Dear Colleagues,

The Mental Health Professional Group (MHPG) of the American Society for Reproductive Medicine (ASRM) grieves the countless lives lost to racial violence. We grieve for the children who will never grow up (Tamir Rice, Trayvon Martin), the young people whose futures were taken away (Ahmaud Arbery, Breonna Taylor), the transgender people who were targeted for multiple aspects of their identities (Tony McDade, Serena Angelique Velázquez Ramos). We grieve for those whose names will go down in history (Oscar Grant, George Floyd) and for those, past and future, whose names we will never know. These were meaningful lives that mattered deeply to family, friends and communities.

The MHPG denounces police brutality and rejects all violence and discrimination based on racial, ethnic and religious difference, ability, or on sexual orientation and gender identity. All people have the human right to live their lives to their full potential, including the right to reproductive freedom. As mental health professionals in the field of reproductive medicine, we have an *ethical obligation* to combat the deleterious effects of institutional, individual and cultural racism in research and practice; to work to eliminate health disparities and to bolster the mental health of disenfranchised groups in fertility treatment.

We have identified three primary ways that racism impacts the field of reproductive medicine: 1) by limiting access to reproductive care for people of African descent, indigenous people, and other people of color[i], 2) by jeopardizing quality of care through implicit bias and microaggressions, as well as overt discriminatory treatment, and 3) by creating a gross overrepresentation of white providers in our field.

The legacy of racial trauma in the United States permeates every aspect of reproductive medicine. The reprehensible history of racist medical practices[ii] casts a shadow over our medical system, while the historic devaluation of Black women's reproductive autonomy, dating back to slavery, continues to haunt our work. Today, Black and Native women are 2-3 times more likely to die from pregnancy-related causes than white women. This history perpetuates cultural mistrust of medical and mental health providers, further widening the treatment access gap and negatively impacting the physical, mental and spiritual health of people of color in fertility treatment.

It is incumbent upon us, the members of the MHPG, to strive for equity in our profession and for reproductive justice. We must begin by interrogating the system that has led to MHPG's exceedingly white membership, by recruiting and mentoring clinicians of color and by promoting these members to leadership positions. We must promote research that uses an anti-racist lens to address the issue of access to care. And we all--especially those of us who benefit from white privilege--must do the personal work of examining our conscious and unconscious racial biases and developing an anti-racist stance in our work. Going forward, the MHPG Inclusion and Anti-racism Task Force will be offering concrete action items for individual members as well as for structural change. We invite all members to commit to joining us in this important work in order to create a future where everyone who chooses to become a parent can have a fair and equal chance to create the family of their dreams.

References:

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[i] In creating this document, we have strived to use clear and direct language in consultation with members of traditionally marginalized groups. We understand that, in doing so, we risk being too broad on one hand, or exclusionary on the other. We also recognize that preferred terminology varies person-to-person, and changes over time. We support individuals' rights to self-identify and we acknowledge that people have intersecting identities.

[ii] This history of bioethical transgressions includes: 1) The United States Public Health Service "Tuskegee Study of Untreated Syphilis in the Negro Male" which withheld syphilis treatment for Black men (National Center for Bioethics in Research and Health Care, 2020); 2) The unauthorized removal and harvesting of Henrietta Lacks' cervical cancer cells for research and without any cancer treatment (Khan, 2011). These are just a few of many examples.