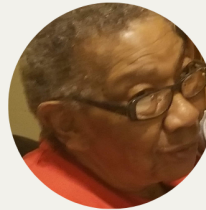




May 2026



Christomer Louise



Mary Pearl

Women of C.H.L.M.S

"If you know whence you came, there is really no limit to where you can go."

—James Baldwin, 20th-century poet, novelist, playwright and activist



Sandra Louise



Henrietta Louise

"To be an activist is to speak. To be an advocate is to listen. Society can't move forward without both." _ Eva Marie Lewis



In This Issue:

Mother's Day & Mental Health Awareness Month

May brings two powerful reminders of care: Mother's Day and Mental Health Awareness Month. Together, they highlight the emotional labor carried by mothers, caregivers, and anyone who nurtures others—often while managing stress, burnout, or silent struggles.

This month, we honor every form of motherhood and affirm a simple truth: you deserve rest, support, and space to care for your own well-being. According to the World Health Organization 1 in 7 people worldwide are living with a mental health condition which is why creating compassionate, informed communities matters more than ever.



In addition to the May celebration of Mother's Day and National Women's Health Week it is also Mental Health Awareness Month. ,These observances put the spotlight on real experiences our communities carry into every healthcare encounter. Together, they reveal a truth we cannot ignore: iatrophobia — the fear of medical settings — doesn't come from nowhere. It grows from moments of being dismissed,

misdiagnosed, unheard, or rushed through a system that wasn't built with everyone in mind.

For women, especially Black women, this fear is shaped by generations of medical trauma and the ongoing reality of not being believed. And when that fear delays care during a stroke or another emergency, the consequences can be life-changing.

Across all three observances, one message rises to the surface. People aren't avoiding healthcare — they're avoiding being harmed again.

Distributive Justice in Health Care



Distributive justice reminds us that fairness in healthcare is not just about who gets access — it's about who receives dignity, who is believed, and whose outcomes reflect true equity. Mental Health Awareness Month, National Women's Health Week, and Stroke Awareness Month reveal how unevenly that justice is distributed across our communities.

Medical gaslighting sits at the center of this injustice.

When women especially Black women who are often mothers report symptoms they are experiencing and are told "it's stress," "it's anxiety," or "it's nothing," they aren't just dismissed; they are denied the very foundation of equitable care. Gaslighting delays diagnoses of depression and anxiety. It distorts the understanding of women's pain and reproductive health. And in the context of stroke, it becomes dangerous even fatal when early warning signs are minimized or ignored.

(https://www.researchgate.net/publication/379197934_Psychological_Impact_of_Medical_Gaslighting_on_Women_A_Systematic_Review)

What the Big Beautiful Bill Says About Women's Health



Women's health is influenced by several separate provisions within the Big Beautiful Bill rather than a single unified section. Medicaid cuts in the entitlement-reform areas disproportionately affect women, who make up most adult Medicaid recipients. Although maternal health is not directly addressed, reductions in Medicaid and community-health funding limit access to prenatal, postpartum, and maternity-care services. Changes to SNAP and WIC in the nutrition-assistance and work-requirement sections impact pregnant women, new mothers, and young children. Additional restrictions on federal funding for certain reproductive-health providers appear elsewhere in the bill. While these provisions are not grouped under a women's-health heading, their combined effects significantly shape women's access to essential healthcare services. Peer-reviewed research supports these patterns: Taylor et al. (2019), in the American Journal of Public Health, found that cuts to Medicaid and safety-net programs disproportionately harm women's health outcomes, particularly in maternal care, preventive services, and reproductive-health access.

Dimorphism and Women's Health: Bridging the Gap Between Biology and Bias



Peer-reviewed research shows that sex-based biological differences significantly influence how women experience illness and how healthcare systems respond to them. For example, Regitz-Zagrosek (2012) in the Pharmacological Research journal demonstrates that dimorphism affects disease presentation, diagnostic accuracy, and treatment outcomes for women. Dimorphism—the biological and

physiological differences between women and men—helps explain why women experience distinct health patterns that are often overlooked in research, diagnosis, and policy. These dimorphic differences shape how women present with mental-health symptoms, how their bodies respond to medications, how pain is expressed and interpreted, and how conditions like stroke manifest with non-traditional warning signs. When healthcare systems rely on male-centered diagnostic norms, women's dimorphic symptoms are more likely to be dismissed or misattributed to stress or anxiety, contributing to medical gaslighting and delayed care. This dynamic directly affects the themes highlighted in May's observances: women's mental-health symptoms are often minimized, maternal-health needs are under-recognized, and stroke symptoms in women are frequently misdiagnosed. Dimorphism also underscores why policy changes—such as cuts to Medicaid, SNAP/WIC, or reproductive-health funding—disproportionately harm women, whose biological and social health needs differ from men's and require systems designed with those differences in mind.

Big things are happening at the C.H.L.M.S Medi-Helpz Foundation.

We are growing — and that growth is taking us into an exciting and impactful month. In May, we will be presenting at five different community events, and we are proud to host our second Vashti Learning Lab Digital Healthcare Workshop at the Maywood Library in Maywood, Illinois. We are grateful for the partnership of our three external collaborators joining us as we uplift the health of the community: Loyola University Medical Center, PHEN (Prostate Health Education Network), and NextICR University. You can also support our mission through our Digital Round Up Fundraiser; every rounded-up penny helps someone access free health-literacy education.

As our work expands, so does our need for strong leadership. We are actively seeking additional Volunteer Board Members. If you or someone you know would be a great fit, we invite you to connect with us. We are looking to fill the following roles: Corporate and Donor Development (hybrid), Event Planner (hybrid), Secretary (Chicago-based), and Treasurer (Chicago-based).

We'd love your feedback on our newsletter, our new website, and your support of the RoundUp initiative. Your input helps strengthen our work

C.H.L.M.S. MEDI-HELPZ FOUNDATION

Q1 COMMUNITY IMPACT UPDATE

Building Healthier Communities Together!



Strategic Planning & Program Development

Over 300 Manpower Hours Invested

- Strategic planning & Vashti Lab development
- Library tour coordination
- Community partnership meetings



Program Rollouts



Learning Lab Launch

- Wellness Education Workshops



Library Wellness Tours

- Health Outreach in Local Libraries



Community Collaborations

- Partnering for Greater Impact

Quarter 1 Service Value: \$23,950 – \$32,000



Your Support Makes a Difference!

Round Up & Donate

Round up your change to
fund wellness education
& community programs.

Join the Movement!

Every cent counts toward a healthier tomorrow.



Call to Action:

Join us this May as we champion women's health, mental wellness, and stroke pre

Don't forget to visit our websites at www.medihelpz.com,
www.chlmsfoundation.com & our YouTube channel at Medi-Helpz

[Click here to Donate](#)

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