ED & WORKFORCE DEMOCRATS

OPENING STATEMENT

House Committee on Education and Workforce
Ranking Member Robert C. "Bobby" Scott

Opening Statement of Ranking Member Robert C. "Bobby" Scott (VA-03)
Full Committee Hearing
"Training Activists, Not Physicians: The Impact of DEI on Medical Schools"
2175 Rayburn House Office Building
Tuesday, July 14, 2026, at 10:15 a.m.

Thank you, Mr. Chairman.

Mr. Chairman, today the full Committee is holding a hearing titled by my colleagues, "*Training Activists, Not Physicians: The Impact of DEI on Medical Schools."* The three schools appearing before the Committee today were initially asked to respond to concerns about antisemitism on their campuses. Yet somewhere along the way, the majority shifted its focus from addressing allegations of antisemitism in medical schools to attacking diversity, equity, and inclusion (DEI) in medical education.

Let me be clear: illegal discrimination, in any form, against any person, should not occur in our medical schools, teaching hospitals, or health care system. Antisemitism is real, and it is rising— as are claims of Islamophobia, racism, sexism, and other forms of discrimination. Our nation's educational civil rights laws were put in place to ensure that students, residents, and faculty in medicine have safe learning environments.

Democrats have stood ready to meaningfully address hate and discrimination. However, I am dubious about my colleagues' commitment to addressing discrimination when they've abandoned good-faith efforts to do so. Especially given the fact that they have turned a blind eye when people within their own party who have actively normalized bigotry and are dismantling the very offices created to fight illegal discrimination.

Promoting diversity, equity, and inclusion is how we combat bigotry, hatred, and illegal discrimination. And I am enforced by the Office of Civil Rights at the Department of Education, an office that has already **lost** half its staff and is being bounced around and out of the Department of Education as we speak. We do not defeat prejudice by eliminating exposure to people different from you, or by erasing the training that teaches future doctors to recognize and confront bias. You defeat it by building familiarity, understanding, and respect. Gutting DEI programs in the name of fighting antisemitism simply doesn't make sense. Worse, it makes medical schools less equipped to care for Jewish students and other students who face discrimination.

For example, earlier this year, my colleague from Pennsylvania, Ms. Lee, reminded Health and Human Services (HHS) Secretary that his own Department had directed staff to remove nearly 200 words and phrases— including the word "Black"— from funding applications as part of the Trump Administration's war on DEI. So, the Congresswoman posed a simple question: "How are we going to solve the Black maternal mortality crisis if we cannot say 'Black'?" She did not get a coherent response.

That's the contradiction is at the heart of this Administration's approach. We cannot address health disparities if we're discouraged from even acknowledging how different communities are impacted.

Another way this Administration has dismantled the programs that would address students experiencing discrimination has been the illegal dismantling of the Department of Education's Office of Civil Rights (OCR). According to a report by the Health, Education, Labor, and Pensions (HELP) Committee in the Senate, in 2025, OCR reached zero resolution agreements involving sexual harassment, sexual violence, seclusion or restraint violations of students with learning or behavioral issues, racial harassment, or discriminatory school discipline. To add a finer point, OCR reached zero resolutions in those categories in 2025 despite having more than 2,700 pending cases! The Government Accountability Office also reported that while all the discrimination claims went unaddressed, the federal government paid employees at the Office of Civil Rights up to $38 million for *not working*. This is in part thanks to DOGE.

The very office that could and should protect students from illegal discrimination has effectively been hollowed out. The majority on this committee is complicit because they have refused to conduct any meaningful oversight over plans by this Administration to decimate OCR or critique the actions of HHS that are counter to evidence, data, science, or even common sense.

Instead of seeking accountability and change, my colleagues have chosen to hold endless hearings that may be good for grabbing headlines but are not very effective at enacting any positive result to improve health care in this country. This hearing will not address access to affordable [health] care; gaps in medical care and the communities that need to be served; it won't address the alarming decline in medical school enrollment among key demographics necessary to serve this country's diverse communities and population centers; nor will it ensure that our medical school faculty, students, and residents are equipped with the best technology to improve services to the public.

Sadly, this hearing is yet another example of weaponized grievances against DEI dressed up as concern for antisemitism.

Now, real inclusion in health care requires a multi-pronged approach. First, medical schools should be teaching best practices, which include training future doctors to recognize biases in their field of practice. That includes institutionalized biases based on race, gender, religion, ability, socio-economic standing, and others. Second, medical school settings must foster an inclusive learning environment that produces better-prepared doctors. You cannot claim credit for the second step if you've spent the last two years dismantling step one.

Health care is among America's most diverse workforce sectors. When students entering the field feel safe and respected, they perform better as providers. When patients feel seen, they have increased trust and can better engage in their own care. Inclusion [isn't just] fair — it's more effective medicine, and that includes making sure that everyone feels safe and respected, too.

Lastly, health equity and affordable care are the same fight. A system that tolerates discrimination does not just fail individuals— it drives up costs for everyone. Health care should work for everyone, no matter who they are, who they worship, or how much money they have.

Thank you, Mr. Chairman, and I yield back.