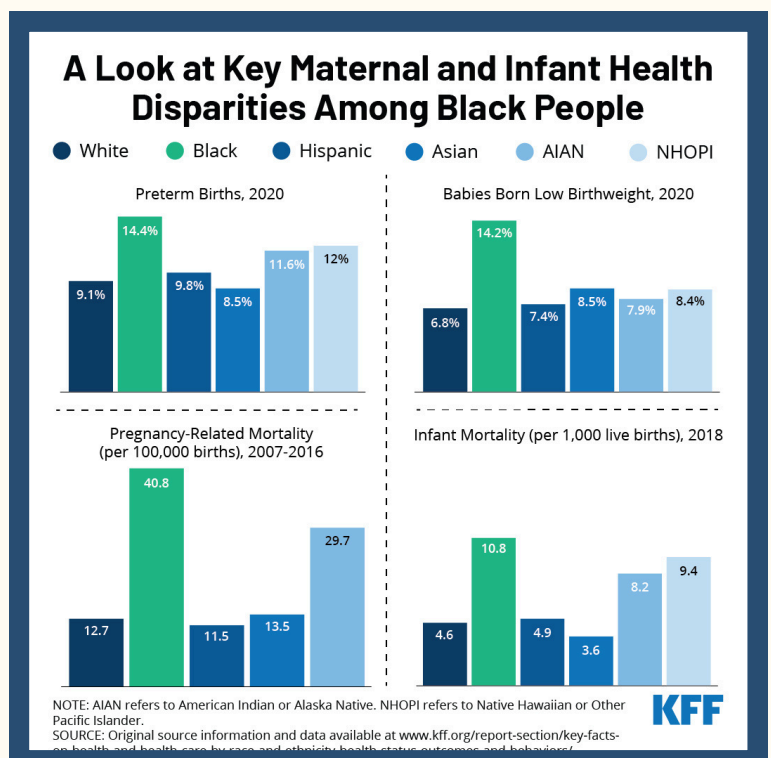
Insurance coverage further shapes maternal outcomes. Medicaid (TennCare) finances roughly half of births in Tennessee, meaning many families depend on public insurance for pregnancy care. Yet historically, postpartum coverage ended shortly after birth, even though many maternal deaths occur months after delivery. Losing healthcare during this vulnerable time leaves mothers without treatment for complications such as hypertension, postpartum depression, or infection. From an economic justice perspective, forcing low-income mothers—disproportionately women of color—to recover from childbirth without stable healthcare is a structural inequity that reinforces cycles of harm.

Birth workers such as doulas, midwives, and community-based caregivers are essential solutions. Doulas provide continuous emotional, physical, and informational support before, during, and after childbirth. In Memphis, doula programs are increasingly being used to address Black maternal mortality and infant health disparities. These professionals help patients understand their rights, communicate with providers, and advocate for informed consent. Doula care is often dismissed as a luxury service, but in reality it is a necessary intervention to level the playing field for all birthing people—especially Black women, Latina women, and transgender men who give birth. Birth workers help restore dignity, autonomy, and culturally competent care within a system that often marginalizes these communities.

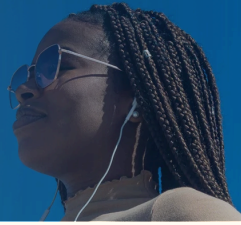
Mental health before, during, and after birth is another critical component of maternal wellbeing. Depression, anxiety, trauma, and substance-use disorders can emerge or intensify during pregnancy and postpartum recovery. In Tennessee, mental health conditions contribute to a significant share of pregnancy-related deaths. Ignoring maternal mental health undermines not only physical safety but also emotional and spiritual wellbeing.

Equally concerning is the criminalization and surveillance of pregnancy outcomes, particularly when substance use, miscarriage, or stillbirth become grounds for investigation or prosecution. These policies discourage people from seeking prenatal care and reinforce racial and economic disparities in the legal system. When healthcare becomes intertwined with punishment rather than support, reproductive autonomy is undermined.

At the center of all these issues is informed consent and patient rights. Every pregnant person has the right to clear information about procedures, the ability to decline interventions, and the dignity of having their voice respected in moments of vulnerability. When systems ignore these rights—especially through racial bias, economic barriers, or coercive policies—the result is not just poor care but systemic violence against reproductive bodies.



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## RACIAL BIAS IN MATERNAL HEALTHCARE (cont.)



Picture sourced: <https://www.houstonlanding.org/confronting-bias-among-key-topics-at-harris-county-public-health-maternal-and-child-health-conference/>

## Call to Action

**Improving maternal health in Memphis and across the United States requires urgent and collective action. Policymakers must expand postpartum Medicaid coverage, ensure doulas and midwives are reimbursed through public insurance, and invest in community-based maternal health programs. Healthcare institutions must confront racial bias and prioritize culturally responsive care. Communities must expand mental health services and protect pregnant people from criminalization and surveillance.**

**Most importantly, we must recognize that safe, respectful childbirth is a human right. Addressing maternal health inequities is not simply about improving healthcare outcomes—it is about restoring bodily autonomy, reproductive justice, and dignity for all families. When we center equity, protect patient rights, and elevate birth workers as essential partners in care, we move closer to a future where every person can experience pregnancy and birth in safety, respect, and empowerment. It is our inherent right to thrive and be safe!**

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THIS MONTH'S  
ANNOUNCEMENTS

SAVE THE DATE FOR FARS 2026!



OCTOBER 14-17, 2026!  
MORE DETAILS COMING SOON!



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CareOnHand is a peer-led support group for people navigating substance use.

This group is a nonjudgmental and brave space where you are seen, heard, and supported.

*Come as you are.  
Leave feeling less alone.*




**REGISTER NOW** >



**APRIL 24, 2026 | 6:30p**

FOR MORE INFO, EMAIL [KIUNDA@SISTERREACH.ORG](mailto:KIUNDA@SISTERREACH.ORG)

[SISTERREACH.ORG](http://SISTERREACH.ORG)

CareOnHAND  
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JUST SUPPORT.**

**Join our Care on Hands  
Support Group for people  
who using substances.**

PARTICIPATION DOES  
NOT REQUIRE  
SUBSTANCE  
ABSTINENCE. SIGN UP  
TODAY. CLICK THE LINK  
BELOW.



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# EMPLOYEE SPOTLIGHT

Say hello to

## DR. TAMARA CAMPBELL

DIRECTOR OF PROGRAMS & LEADERSHIP DEVELOPMENT



Dr. TaMara Campbell is not your typical doctor. A spiritual, magical, and bewitching wild woman, she knew by age 13 that she wanted to become a sex therapist. Drawn to a field often labeled stigmatizing or shameful, she set out to understand sexuality more deeply and discovered it to be natural, complex, fluid, pleasurable, sacred, and Divine. Her work centers on helping people understand how sexuality intersects with every dimension of life—mental, emotional, spiritual, biochemical, social, political, and historical—while also examining how race, culture, gender identity, sexual orientation, and religion shape those experiences.

Dr. TaMara is a Clinical Sex Therapist, author, and speaker with more than 30 years of experience in HIV, harm reduction, reproductive health, and sexuality education. She has provided education, prevention, outreach, and training for individuals, colleges, universities, businesses, and faith-based organizations. Through her evidence-based program, YOUR Blessed Health, she has trained more than 90 churches across nine denominations and led community-based participatory research initiatives within faith communities.

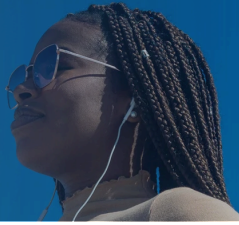
She is the author of nine self-empowerment books, including *I AM Sex!*, *It's Not the Birds and the Bees, It's Sex!*, *WOMB*, and *V! A Love Letter to Every Woman and Girl*. Her work has been featured in major publications including *Ebony*, *Essence*, and [BlackDoctor.org](http://BlackDoctor.org). Dr.

TaMara has received national recognition for her contributions to HIV and reproductive justice, including a proclamation from the Obama administration.

A fierce advocate for marginalized and disenfranchised communities, Dr. TaMara remains committed to expanding access to culturally responsive, humane sexual and reproductive health care—because, as she affirms, we are the people we serve.

*You are Appreciated!*

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WE **SERVE**.



# **SPECIAL** **ANNOUNCEMENT FROM** **OUR CEO**

**SisterReach**

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WATCH VIDEO

**CHERRISSE SCOTT**  
CEO AND FOUNDER OF SISTERREACH

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SisterReach

4,000 FAMILIES  
SERVED

2025 marked a year of growth, impact, and renewed commitment to our community.

We served more than 4,000 families through Pearl's Pantry and expanded harm-reduction efforts by increasing distribution of Narcan, HIV tests, emergency contraception, and other essential supplies.

We also completed a new strategic plan to guide the next three years of our work in an ever-changing political and social climate. Your continued support makes this work possible and moves us closer to a future where healthcare, safety, and equity are not privileges — but a right for all.



Join The Reach  
Collective:

Become a monthly donor  
and double your impact  
thanks to our \$150,000  
Shelby County match.

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VIEW OUR  
2025 IMPACT

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