



August 6, 2025

The Honorable Harmeet K. Dhillon
Assistant Attorney General
Civil Rights Division
U.S. Department of Justice
950 Pennsylvania Avenue, NW
Washington, D.C. 20530

Re: Letter in Support of DOJ's Ongoing Investigation Into Harvard's Admissions Practices and Request for Enforcement Action Against Harvard Medical School's Illegal DEI Practices

Dear Assistant Attorney General Dhillon:

America First Legal Foundation ("AFL") is a national, nonprofit organization committed to upholding the rule of law and advancing equal protection of the law for all Americans.

We write in support of the Department of Justice's ("DOJ") ongoing investigation¹ into Harvard University ("Harvard") for potential violations of the Supreme Court's decision in *Students for Fair Admissions, Inc. v. President & Fellows of Harvard College* ("*SFFA*"),² and to request an immediate investigation and enforcement action against Harvard Medical School for its unlawful rebranding and continuation of discrimination on the basis of race, sex, national origin, ethnicity, and other impermissible, immutable characteristics under the pretext of "diversity, equity, and inclusion" ("DEI") in open defiance of federal civil rights laws, controlling Supreme Court precedent, and Executive Orders issued by President Donald J. Trump.

Once considered the gold standard of American higher education, Harvard today is better known for defying the Constitution than upholding it. Rather than dismantle

¹ Michael C. Bender & Michael S. Schmidt, *Trump Administration Escalates Harvard Feud with New Justice Dept. Investigation*, N.Y. TIMES (May 15, 2025), <https://perma.cc/9S3P-MELD>.

² 600 U.S. 181 (2023) (hereinafter, "*SFFA*").

its “discrimination, exclusion, and intolerance”³ practices as required, Harvard has chosen instead to rename, repackage, and redeploy the same unlawful practices under new euphemisms.⁴ It has chosen defiance over compliance.

Even more concerning is the university’s calculated effort to evade the Supreme Court’s ruling in *SFFA*⁵—a case where Harvard was named a Defendant. It appears Harvard has adopted the language of compliance while preserving the substance of discrimination within its medical school. Its public commitment to promoting diversity⁶ remains the cornerstone of its “holistic” admissions strategy.⁷ In place of explicit racial classifications, the school now deploys race proxies embedded within holistic review criteria and ideologically driven DEI frameworks—all designed to produce predetermined demographic outcomes. This is not a lawful adaptation. It is covert circumvention to achieve the very racial balancing the Supreme Court struck down as “patently unconstitutional.”⁸

The use of DEI-based discrimination in medical education isn’t just illegal, it’s unethical. No sector demands greater adherence to merit and objectivity than medicine, where decisions made by physicians can mean the difference between life and death. Patients place their lives in the hands of physicians, and the public must be able to rely on a healthcare system where those entrusted with medical care are selected based on objective qualifications such as academic excellence and clinical competence, not identity metrics masquerading as merit. Any healthcare admissions practice that elevates race, sex, or other protected traits over merit undermines the integrity of the profession, the quality of the U.S. physician workforce, and endangers public trust in the medical system itself. The integrity of American medicine cannot be sacrificed to appease ideological orthodoxy.

Accordingly, AFL urges DOJ to expand its investigation into Harvard University to include Harvard Medical School and initiate a formal enforcement action under Title VI of the Civil Rights Act of 1964 and Title IX of the Education Amendments of 1972. We further ask DOJ to coordinate with the Department of Education’s Office for Civil

³ Harmeet K. Dhillon (@AAGDhillon), “Discrimination, Exclusion, and Intolerance,” X (July 7, 2025, at 6:00 PM), <https://perma.cc/9FWX-4ZZL>.

⁴ William C. Mao et al., *Harvard Grad Schools Rebrand Diversity Offices as University Wipes DEI Messaging*, HARV. CRIMSON (July 13, 2025), <https://perma.cc/FH89-N5LM>.

⁵ *Supra* note 2.

⁶ *Commitment to Diversity*, HARV. MED. SCH., <https://perma.cc/7KWH-DHV6>.

⁷ *Selection Factors*, HARV. MED. SCH., <https://perma.cc/4XDG-99ZA>.

⁸ 600 U.S. at 223.

Rights and the Department of Health and Human Services’ Office for Civil Rights to enforce all applicable provisions of federal civil rights law, including Section 1557 of the Affordable Care Act.

I. Federal Law Requires the Elimination of Discrimination Based on Race, Sex, Ethnicity, and Other Impermissible Characteristics

As a recipient of federal financial assistance, Harvard is bound by Title VI of the Civil Rights Act of 1964, which unequivocally prohibits discrimination on the basis of “race, color, or national origin” in any program or activity receiving federal funds.⁹ Similarly, Title IX of the Education Amendments of 1972 bars discrimination “on the basis of sex” in “any education program or activity” receiving federal funds.¹⁰ Section 1557 of the Affordable Care Act incorporates these protections and applies them squarely to health education institutions, including medical schools.¹¹

President Trump’s recent Executive Orders reaffirm and extend these statutory protections. On January 21, 2025, President Trump signed Executive Order No. 14151, titled “Ending Racial and Wasteful Government DEI Programs and Preferencing,” which categorically prohibits the use of any structures, policies, or practices that rely on race, skin color, ethnicity, national origin, or other impermissible, immutable characteristics to guide institutional decision-making.¹²

President Trump subsequently issued Executive Order No. 14173, titled “Ending Illegal Discrimination and Restoring Merit-Based Opportunity,” rescinding the Biden administration’s DEI directives and requiring federal agencies to enforce long-standing civil rights laws uniformly, combat illegal DEI preferences, policies, and programs, and condition federal grants and contracts on certification that recipients, including public institutions like Harvard, do not engage in such discriminatory practices.¹³

These Executive Orders make clear that publicly funded institutions have no lawful basis for maintaining DEI programs. They assign federal agencies the affirmative obligation to withhold funds and pursue enforcement against any institution that engages in unlawful discrimination by conditioning benefits, penalties, or access to

⁹ 42 U.S.C. § 2000d *et seq.*

¹⁰ 20 U.S.C. § 1681(a).

¹¹ 45 C.F.R. § 92.4.

¹² Exec. Order No. 14151, 90 Fed. Reg. 8339 (Jan. 29, 2025), <https://perma.cc/4XZP-KB4S>.

¹³ Exec. Order No. 14173, 90 Fed. Reg. 8633 (Jan. 31, 2025), <https://perma.cc/8ASH-GVED>.

programs on protected characteristics. That prohibition applies regardless of the terminology used. Whether labeled “DEI” or rebranded under euphemisms such as “inclusive excellence,” “institutional equity,” “health equity,” “cultural humility,” or “community engagement,” any creative terminology intended to evade or conceal noncompliance with these Executive Orders is patently unlawful. Changing the name does not change the illegality: “this wolf comes as a wolf.”¹⁴

A. Department of Education Has Oversight of Medical School Accreditation

On February 14, 2025, the U.S. Department of Education’s OCR issued a Dear Colleague Letter clarifying the nondiscrimination obligations of institutions receiving federal funds under the Equal Protection Clause of the Fourteenth Amendment, Title VI of the Civil Rights Act of 1964, and other applicable federal civil rights laws.¹⁵ This letter reaffirmed that institutions receiving federal funds may not engage in racial classifications, stereotyping, or preferences in any aspect of their operations.¹⁶ Accompanying the letter was a Frequently Asked Questions (“FAQ”) document explaining how OCR interprets the Supreme Court’s decision in *SFFA*¹⁷ in the context of race-based classifications, preferences, and stereotypes prohibited under Title VI.¹⁸

While several federal courts have issued preliminary injunctions temporarily prohibiting the Department of Education’s OCR from enforcing the Dear Colleague Letter and accompanying FAQ,¹⁹ the principles articulated therein are not novel. They rest squarely on controlling Supreme Court precedent and long-standing federal civil rights law. Accordingly, nothing prohibits the Department of Education from taking immediate action consistent with those legal authorities.

The Department of Education plays a significant role in regulating medical schools through oversight of accrediting agencies and federal funding. For example, the Department of Education grants recognition to the Liaison Committee on Medical Education (“LCME”), which oversees the “accreditation of programs of medical

¹⁴ *Morrison v. Olson*, 487 U.S. 654, 699 (1988) (Scalia, J., dissenting).

¹⁵ *Dear Colleague Letter: Students for Fair Admissions v. Harvard and University of North Carolina*, U.S. DEPT OF EDUC. (Feb. 14, 2025), <https://perma.cc/T4YA-TYFP>.

¹⁶ *Id.*

¹⁷ *Supra* note 2.

¹⁸ *Frequently Asked Questions About the Prohibition of Racial Preferences and Stereotypes Under Title VI of the Civil Rights Act of 1964*, U.S. DEPT OF EDUC., <https://perma.cc/P8C4-QTF3>.

¹⁹ Dear Colleague Letter, *supra* note 15.

education leading to the M.D. degree in the United States in institutions that are themselves accredited by regional accrediting organizations.”²⁰

The LCME is jointly sponsored by the American Medical Association and the Association of American Medical Colleges (“AAMC”).²¹ These entities actively promote DEI-based discrimination in medicine, including the recruitment of underrepresented students, residents, fellows, faculty, and staff.²² The AAMC, in particular, encourages institutions like Harvard to adopt these discriminatory practices.²³ LCME accreditation is a critical prerequisite for medical schools to access federal benefits, including Title VII funding and participation in the United States Medical Licensing Examination.²⁴ This gives the Department of Education not only oversight but significant leverage. Notably, LCME’s recognition by the Department is subject to renewal and expires in 2028.²⁵ That recognition and its privileges should accompany a corresponding duty to comply with federal law.

B. HHS Warns Medical Schools That Race-Based Admissions, Even When Disguised, Violate Federal Law

On May 6, 2025, HHS issued its own Dear Colleague Letter directed at medical schools that receive federal financial assistance, warning that racial classifications, stereotyping, or preferences in admissions and training, whether explicit or obscured by DEI euphemisms, violate Title VI of the Civil Rights Act of 1964, Section 1557 of the Affordable Care Act, and the Equal Protection Clause.²⁶ The letter emphasized that discrimination against any racial group, including White, Jewish, and Asian students, is unlawful regardless of the terminology used.²⁷

²⁰ *About the LCME*, LIAISON COMM. ON MED. EDUC., <https://perma.cc/SBR4-2FVM>.

²¹ *Id.*

²² *American Medical Association Resident and Fellow Section*, AM. MED. ASS’N, <https://perma.cc/44V5-F2NT>; see also *Activism Over Meritocracy: How the Association of American Medical Colleges is Corrupting Medical Education with Endless DEI Ideology*, DO NO HARM, <https://perma.cc/HV3Y-24PN>.

²³ *Id.*

²⁴ *About the LCME*, *supra* note 20.

²⁵ *Recognition of the LCME by the U.S. Department of Education and the World Federation for Medical Education (WFME)*, LIAISON COMM. ON MED. EDUC., <https://perma.cc/SV6J-HTV8>.

²⁶ *Nondiscrimination Requirements for Medical Schools on the Basis of Race, Color, and National Origin pursuant to Students for Fair Admissions, Inc. v. President & Fellows of Harvard Coll.*, 600 U.S. 181 (2023), U.S. DEPT OF HEALTH & HUM. SERVS., <https://perma.cc/856S-GGCD>.

²⁷ *Id.*

HHS warned that seemingly neutral programs may, upon closer inspection, function as vehicles for race-based decision-making in violation of federal law. For example, medical schools may not rely on application materials, such as “personal statements, writing samples, or extracurricular activities,” to deduce an applicant’s race and then apply differential treatment.²⁸ Nor may DEI programs grant advantages or impose burdens based on assumptions tied to racial identity rather than individual merit. Such practices not only contravene civil rights laws but also foster a racially hostile environment that deprives students of equal participation in academic life.²⁹

HHS further advised all medical schools “to: (1) ensure that all policies, procedures, and practices are fully consistent with applicable federal civil rights laws; (2) discontinue the use of any criteria, tools, or processes that serve as substitutes for race or are intended to advance race-based decision-making; and (3) cease reliance on third-party contractors, clearinghouses, or data aggregators that engage in prohibited uses of race.”³⁰ Medical schools that do not comply with federal law are subject to investigation and “measures to secure compliance,” that could affect their continued eligibility for federal funding.³¹

C. DOJ Issues Guidance for Federal Funding Recipients Regarding Unlawful Discrimination

On July 29, 2025, Attorney General Pam Bondi issued a formal memorandum on behalf of DOJ to all federal agencies, providing guidance to recipients of federal funding regarding unlawful discrimination.³² The memorandum opens by reaffirming one of the Nation’s “bedrock principles:” that “all Americans must be treated equally,” and it declares that the federal government “will not stand by while recipients of federal funds engage in unlawful discrimination.”³³ The guidance emphasizes that discrimination based on race, color, national origin, sex, religion, or other protected characteristics is “illegal under federal law” and “dangerous, demeaning, and immoral,” regardless of whether it is cloaked in facially neutral proxies, advanced under benign labels, or promoted under the pretext of virtuous objectives.³⁴

²⁸ *Id.*; see also 600 U.S. at 230 (“[U]niversities may not simply establish through application essays or other means the regime we hold unlawful today.”).

²⁹ *Id.*

³⁰ *Id.*

³¹ *Id.*

³² *Memorandum for All Federal Agencies*, U.S. DEP’T OF JUST., <https://perma.cc/658Q-6URQ>.

³³ *Id.*

³⁴ *Id.*

According to the memorandum, “preferential treatment occurs when a federally funded entity provides opportunities, benefits, or advantages to individuals or groups based on protected characteristics in a way that disadvantages other qualified persons” or groups absent “very narrow exceptions.” This includes scholarships reserved exclusively for specific racial groups that “exclude[] otherwise qualified applicants of other races even if they meet academic or financial need criteria,” any race-exclusive opportunities, such as “internships, mentorship programs, or leadership initiatives that reserve spots for specific racial groups” to “promote diversity,” and preferential hiring practices.³⁵ The memorandum also makes clear that federally funded entities may not implement recruitment strategies that target geographic areas or institutions chosen primarily because of their racial or ethnic composition, or require applicants to submit “diversity statements” or describe “obstacles they have overcome” in a way that functions as a proxy for discerning protected characteristics.³⁶

As one of the largest recipients of federal funding, this guidance squarely applies to Harvard Medical School. By continuing to operate a comprehensive DEI framework that conditions access to admissions, scholarships, clerkships, Harvard-affiliated residency programs, and research initiatives on race, sex, and other protected traits, Harvard engages in the very conduct DOJ has warned will trigger enforcement.

Federal law is unambiguous: unlawful discrimination occurs when individuals are treated differently or denied access to participation, benefits, advancement, or other opportunities because of their race, color, or national origin.³⁷ Accordingly, Harvard Medical School has defied the legal requirements of Title VI and the Equal Protection Clause by continuing to operate a discriminatory regime that conditions access to admissions, scholarships, residencies, and other opportunities on protected characteristics.

³⁵ *Id.*

³⁶ *Id.*

³⁷ 34 C.F.R. § 100.3(b).

II. DEI at Harvard Medical School

A. *Harvard Is Circumventing Compliance by Rebranding DEI Programs*

Harvard has not merely preserved its discriminatory DEI framework—it is working to “redouble its emphasis” to “build a culture of belonging,”³⁸ preserving its race and identity-based preferences within medical school admissions,³⁹ scholarships, faculty recruitment,⁴⁰ outreach initiatives, academic curriculum,⁴¹ and governance. As part of this effort, Harvard is executing a calculated strategy—changing names, titles, and department structures while preserving the substance of its discriminatory DEI practices.

New euphemisms such as “Culture and Community Engagement,” “Constructive Engagement,” “Community and Campus Life,”⁴² “Inclusive Excellence,” and “Diversity, Inclusion, and Belonging”⁴³ have replaced overt DEI policies, practices, and programs serving as rhetorical camouflage to shield noncompliance from legal scrutiny.

Harvard’s official website makes this intent clear in describing the mission of its newly rebranded “Office for Community and Campus Life.”⁴⁴ This office is the successor to Harvard’s Office for Equity, Diversity, Inclusion, and Strategic Belonging, which was renamed in April 2025 as part of a realignment strategy to continue the same DEI efforts under a new banner, with no change in mission or personnel.⁴⁵

Sherri Ann Charleston, appointed Harvard’s Chief Diversity Officer in August 2020,⁴⁶ now leads the rebranded office under the new title of Chief Community and Campus Life Officer.⁴⁷ In a university-wide announcement, Charleston stated the office would

³⁸ *Our Commitment to Community*, HARV. UNIV., <https://perma.cc/9U6Z-CDMN>.

³⁹ Selection Factors, *supra* note 7.

⁴⁰ *Faculty Recruitment*, HARV. MED. SCH., <https://perma.cc/ZD2M-CETD>.

⁴¹ *Societal Themes*, HARV. MED. SCH., <https://perma.cc/5QKS-E742>.

⁴² Community and Campus Life, *infra* note 48.

⁴³ *Diversity, Inclusion, and Belonging*, HARV. MED. SCH., <https://perma.cc/L226-28T2>.

⁴⁴ *Id.*

⁴⁵ Nina Pasquini, *Harvard Renames Diversity Office*, HARV. MAG. (Apr. 29, 2025), <https://perma.cc/A3BT-MRYK>.

⁴⁶ Nate Herpich, *Sherri Ann Charlston Named Chief Diversity and Inclusion Officer*, HARV. GAZETTE (June 22, 2022), <https://perma.cc/Q2QJ-CNLQ>.

⁴⁷ Pasquini, *supra* note 45.

“redouble its emphasis” on building a “culture of belonging,” “expanding and supporting programs” that give Harvard community members “greater opportunities to engage across difference,” and enhance support for first-generation and low-income students.⁴⁸ These covert descriptors are proxies, enabling Harvard to preserve its race-conscious and discriminatory infrastructure under a different name. In practice, Harvard has offered no explanation of how this “focus” differs substantively from its prior DEI regime.

Charleston pointed to Harvard’s 2024 Pulse Survey, administered under the direction of the renamed Office for Community and Campus Life—the very office that replaced Harvard’s original DEI command center, as justification for these efforts.⁴⁹ However, the Pulse Survey itself is a DEI tool designed to entrench the very practices Harvard is required by law to dismantle.⁵⁰

The initial 2019 Pulse Survey⁵¹ was administered by the “Office of Diversity, Inclusion, and Belonging at the request of the Presidential Task Force on Inclusion and Belonging”⁵² and was “designed as a first step to help inform priorities, practices, and policies” aligned with Harvard’s stated goal of building “inclusive excellence”⁵³—a model created by the American Association of Colleges and Universities to embed DEI principles into university governance.⁵⁴

B. Harvard Medical School Has Adopted the Same DEI Rebranding Scheme

Harvard Medical School’s operations reflect the same deliberate rebranding pattern as the university. In June 2025, Dean George Q. Daley announced that the name of the “Office for Diversity, Inclusion, and Community Partnership” had been changed to the “Office for Cultural and Community Engagement.” The long-standing Office of Recruitment and Multicultural Affairs—which explicitly focused on recruiting students from underrepresented groups—was folded into the Office of Student

⁴⁸ *Community and Campus Life*, HARV. MED. SCH., <https://perma.cc/N7RH-NDDP>.

⁴⁹ *Id.*

⁵⁰ *The Pulse Survey*, HARV. UNIV., <https://perma.cc/DS3M-4D77>.

⁵¹ *Pulse Survey on Inclusion & Belonging: 2019 Results*, HARV. UNIV., <https://perma.cc/9YPM-G43X>.

⁵² The Pulse Survey, *supra* note 50.

⁵³ *Id.*

⁵⁴ *Making Excellence Inclusive: A Framework for Embedding Diversity and Inclusion into Institutional Practices and Policies*, ASS’N OF AM. COLLS. & UNIVS. (2005), <https://perma.cc/4G6X-G3TC>.

Affairs.⁵⁵ However, Daley confirmed in the same announcement that this discriminatory recruiting program would “continue in a fully integrated way” within the Office of Student Affairs.⁵⁶

Harvard Medical School’s DEI Office, now rebranded, was established in 2002 to “promote the increased recruitment, retention, and advancement of diverse faculty,” particularly from racial groups considered “underrepresented in medicine,” and to oversee “all diversity activities” at the medical school.⁵⁷ Within this office, the Minority Faculty Development Program operates a race-conscious pipeline to “address crucial pipeline issues” and increase the “pool of minority and disadvantaged students” in medicine through initiatives beginning as early as middle school and continuing through postgraduate education.⁵⁸

Daley stated the office would remain under the leadership of Dr. Joan Reede, the “Dean of Diversity and Community Partnership,”⁵⁹ and would “continue to focus” on two main areas, including “*providing opportunity and access* to help individuals thrive.”⁶⁰ This euphemistic language reflects preferential recruitment and confirms that Harvard’s rebranding is not a true departure from discriminatory policies but the continuation of a decades-long system of race- and identity-based favoritism.

Harvard’s “Better Together Plan” is another clear example. Originally published under the Office for Diversity, Inclusion, and Community Partnership, the plan describes a “long-term ambitious plan” to make the medical school the “destination for diverse individuals” with “across-the-board increased representation of underrepresented and historically marginalized individuals,” such as those underrepresented in medicine (“URM”), women, and those who “identify as LGBTQ.”⁶¹

⁵⁵ George Q. Daley, *Our Continued Commitment to Culture and Diversity*, HARV. MED. SCH.: MESSAGES FROM THE DEAN (June 4, 2025), <https://perma.cc/C945-FXUB>.

⁵⁶ *Id.*

⁵⁷ *Diversity at Harvard Medical Schools and HMS Affiliated Hospitals*, HARV. MED. SCH., <https://perma.cc/6AY2-ZTXW>.

⁵⁸ *Id.*

⁵⁹ Joan Y. Reede, MD, MS, MPH, MBA, HARV. MED. SCH., Biography, <https://perma.cc/VFF5-Q33X>.

⁶⁰ *Our Continued Commitment to Culture and Diversity*, *supra* note 55 (emphasis added).

⁶¹ *Better Together Plan*, HARV. MED. SCH., <https://perma.cc/7V33-NBKC>.

In July 2025, this plan had also been rebranded.⁶² However, this rebranding does not represent compliance; it reflects a conscious effort to obscure the continuation of the same race- and identity-based policies under new terminology. Harvard’s deliberate use of euphemisms and bureaucratic reshuffling reflects a conscious effort to conceal ongoing civil rights violations under the veneer of reform, when in substance, it has not abandoned discriminatory preferences at all.

C. Harvard Medical School Has Integrated DEI “Societal Themes” Throughout its Curriculum

Harvard Medical School has embedded into its curriculum a framework known as “Societal Themes,” which includes DEI topics designed for “longitudinal curricular integration” across all coursework and clinical rotations.⁶³ These themes are not peripheral or optional. They are designed to shape every aspect of medical education and professional formation. In doing so, Harvard is codifying identity-based ideological instruction under the guise of health care training—violating federal civil rights law and recent Executive Orders.

Among the most concerning themes are “Health Equity” and “Sexual and Gender Minority Health.”⁶⁴ Each one reflects Harvard’s use of race, sex, sexual orientation, and gender identity as central organizing categories in curriculum, assessment, and professional development. These themes are not facially neutral; they are explicitly ideological and function as policy vehicles to embed race-conscious and sex-based viewpoints into medical training.

The Health Equity theme rests on the premise that inequities in health outcomes are rooted in systemic injustice and that future physicians have a “moral imperative” to achieve justice through medicine.⁶⁵ According to Harvard, the goal of the Health Equity theme is to “ensure that each course and clerkship addresses health equity issues,” “provides social context” for how “inequities manifest in patient populations,” and to teach students how to build “more equitable health systems.”⁶⁶

⁶² *Office for Culture and Community Engagement: Better Together*, HARV. MED. SCH., <https://perma.cc/ZTQ9-QDZJ>.

⁶³ Societal Themes, *supra* note 41.

⁶⁴ *Id.*

⁶⁵ *Id.*

⁶⁶ *Id.*

The goal is not clinical excellence. It is a system transformation that “transforms how medicine is conceptualized and practiced.”⁶⁷ This is achieved through mandatory instruction on social determinants, racial and class-based disparities, and re-engineering care delivery systems to equalize outcomes. The competencies outlined by the Health Equity theme are not medically neutral. They explicitly align students toward a political mission of “achieving justice in health for all,”⁶⁸ which redefines the physician’s role from healer to social activist.

The Sexual and Gender Minority (“SGM”) Health theme similarly embeds an unlawful agenda. Harvard proudly declares that 15 to 20 percent of incoming medical students identify as LGBTQIA+ (lesbian, gay, bisexual, transgender, queer, intersex, asexual, and all sexual and gender minorities)⁶⁹ with a “strong passion and expectation for SGM health engagement.”⁷⁰ Rather than training students to provide individualized, evidence-based care to all patients, regardless of identity, Harvard elevates this category of patients above others and tailors its core instruction accordingly. This includes redefining sex and gender in clinical contexts, mandating intersectional approaches that center “racial equity,” and cultivating “affirming” environments based on gender ideology.⁷¹

The program’s objectives are not limited to medical content. Harvard openly states it seeks to reform the student body’s values, attitudes, and behavior, and that it tracks success not only through curriculum content but through increases in LGBTQIA+ student matriculants and changes to student life and culture.⁷²

Together, these themes violate federal civil rights laws and Executive Order 14173.⁷³ That order categorically prohibits the use of race, ethnicity, sex, sexual orientation, or gender identity in any policy or practice of a federally funded institution. It requires recipients of federal funds to certify that they do not engage in unlawful discrimination or maintain any program that conditions access to benefits or opportunities on protected characteristics and further directs federal agencies to withhold funding and initiate enforcement actions against institutions that promote or conceal discriminatory programs, regardless of how they are labeled.

⁶⁷ Societal Themes, *supra* note 41.

⁶⁸ *Id.*

⁶⁹ *Id.*

⁷⁰ *Id.*

⁷¹ *Id.*

⁷² *Id.*

⁷³ Executive Order 14173, *supra* note 13.

Harvard’s use of “Societal Themes” to compel adherence to race- and identity-based discrimination is a textbook example of mechanisms of indoctrination designed to prioritize group identity over individual merit and to reorient medical training away from scientific standards and toward political activism. Branding these programs as “health equity” or “community engagement” does not cure their illegality. As the Executive Order makes clear, euphemistic terminology does not shield an institution from liability. The substance controls, and in substance, these programs are discriminatory. These societal themes should not exist in any academic institution, let alone one receiving federal funds.

III. Harvard Continues to Violate SFFA

Harvard Medical School’s admissions process circumvents the Supreme Court’s ruling in *SFFA*⁷⁴ by continuing to employ a “holistic admissions review” designed to “build a diverse student body.”⁷⁵ While its website does not expressly state that it considers race, its application process utilizes diversity-based essay prompts structured to elicit racial and identity-based information about an applicant in ways that allow admissions officers to discern race and other protected characteristics.⁷⁶

In *SFFA*, the Court ruled that the race-based admissions policies at Harvard and the University of North Carolina (“UNC”) violated the Equal Protection Clause of the Fourteenth Amendment and made clear that “eliminating racial discrimination means eliminating all of it.”⁷⁷ In its opinion, the Court rejected “amorphous” goals such as “diversity” and “equity” as insufficient to justify racial classifications, emphasizing that any use of race must satisfy strict scrutiny and have a “logical end point.”⁷⁸ It made clear that race-based preferences or penalties are unconstitutional, even if adopted to remedy past disparities, and that policies rooted in racial stereotypes cannot stand.⁷⁹ Moreover, it made clear that Title VI of the Civil Rights Act, which prohibits discrimination in federally funded programs, imposes the same legal obligation on private institutions like Harvard as the Equal Protection Clause

⁷⁴ *SFFA*, *supra* note 2.

⁷⁵ Selection Factors, *supra* note 7.

⁷⁶ Shemmassian Academic Consulting, *Watch Me Analyze Every Harvard Medical Essay Prompt*, (YOUTUBE, May 2, 2025), <https://perma.cc/RYP2-E7Q4>.

⁷⁷ *SFFA* at 206.

⁷⁸ *Id.* at 210–14.

⁷⁹ *Id.* at 226–27.

does on public universities. Thus, the Court’s ruling binds Harvard today as firmly as it did at the time of the judgment.⁸⁰

A. Harvard Medical School Continues to Embrace the Very Rationale for Race-Based Admissions the Supreme Court Rejected

Despite the Supreme Court’s ruling in *SFFA*, Harvard still embraces the very justifications for race-based admissions the Court rejected. In April 2025, Harvard still adhered to its commitment to a “long-term ambitious plan” to make its medical school the “destination for diverse individuals.”⁸¹

Harvard’s “Better Together Plan” launched by its Task Force on Diversity and Inclusion, seeks to address issues of “health disparity and social justice” and sets a “vision for success” that includes “across-the-board increased representation of underrepresented, historically marginalized individuals such as URM [underrepresented in medicine], women, and those who identify as LGBTQ” at every level of the medical school.⁸² Most notably, it consistently tracks, monitors, and publishes outcomes for its diversity, inclusion, and belonging efforts to hold itself accountable for “improving representation and climate.”⁸³

Harvard adheres to the AAMC’s definition of “underrepresented in medicine,” which refers to racial and ethnic populations historically marginalized and underrepresented in the medical profession relative to their numbers in the general population.⁸⁴ This includes individuals identifying as “American Indian or Alaska Native; Black or African American; Hispanic, Latino, or of Spanish Origin; or Native Hawaiian or Other Pacific Islander.”⁸⁵

Harvard Medical School’s 2024 Dean’s Report states that the university “needs to do more to recruit the most talented [URM] students.”⁸⁶ By defining underrepresentation exclusively in racial and ethnic terms, and by expanding this framework to include sex and sexual orientation, Harvard Medical School categorically penalizes White, male, heterosexual, and Asian applicants from these

⁸⁰ *Id.* at 289–90 (Gorsuch, J., concurring).

⁸¹ *Better Together Plan*, HARV. MED. SCH., <https://perma.cc/7V33-NBKC>.

⁸² *Id.*

⁸³ *Id.*

⁸⁴ *Facts Glossary*, ASS’N OF AM. MED. COLLS., <https://perma.cc/R8XW-WXHE>

⁸⁵ *Id.*

⁸⁶ DEAN’S REPORT: THE MAGNETIC PULL OF HARVARD MEDICAL SCHOOL, HARV. MED. SCH. (2024) <https://perma.cc/5Q4D-2UMA>.

recruitment and advancement priorities. This is neither race-neutral nor constitutionally permissible.

Harvard's use of URM status parallels the "underrepresented minority" preferences at issue in *SFFA*, where Harvard's holistic admissions process considered race as a factor in assigning numerical scores, and UNC provided a "plus" based on race, both of which were deemed unconstitutional for treating applicants as members of racial groups rather than individuals. As the Court stated, "[a] tip for one race necessarily works as a penalty against other races."⁸⁷

The Court also condemned admissions practices grounded in racial stereotypes, including the assumption that applicants of certain races inherently possess distinct minority viewpoints.⁸⁸ Harvard's use of URM status does precisely that. It presumes that members of racially favored groups offer superior perspectives based solely on their race.

B. Harvard's "Holistic Admissions" Process Fails the Logical End Point Test Required Under Strict Scrutiny

In *SFFA*, the Supreme Court made clear that private institutions receiving federal funding, like Harvard, are bound by equal protection principles. Any use of race must satisfy strict scrutiny, requiring the policy to be narrowly tailored to serve a compelling public interest.

The Court adopted a "logical end point" test to evaluate whether institutions had a plan to end race-based admissions. Harvard's "holistic" admissions process failed the test under strict scrutiny then, and it fails the test today.⁸⁹

Harvard claims it is "committed to a diverse student body,"⁹⁰ but the Court in *SFFA* concluded that such goals still amounted to racial balancing because the schools monitored racial composition year over year and adjusted admissions to achieve preferred racial outcomes.⁹¹ Harvard still follows this same impermissible model.⁹²

⁸⁷ *SFFA* at 293–94.

⁸⁸ *Id.* at 219 (quoting *Grutter v. Bollinger*, 539 U.S. 306, 333 (2003)).

⁸⁹ *Id.* at 221 (quoting *Grutter*, 539 U.S. at 342).

⁹⁰ Commitment to Diversity, *supra* note 6.

⁹¹ *SFFA* at 221.

⁹² *Class of 2028 Facts and Figures*, HARV. MED. SCH., <https://perma.cc/8S5U-SXY8>.

It prioritizes applicants from groups “underrepresented in medicine,” and actively seeks to recruit and increase the enrollment of URM students based on comparisons to their proportion in the general population—a rationale the Court flatly rejected as “patently unconstitutional.”⁹³

Evidence from Harvard’s institutional reporting confirms that its race-based admissions practices are neither incidental nor limited to the School of Medicine—they are part of a comprehensive, university-wide regime of racial engineering. Each year, Harvard publishes class profile reports that disaggregate and monitor the racial, ethnic, and gender makeup of its incoming students.⁹⁴ Prior to the investigations initiated by federal agencies, Harvard Medical School publicly advertised a wide range of programs aimed at recruiting, retaining, and advancing faculty and students from URM groups. Now its webpages have been scrubbed or rebranded.

Harvard offers no measurable justification or temporal endpoint for its race-conscious practices. Instead, it has attempted to obscure them through rebranding and euphemisms, institutionalizing the very preferences the Supreme Court deemed unlawful. Its justification that the “diversity of the student body” enhances the “education of the physician”⁹⁵ reflects the same rationale that the Supreme Court in *SFFA* held to be too vague and amorphous to support the continued use of race-based admissions.⁹⁶

Harvard’s deliberate and systematic tracking of student demographics to achieve preferred racial outcomes suggests it has employed the very model of race-based sorting that the Court condemned in the strongest possible terms. As the Court in *SFFA* explained, this kind of open-ended, race-focused admissions structure “effectively assure[s] that race will always be relevant ... and that the ultimate goal of eliminating race as a criterion will never be achieved.”⁹⁷ By embedding race into its so-called “holistic admissions process,” disguising racial discrimination as “diversity,” and tracking admissions by URM categories,⁹⁸ Harvard does precisely what it did in *SFFA*. These practices violate federal law⁹⁹ and undermine the merit-

⁹³ *SFFA* at 223.

⁹⁴ *Admission Statistics: A Brief Profile of the Class of 2028*, HARV. UNIV., <https://perma.cc/D392-T6YH>.

⁹⁵ Selection Factors, *supra* note 7.

⁹⁶ *SFFA* at 210–14.

⁹⁷ *Id.* at 224 (quoting *City of Richmond v. J.A. Croson Co.*, 488 U.S. 469, 495 (1989)).

⁹⁸ Class of 2028 Facts and Figures, *supra* note 92.

⁹⁹ U.S. CONST. amend. XIV, § 1 (Equal Protection Clause); see also 42 U.S.C. § 2000d, *et seq.*

based standards essential to medical education, where competence is not symbolic but a matter of life and death.

C. Harvard Medical School Uses a Parallel Pipeline for Racially Preferred Applications

These policies do not exist in isolation. Harvard has constructed a parallel, race-conscious pipeline to identify, recruit, and advance individuals from its preferred demographic categories at every medical education and training stage. The sprawling advantage system encompasses high school and undergraduate initiatives, medical school pipeline initiatives, clerkships, residencies, and postdoctoral fellowships—all coordinated through Harvard’s DEI infrastructure to favor those who are “underrepresented in medicine.”

According to Harvard’s own materials, these pipeline programs begin “as early as the middle school level” and extend “through the postgraduate level,” offering curriculum development, teacher training, student research enhancement, and “career development opportunities.”¹⁰⁰ Oversight of these programs is centralized within the Office for Diversity, Inclusion, and Community Partnership, which explicitly frames its mission as “link[ing] HMS faculty, trainees, and students with local, regional, and national community-related activities” aimed at increasing representation of URM students in medicine.¹⁰¹

These programs function as identity-restricted academic pipelines that provide participants exclusive access to research opportunities, clinical exposure, mentorship, and leadership development while effectively excluding applicants from specific racial groups. As the Supreme Court made clear in *SFFA*, such preferences violate federal law by allocating benefits based on race and disadvantaging others in the process.

D. Harvard Medical School Transparently Violates the Supreme Court’s SFFA Decision

The *SFFA* decision could not be clearer: public and private institutions alike are forbidden from making admissions decisions based on race, even under the guise of “diversity” or proxies, euphemisms, or so-called mission-based language that repackage racial preferences. Yet this is precisely what Harvard is doing under the

¹⁰⁰ Harvard Medical Schools and HMS Affiliated Hospitals, *supra* note 58.

¹⁰¹ *Id.*

pretext of diversity. It engineers every aspect of its admissions, training, and hiring pipelines to sort, reward, and penalize individuals based on identity rather than merit. These policies violate Supreme Court precedent, Title VI of the Civil Rights Act, the President's Executive Orders, and the U.S. Constitution.

IV. Harvard Medical School's Pipelines, Scholarships, Clerkships, and Affiliated Residency Programs Reinforce Unlawful Discrimination

Harvard Medical School has embedded race- and identity-based preferences into its scholarship, clerkship, and fellowship programs, reinforcing a broader admissions and training framework that prioritizes protected characteristics over merit, skill, and competency. Many of these opportunities are explicitly restricted to, or primarily target, students who are underrepresented in medicine, a designation limited to specific racial groups.¹⁰² By conditioning access to financial aid, clinical clerkships, networking opportunities, and fellowships on race, sex, or other protected traits, Harvard perpetuates the same discriminatory outcomes condemned in *SFFA*. Examples of Harvard's discriminatory programs include:

- Catalyst Visiting Research Internship Program ("VRIP"): An eight-week summer research and mentorship program for first- and second-year U.S. medical students that explicitly favors "underrepresented minorities and/or disadvantaged individuals."¹⁰³ VRIP participants receive research training, mentorship, and networking opportunities designed to serve direct pipelines into Harvard-affiliated residency and fellowship positions.
- The Visiting Clerkship Program ("VCP"): Harvard Medical School reserves this program to provide support exclusively for minority students explicitly defined as "African-American, American Indian, and Hispanic American[s]." VCP facilitates participation in the HMS Exchange Clerkship Program, designed to "increase medical student awareness of opportunities in academic medicine, to increase their consideration of an academic training program for internship and residency, and, especially, to increase the number of minority students applying to HMS-affiliated hospital training programs."¹⁰⁴
- Harvard Affiliated Resident Program Showcase: Marketed as an "expansion" of VRIP, these programs limit participation to URM medical students in their

¹⁰² Facts Glossary, *supra* note 85.

¹⁰³ *Harvard Medical School DICP Sheet*, HARV. MED. SCH., <https://perma.cc/XF3D-REQC>.

¹⁰⁴ *Id.*

final two years of medical school. Harvard promises participants exclusive opportunities to “meet and network with Harvard-affiliated residency program training directors, attending physicians, fellows, and residents.”¹⁰⁵

- Dean’s Postdoctoral Residency Program: Offers postdoctoral research fellowships, professional development, and mentorship to fellows at Harvard Medical School, particularly individuals from backgrounds underrepresented in science, who will further contribute to diversity.”¹⁰⁶
- Joseph L. Henry Oral Health Fellowship in Minority Health Policy: An academic degree-granting program at Harvard Medical School designed to develop “minority oral health leaders” in health policy, public health, and academia.¹⁰⁷

A. *Harvard-Affiliated Residency Programs*

Harvard Medical School does not operate its own residency programs. Instead, medical graduates train at Harvard-affiliated teaching hospitals, including Boston Children’s Hospital, Beth Israel Deaconess Medical Center, Brigham and Women’s Hospital, Cambridge Health Alliance, Dana-Farber Cancer Institute, Massachusetts General Hospital, and McLean Hospital.¹⁰⁸ Each institution publicly emphasizes diversity, equity, and inclusion in residency recruitment and training:¹⁰⁹

- The Harvard Affiliated Emergency Medicine Residency (“HAEMR”) at Mass General Brigham has a “HAEMR ROOTS” initiative to increase representation and support for individuals based on race, ethnicity, sexual orientation, gender identity, socioeconomic background, and national origin.¹¹⁰ The program explicitly works to recruit and advance individuals considered URM, proactively contacts URM applicants “early in the application process in order to increase and maintain diversity within our resident body,” and integrates DEI principles into visiting clerkship programs, faculty development, and residency programs.¹¹¹

¹⁰⁵ *Id.*

¹⁰⁶ *Id.*

¹⁰⁷ *Id.*

¹⁰⁸ Harvard Medical Schools and HMS Affiliated Hospitals, *supra* note 58.

¹⁰⁹ *Id.*

¹¹⁰ *Harvard Affiliated Emergency Medicine Residency*, HARV. MED. SCH., <https://perma.cc/257F-UTQX>.

¹¹¹ *Id.*

- The Harvard Combined Orthopaedic Residency Program comprises four Harvard-affiliated teaching hospitals, embeds “inclusion and diversity” as “foundational elements” of the program, and offers research and development mentorship to “underrepresented minorities in medicine.”¹¹²
- Beth Israel Deaconess Medical Center, a Harvard Medical School teaching hospital, operates a formal Social Justice Pathway within its Internal Medicine Residency Program explicitly focused on training residents to become social justice advocates and activists.¹¹³ This track demonstrates how Harvard-affiliated residency programs integrate activist priorities directly into the professional training and advancement of physicians.

These Harvard-affiliated residency programs exemplify a systemic approach that embeds DEI-driven discrimination into graduate medical education where it simply does not belong. Through its partnership with a vast network of teaching hospitals and research institutes, residency programs routinely structure recruitment, selection, and advancement around race, sex, ethnicity, sexual orientation, and gender identity, rather than merit. These programs receive federal funding yet implement preferential clerkships, mentorships, and pipeline initiatives that explicitly favor, or disfavor applicants based on race or other immutable traits.

By embedding identity-based criteria into the gateway to medical licensure and professional advancement, these Harvard-affiliated programs transform residency training into a vehicle for social-justice activism and demographic engineering. Such practices raise serious concerns under Title VI of the Civil Rights Act, Section 1557 of the Affordable Care Act, and President Trump’s Executive Orders. Federal funds are being used to advance ideological and demographic goals rather than a fair, merit-based system for developing the Nation’s physicians.

V. Harvard is Advancing Discrimination with Federal Funds Through Medical Research

Harvard trains thousands of medical students annually and employs faculty and staff who oversee clinical care, research, and public health initiatives across the country.

¹¹² *The Harvard Combined Orthopaedic Residency Program: A Continued Commitment to Excellence*, MASS. GEN. HOSP., <https://perma.cc/JD6D-KP6D>.

¹¹³ *Internal Medicine Social Justice Pathway: Fostering Leaders in Advocacy Work*, BETH ISRAEL DEACONESS MED. CTR., <https://perma.cc/SEA7-MZQG>.

As a federally funded standard-bearer for medical education, biomedical research, and healthcare workforce development, Harvard should set a national example of equal treatment under the law. Instead, it is doing the opposite—advancing discriminatory policies that favor certain groups based on their race, color, national origin, ethnicity, or sex, while unlawfully excluding others.

Since 2021, Harvard has received approximately \$5.7 billion in federal funding, including over \$344 million from the National Institutes of Health (“NIH”). Many of these taxpayer-funded grants support race-based and DEI-driving programs that raise serious concerns under federal laws. Representative examples of grants related to DEI include:

- HHS Grant UM1TR004408 awarded \$21.9 million to Harvard Medical School for its Clinical and Translational Science Center, which coordinates research across 17 Harvard institutions, including Harvard Medical School. The grant embeds DEI as a central focus, pledging to “train and diversify” the “clinical and translational science workforce,” prioritize “underrepresented in medicine” investigators, expand participation of “diverse populations” in studies, and pursue community partnerships aimed at reducing so-called “health inequities.”¹¹⁴
- Harvard is seeking to reinstate HHS Project Grant T32DC000038, which obligates \$13.3 million to Harvard Medical School for the interdisciplinary Speech and Hearing Bioscience and Technology doctoral program.¹¹⁵ While framed as scientific training, the program now prioritizes recruiting underrepresented minorities, revising admissions for “greater equity,” and adding a faculty Director of Diversity, Equity, and Inclusion to advance race-conscious goals in admissions procedures aimed at increasing “recruiting activities” in a speech and hearing research pipeline.¹¹⁶
- HHS Training Grant T32GM144273 awards \$8.9 million to Harvard Medical School to operate MD-PhD programs in partnership with the Massachusetts Institute of Technology. This grant embeds diversity, equity, and inclusion as a core priority, explicitly committing to recruit “diverse young talent,” build an “inclusive and dynamic training community,” and dedicate leadership to

¹¹⁴ *Project Grant (FAIN: UM1TR004408)*, USASPENDING, <https://perma.cc/V78N-88AP> (HHS award).

¹¹⁵ *Project Grant (FAIN: T32DC000038)*, USASPENDING, <https://perma.cc/DNC8-M9EU> (HHS award).

¹¹⁶ *Training for Speech and Hearing Sciences, REPORT*, <https://perma.cc/75UW-QL8R>.

underrepresented minority student and faculty recruitment. It also funds tailored academic, social, and career development programming to advance these DEI objectives.¹¹⁷

- HHS Grant U19CA291431 awarded \$2 million to Harvard for the Massachusetts Partnership for Community-Engaged Cancer Control Equity. The project frames cancer screening and tobacco treatment within a health-equity and social-determinants framework.¹¹⁸
- HHS Project Grant R01ES035106 awards \$1.7 million to Harvard to study “climate factors, racial/ethnic disparities, and menstrual cycle health.” The project embeds a focus on racial and ethnic disparities, framing menstrual irregularities and reproductive health through climate exposure and equity research targeted at minority women.¹¹⁹
- HHS Grant P20TW013028 awards \$1.3 million to Harvard for the “Center for Climate: Equitable and Accessible Research-Based Testing for Health.” This project frames climate change as a health equity crisis and pledges to develop “culturally sensitive” interventions for “climate justice,” targeting “marginalized and at-risk communities” from Boston to Madagascar and South Africa to advance environmental justice and health equity goals.¹²⁰

Because Harvard receives federal financial assistance, it is bound by the anti-discrimination provisions of Title VI of the Civil Rights Act of 1964, Section 1557 of the Affordable Care Act, Title IX of the Education Amendments of 1972,¹²¹ and the U.S. Constitution.¹²² It is also subject to Executive Orders that prohibit the use of race,- sex-, and identity-based preferences in federally funded programs. These obligations apply across all operations, including admissions, faculty hiring, research, clinical services, and outreach programs.

Executive Order 14151 explicitly directs the heads of federal agencies to review and take action against grantees of federal funds who have used that funding to “provide

¹¹⁷ *Project Grant (FAIN: T32GM144273)*, USASpending, <https://perma.cc/9Z78-FKFD> (HHS Award).

¹¹⁸ *Project Grant (FAIN: U19CA291431)*, USASpending, <https://perma.cc/9GPP-2Z6R> (HHS award).

¹¹⁹ *Project Grant (FAIN: R01ES035106)*, USASpending, <https://perma.cc/8BW4-CH2C> (HHS award).

¹²⁰ *Project Grant (FAIN: P20TW013028)*, USASpending, <https://perma.cc/A6SG-8DS7> (HHS award).

¹²¹ 42 U.S.C. § 2000d, *et seq.*; 20 U.S.C. §§ 1681–1688.

¹²² U.S. CONST. art. I, § 8, cl. 1; U.S. CONST. art. II, § 1, cl. 1; *see also South Dakota v. Dole*, 483 U.S. 203, 206–08 (1987).

or advance DEI, DEIA, or ‘environmental justice’ programs, services, or activities since January 20, 2021.”¹²³ Harvard Medical School has received significant federal awards since 2021 and has used those funds to embed DEI ideology into its internal operations, in violation of this directive and other civil rights laws.

Federal grants awarded to Harvard contain nondiscrimination clauses and conditions that prohibit using federal funds for preferential treatment based on race, sex, or other protected traits. For example, NIH grants incorporate the Civil Rights Restoration Act of 1987, which applies Title VI obligations across the entire institution, not just the specific department or program receiving funding.¹²⁴ Despite these obligations, Harvard Medical School continues to operate programs, initiatives, and institutional frameworks that prioritize individuals based on race, sex, ethnicity, and similar classifications. These practices are not incidental. Harvard embeds these practices into its grant-funded activities and institutional governance.

VI. Requested Investigatory and Enforcement Actions

Harvard is knowingly using federal funds to operate a system of discrimination that violates the bedrock principles of federal civil rights law, the Constitution, and our Nation’s fundamental values of fairness and equality. Through its admissions criteria, faculty, student recruiting pipelines, and academic curriculum, Harvard has institutionalized a framework that favors or disfavors individuals based on traits they’re born with and cannot change.

This is not merely a violation of the law. It is a collapse of professional ethics and a betrayal of the medical profession’s fundamental obligations. Harvard is conditioning future physicians to look through a lens of discrimination when making judgments, not a lens of merit, character, or competence. This ideological indoctrination undermines the excellence demanded of those who practice medicine and hold the lives of patients in their hands.

Harvard is not above the law. Its prestige does not immunize it from accountability. To ensure full and verifiable compliance with federal civil rights laws, Supreme Court

¹²³ Exec. Order No. 14151, § 2(ii)(3), *supra* note 12.

¹²⁴ See 20 U.S.C. § 1687 (2025) (interpreting Title VI and other nondiscrimination provisions under the Civil Rights Restoration Act of 1987); 45 C.F.R. § 83.3 (2025); NAT’L INSTS. OF HEALTH, *NIH Grants Policy Statement* § 4.1.2 (2020), <https://perma.cc/HS33-W78F>. Nondiscrimination clauses in NIH grants to Harvard prohibit preferential treatment based on protected traits, extending federal nondiscrimination requirements to all operations of an entity receiving federal financial assistance, not just the specific program or activity funded.

precedent, and Executive Orders 14151 and 14173, we respectfully request that the Department of Justice:

1. Initiate a formal investigation into Harvard Medical School's admissions, scholarships, clerkships, residency pipelines, affiliated residency programs, faculty hiring, and research practices. This investigation should specifically evaluate Harvard's use of "holistic" admissions review, diversity-based essay prompts, and URM classifications to determine whether the school is employing discrimination based on race, sex, or other protected characteristics—directly, or through the use of proxies such as socioeconomic or first-generation status—to influence outcomes in violation of *SFFA*, federal civil rights laws, and President Trump's Executive Orders.
2. Investigate Harvard's DEI rebranding scheme to determine whether the university's renaming of its diversity offices and programs constitutes a deliberate effort to evade federal law while maintaining the substance of race- and other identity-based preferences.
3. Require Harvard to suspend all classifications, preferences, scoring systems, scholarships, admissions pipelines, and outreach initiatives that grant or deny opportunities based on race, color, sex, national origin, or other protected characteristics.
4. Require Harvard to dismantle all DEI infrastructure that perpetuates discrimination, including rebranded offices, committees, advisory boards, and pipeline programs that allocate opportunities based on protected traits rather than individual merit.
5. Mandate a public, written certification from Harvard's President attesting to full compliance with federal civil rights laws and Executive Orders 14151 and 14173. This certification should include a detailed inventory of all dismantled DEI-related programs, positions, and initiatives.
6. Conduct a comprehensive audit of all federal funding received by Harvard University and its medical school from FY 2021 to present, including all NIH, HHS, or other federal awards supporting DEI-related initiatives. Determine whether these funds have been used to sustain racially or sexually preferential systems. Where violations are found, the DOJ should take immediate steps to

suspend, terminate, or condition future funding in accordance with applicable law and federal enforcement authority.

7. Direct Harvard to adopt and publicly implement, prior to the start of the next academic year, a formal institutional policy prohibiting all departments, clinical programs, and affiliated entities from granting preferential treatment on the basis of race, sex, or other identity-based characteristics in any academic, clinical, research, or administrative context, including all affiliated hospitals and residency programs.
8. Examine all early pipeline and recruitment initiatives, including middle school, high school, college, and post-baccalaureate programs, to ensure they are not serving as illegal workarounds to race-neutral admissions and do not confer advantages based on protected characteristics.
9. Refer findings to HHS, the Centers for Medicare and Medicaid Services, and the Department of Education for enforcement of Title VI, Section 1557, and Title IX, and to suspend federal funding streams currently supporting discriminatory practices.

Harvard must understand that prestige does not place it above the law. When a patient is facing a procedure that carries a risk of death, they do not care what their physician looks like. They want to know whether they have the most competent, highly skilled medical physician available—and whether that physician can help them get better or keep them alive.

No institution, regardless of rank or reputation, is entitled to operate a system of federally funded discrimination. Civil rights statutes, Executive Orders, and the United States Constitution apply with equal force to Harvard as they do to any other institution.

So long as Harvard admits students to fulfill racial quotas, awards residencies based on race, sex, national origin, or ethnicity rather than ability, uses socioeconomic status as a proxy for race, and substitutes ideological conformity for clinical competence, they're polluting research and clinical care with bias and prioritizing "equity" over excellence.

Medicine cannot function when ideology is substituted for merit. The consequences are real, and they are measured in lives. We trust this submission will support the

DOJ's oversight and lead to immediate investigation and enforcement action. As the Supreme Court in *SFFA* made clear, "The Constitution deals with substance, not shadows."¹²⁵ If discrimination persists, so does the violation.

Thank you for your time and attention to this matter.

Sincerely,
/s/ Megan Redshaw
America First Legal Foundation

Cc: The Honorable Pamela J. Bondi, Attorney General, U.S. Department of Justice
The Honorable Robert F. Kennedy Jr., Secretary, U.S. Department of Health and Human Services
Paula M. Stannard, Director, Office for Civil Rights, U.S. Department of Health and Human Services
Gregory W. Brown, Deputy Assistant Attorney General, Civil Rights Division, U.S. Department of Justice
The Honorable Linda McMahon, U.S. Department of Education
Craig Trainor, Acting Assistant Secretary for Civil Rights, U.S. Department of Education
The Honorable Andrea R. Lucas, Acting Chair, U.S. Equal Employment Opportunity Commission
Jennifer O'Connor, General Counsel, Harvard University
George Q. Daley, Dean of Medical School, Harvard University
Alan Garber, President, Harvard University
Andrea Joy Campbell, Attorney General, Massachusetts

¹²⁵ *SFFA* at 230 (quoting *Cummings v. Missouri*, 71 U.S. 277, 325 (1867)).

APPENDIX

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Exhibit 1

MD PROGRAM

Curriculum

Pathways

Health Sciences & Technology

Societal Themes

Course Catalog

Combined Degrees

Student Research

Community Engagement

Global Experiences

Academic Calendars

Student Handbook

Registrar

HOME / MD PROGRAM / CURRICULUM /

Societal Themes

The societal themes are identified as topic areas for longitudinal curricular integration across the preclerkship, PCE, and post-PCE phases, for all students in the MD program at HMS:

- Aging and End-of-Life
- Climate Change, Environment and Health
- Health Equity
- Interprofessional Collaborative Care
- Sexual and Gender Minority Health
- Substance Use and Pain
- Trauma-Informed Care

Addressed through specific topic sessions and inclusion in course and clerkship learning objectives, the societal themes aim to ensure that the curriculum includes instruction in the diagnosis, prevention, appropriate reporting, and treatment of the medical consequences of common societal problems.

SOCIETAL THEMES

+

AGING & END-OF-LIFE CARE

+

CLIMATE CHANGE, ENVIRONMENT & HEALTH

+

HEALTH EQUITY

+

INTERPROFESSIONAL COLLABORATIVE CARE

+

SEXUAL & GENDER MINORITY HEALTH

+

SUBSTANCE USE & PAIN

+

TRAUMA-INFORMED CARE

SOCIETAL THEMES

 AGING & END-OF-LIFE CARE

 CLIMATE CHANGE, ENVIRONMENT & HEALTH

 **HEALTH EQUITY**

Theme Description

Medical educators face a moral imperative to ensure that future physicians possess the knowledge, skills, attitudes, and behaviors to provide equitable care for all patients. Yet, parts of medicine are still anchored in unequal systems that continue to this day.

Over twenty years ago, *Unequal Treatment*, a landmark publication from the National Academy of Medicine, outlined the prevalence and impact of health disparities in medicine. Even today, documentation of health inequities is pervasive throughout the medical literature, and no specialty or field is immune.

These inequities in health and health care are driven by many factors, including underlying societal problems that shape the social determinants of health and lead to increased disease burden, higher costs of care, poorer quality-of-life, and ultimately shorter lifespans for some patient populations.

The goal of the Health Equity theme is to ensure that each course and clerkship addresses health equity issues, provides social context to the ways in which inequities manifest in patient populations, and teaches students how to build more equitable health systems for all.

Health Equity competencies and learning objectives will ensure that students continue to grow in their journey toward advancing health equity in clinical care. With faculty, student, and community experts, this theme aims to develop an innovative health equity curriculum that transforms how medicine is conceptualized and practiced as a means for achieving justice in health for all.

Faculty Directors:

Rose L. Molina, MD, MPH



Theme Description

The field of sexual and gender minority (SGM) health continues to experience explosive growth, from basic sciences to clinical innovation to systems- and policy-level implementation. HMS students can and want to be change agents to ensure equitable access to culturally-responsive care for all.

At HMS, instruction in SGM health clinical skills is in high demand. Each year, 15–20% of incoming HMS medical students are LGBTQIA+, with a strong passion and expectation for SGM health engagement. On a national level, SGM health rights are under grave and direct threat, with bans on access to basic health care for LGBTQIA+ (lesbian, gay, bisexual, transgender, queer, intersex, asexual, and all sexual and gender minorities) communities in motion across dozens of US states and countries.

The Sexual and Gender Minority Health Equity Initiative integrates SGM health content throughout the core curriculum and cultivates an educational climate conducive for engaging students and faculty in SGM health education.

The initiative employs innovative strategies to:

- Comprehensively review existing SGM health curricular content and climate
- **Integrate content across courses and clerkships**
- Lead with LGBTQIA+ community engagement
- **Adopt an intersectional approach that centers racial equity**
- Cultivate safe, affirming educational environments for LGBTQIA+ and non-LGBTQIA+ students, faculty, and staff
- Better prepare all graduating students to care for SGM patients;
- Enhance faculty knowledge, skills, attitudes, and confidence teaching SGM health
- Evaluate effectiveness and impact of SGM health curricular innovations
- Prioritize sustainability of curricular innovations
- Publicly share and disseminate SGM health curricular products and tools

Key outcomes of the initiative have focused on five key areas:

1. Development of nine SGM health competencies
2. Stakeholder engagement (HMS students and faculty, national SGM health experts, and LGBTQIA+ community members)
3. Student life and educational climate (increased LGBTQIA+ student matriculants, enhanced mentorship and support)
4. Curriculum development and refinement (authentic LGBTQIA+ standardized patient experiences, clerkship toolkit design, ad hoc consultation for faculty)
5. Faculty development (multimedia curriculum on content and process to teach SGM health)

The SGM curriculum will better equip HMS students and faculty to provide culturally responsive care to LGBTQIA+ patients. Through the sustainable integration of knowledge, skills, and attitudes related to sexual orientation, gender identity, and sex development, the Sexual and Gender Minority Initiative aims to optimize the health and wellbeing of all.

Faculty Directors:

Alex Keuroghlian, MD, MPH

Jennifer Potter, MD

Exhibit 2

ABOUT

ADMISSIONS

FINANCIAL AID

MD PROGRAM

STUDENT LIFE

STUDENT SERVICES

EDUCATOR RESOURCES

ADMISSIONS

▸ Who We Are

▾ Before You Apply

When to Apply

Selection Factors

▸ Eligibility Requirements

▸ Policies

FAQ

▸ How to Apply

HOME / ADMISSIONS / BEFORE YOU APPLY /

Selection Factors

Admission to Harvard Medical School is very selective. We seek students of integrity and maturity who have concern for others, leadership potential, and an aptitude for working with people.

The Committee on Admissions evaluates applications based on several factors, including the following:

- Academic records
- Applicant essay(s)
- MCAT scores
- Letters of evaluation
- Extracurricular activities
- Summer occupations
- Life experiences
- Experience in the health field, including research or community work

The education of a physician is enhanced by the diversity of the student body.

The Committee on Admissions takes a holistic approach to application review.

We do not pre-screen applications. All applicants who submit an AMCAS application and designate Harvard Medical School will receive our secondary application.

Harvard Medical School does not have a rolling admissions policy. The timing of the submission or completion of an application will not affect the applicant's chances of receiving an interview invitation. As long as all application materials are received prior to our final deadline, applicants will receive full consideration. Please see [When to Apply](#) for more information.

HELPFUL LINKS

Selection Factors

Eligibility Requirements

Eligibility Restrictions

Prerequisite Courses

MCAT

Letters of Evaluation

Technical Standards

Recommendations

When to Apply

FACTS AND FIGURES

Admissions at a Glance

Financial Aid at a Glance

Exhibit 3

Who We Are

Admissions at a Glance

Curriculum

Commitment to Diversity

Campus Tours

Before You Apply

How to Apply

Admissions at a Glance

CLASS OF 2028

FACTS & FIGURES

6856 APPLICATIONS, 757 INTERVIEWS

CLASS SIZE

165

PATHWAYS 135

HST 30

MD-PHD 14

72% RECEIVE FINANCIAL AID

AVERAGE ANNUAL SCHOLARSHIP \$60,403

SCHOLARSHIP RANGE \$2,487 - \$102,425

AVERAGE MCAT

BBFL 130.31

CARS 128.84

CPBS 130.41

PSBB 130.86

Total 520.42

47% BACKGROUNDS UNDERREPRESENTED IN MEDICINE

AGES 21 TO 34

60% FEMALE
38% MALE
2% DIFFERENT IDENTITY

AVERAGE GPA 3.9

57 COLLEGES
35 STATES
7 COUNTRIES

73% SCIENCE MAJORS

Harvard Medical School
Office of the Committee on Admissions
Gordon Hall
25 Shattuck Street
Boston, MA 02115

Phone: 617-432-1550
HMS MD Admissions
Email: admissions_office@hms.harvard.edu
meded.hms.harvard.edu/admissions

Hours: 8:00 am - 5:00 pm
Monday - Friday
In-person Office Hours:
By Appointment Only

QUICK LINKS

Cost of Attendance

Admissions Timeline

Virtual Campus Tour

Student Life

Student Groups

Academic Societies

Curriculum

Commitment to Diversity

HMS Match Results


FREQUENTLY ASKED QUESTIONS

Eligibility Questions

- Are international students eligible to apply to HMS?
- Are DACA students eligible to apply to HMS?
- How many times can I apply to HMS?
- What are the required prerequisite courses for admission to HMS?
- Must I have all prerequisite

A-6

Exhibit 4



HARVARD COLLEGE

Admissions & Financial Aid


About


Admissions

Financial Aid

Academics

Student Life

 Guides

 Search

Home - Admissions - Admissions Statistics

Admissions Statistics

A Brief Profile of the Class of 2028

Harvard welcomes students from across the country and all over the world, with diverse backgrounds and far-ranging talents and interests.

Students


Applicants	54,008
Admitted	1,970
Enrolling	1,647
Admitted from the waiting list	41


Race/Ethnicity*

African American or Black	14%
Asian American	37%
Hispanic or Latino	16%
Native American	1%
Native Hawaiian or other Pacific Islander	<1%

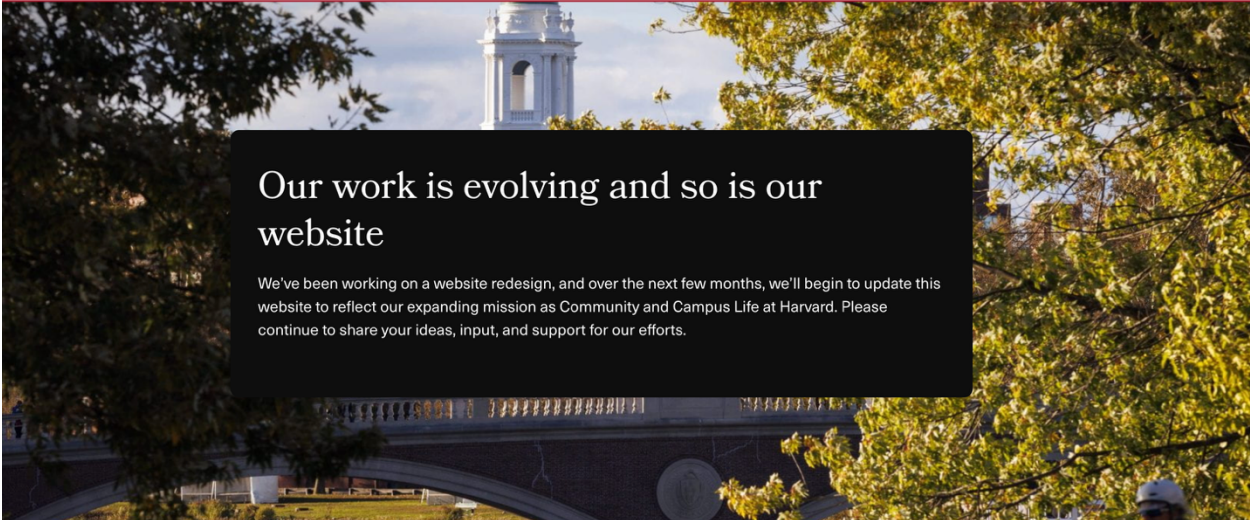
Exhibit 5

HARVARD UNIVERSITY

 **HARVARD**
Community and Campus Life

Search 

Resources & Support Inclusive Scheduling and Logistics Community Values



Our work is evolving and so is our website

We've been working on a website redesign, and over the next few months, we'll begin to update this website to reflect our expanding mission as Community and Campus Life at Harvard. Please continue to share your ideas, input, and support for our efforts.

What does this tell us? Here at Harvard, we have built a community of excellence composed of individuals from all walks of life. Our challenge today is to help all within that community to realize the benefits of learning, working, and living alongside others who come from various backgrounds, have had different experiences, and hold diverse viewpoints. To be sure, a vital element of the work ahead will be, as ever, to ensure that each individual in our community is free from discrimination and harassment and that all are guaranteed equal access to educational opportunities. But to build a culture of mutual respect, we must also do more. **We must sharpen our focus on fostering connections across difference, creating spaces for dialogue, and cultivating a culture of belonging—not as an abstract ideal, but as a lived experience for all.**

To capture this emphasis and this mission, our office will become Community and Campus Life, effective immediately. Going forward, our new Office will redouble its emphasis on:

- **Providing a forum for schools to come together to share best practices on how to build a culture of belonging for all members of the Harvard Community.**
- **Expanding and supporting programs that give members of our community greater opportunities to engage across difference.**
- **Enhancing support for first-generation and low-income students.**

In the weeks and months ahead, we will take steps to make this change concrete and to work with all of Harvard's schools and units to implement these vital objectives, including shared efforts to **reexamine and reshape the missions and programs of offices across the university.** Much of that work is already under way in our schools. I look forward to continuing this essential work in partnership with you. Together, we can shape a Harvard anchored in excellence, animated by difference, and strengthened by shared purpose.

In community,

Sherri Ann Charleston
Chief Community and Campus Life Officer

P.S. You can learn more about the Pulse survey findings and changes to our office in the [*Harvard Gazette*](#)

Exhibit 6

RADIATION AND CANCER

MEDITERRANEAN DIET

RESEARCH AT RISK

HARVARD READS

EVENTS


CAMPUS & COMMUNITY

Sherri Ann Charleston named chief diversity and inclusion officer

Diversity and higher ed expert joins Harvard from UW-Madison

Nate Herpich | Harvard Correspondent

June 22, 2020 • 5 min read



Sherri Ann Charleston has been named Harvard's chief diversity and inclusion officer.
Photo by Sam Crowfoot

Sherri Ann Charleston, one of the nation's leading experts in diversity and higher education, has been named Harvard's chief diversity and inclusion officer (CDIO), President Larry Bacow announced today. Her appointment is effective Aug. 1.

A-9

Exhibit 7

Your independent source for Harvard news since 1898


HARVARD
MAGAZINE

Menu

Log in Donate

THE UNIVERSITY announced Monday that it will rename its Office of Equity, Diversity, Inclusion, and Belonging the “Office for Community and Campus Life.” Hours later, the new office informed affinity groups via email that it would not host or fund affinity group Commencement celebrations this year, *The Crimson* reported. The changes come amid mounting pressure from the federal government to dismantle diversity, equity, and inclusion (DEI) initiatives in higher education.

Harvard made headlines in recent weeks for rejecting demands from the federal government related to Harvard’s internal affairs, including a call to eliminate DEI practices. After the Trump administration subsequently froze at least \$2.2 billion in federal research funds, the University filed a lawsuit arguing that the freeze violates the First Amendment and established procedures for addressing campus civil rights violations, including antisemitism.



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HARVARD
MAGAZINE

Menu

Log in Donate

The office’s new name and charge were announced in a University-wide email on Monday afternoon by Sherri Ann Charleston, who was appointed Harvard’s first chief diversity and inclusion officer in August 2020. She signed the email with a new title: “chief community and campus life officer.” As of Tuesday morning, the OEDIB website had not been updated to reflect the new name.


Charleston wrote that the new office’s focus would be on “[building] a culture of belonging,” encouraging engagement across difference, and supporting first-generation and low-income students. She said that the changes reflect the findings of a 2024 Pulse Survey, in which many students expressed feeling a sense of belonging, but fewer said they felt comfortable sharing their opinions or forming connections with those who hold different viewpoints. She wrote that the office must bring together “people of different backgrounds, experiences, and perspectives” while “focusing on the unique experiences and contributions of the individual and not the broad demographic groups to which they belong.”

Charleston added that her office would “take steps to make this change concrete,” though she offered no details on what that work would entail. Harvard joins a number of universities across the country in either dismantling or reconfiguring their DEI offices.

Kidney problems, including kidney failure.
Your healthcare provider should do blood and urine tests to check your kidneys. If you develop new or worse kidney problems, they may tell you to stop taking ACE inhibitors.

Important Facts

YOU MIGHT ALSO LIKE



Harvard Retains Winthrop Name
Committee undecided on whether owning slaves merits denaming




Exhibit 8

Survey results released by Harvard Monday find a strong sense of belonging among community members, but lower levels of comfort sharing opinions and forming relationships across differences. The new data was released as part of a report of the [Pulse Survey on Inclusion & Belonging](#).

First piloted in 2019 following a recommendation of the [Task Force on Inclusion & Belonging](#), the survey seeks to take the “pulse” of the community and gauge the climate around inclusion and belonging of the entire campus community. Administered for the second time in September 2024, the survey asked every member of Harvard — students, faculty, researchers, and staff — to share their personal experience as an individual interacting with peers, and with the institution as a whole. The results will be integrated with other survey data and used to make improvements to programming related to culture and community.

“The Pulse Survey is a valuable tool for assessing how members of our community experience the University and understand their place in it,” said President Alan M. Garber. “The insights it provides will help guide us as we work toward creating a culture in which each of us feels included, respected, and valued.”

To understand the results of the survey, including areas of strength and areas for improvement, the Gazette sat down with Sherri Charleston, chief community and campus life officer, and Drew Allen, associate provost for institutional research and analytics. They shared key findings and next steps for improving campus culture related to inclusion and belonging.

Exhibit 9

Pulse Survey on
Inclusion & Belonging

FAQ

HOME /

Survey Results

In 2018, the University published the report of its Presidential Task Force on Inclusion and Belonging, which called for periodic climate surveys to provide “a more comprehensive and intentional institutional research infrastructure to support strategic action on behalf of inclusive excellence.” (p. 16, emphasis in original).

In response to this recommendation, in the spring of 2019, Harvard administered a pilot pulse survey. The survey represented the first time in Harvard's history that all members of the University community were invited to share perceptions about campus culture. The survey was designed as a first step to help inform priorities, practices, and policies that were tailored to the needs of the community.

Executive Summary
April 2025

the pulse survey

HARVARD UNIVERSITY
Report on the Results of the
2024 Pulse Survey on
Inclusion & Belonging

Final Report
April 2025

the pulse survey

HARVARD UNIVERSITY
Report on the Results of the
2024 Pulse Survey on
Inclusion & Belonging

View 2024 Data Charts

Access 2024 Data Tables

15.4%

1%

19%

38%

27%

2%

8%

7%

20%

8%

2%

3%

9%

18%

34%

24%

Access 2024 Data Charts

71.0% (1.8)	18.4% (1.6)	81.8% (0.6)	9.6% (0.5)	78.0% (1.0)	11.8% (0.9)
79.0% (1.7)	13.1% (1.4)	81.4% (1.0)	10.4% (0.8)	81.2% (1.1)	11.5% (0.9)
61.4% (6.4)	11.1% (6.2)	68.6% (5.7)	24.1% (3.4)	64.7% (1.4)	12.1% (1.3)
61.6% (4.9)	10.4% (4.6)	60.1% (2.7)	20.5% (2.2)	69.6% (1.8)	22.7% (1.1)
79.8% (1.1)					11.7% (0.9)
70.6% (3.6)					14.1% (1.2)
79.6% (5.8)					17.5% (2.5)
68.8% (6.7)					11.1% (2.1)
(c)					20.7% (4.3)
77.6% (4.8)					20.6% (1.9)
71.0% (7.2)	11.9% (5.8)	69.1% (5.0)	20.0% (4.8)	58.7% (5.1)	11.5% (4.8)
58.9% (3.8)	19.8% (3.5)	59.4% (1.1)	22.1% (1.0)	67.8% (3.1)	15.4% (3.0)
78.4% (1.4)	11.1% (1.2)	81.2% (0.6)	8.7% (0.5)	80.3% (0.8)	11.6% (0.7)

Access 2024 Data Tables

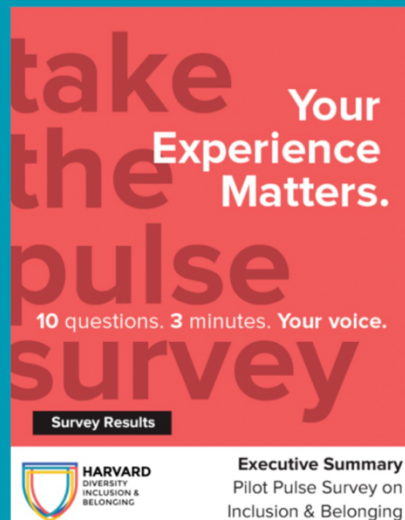
Exhibit 10

2019 Results

2019 Survey Results

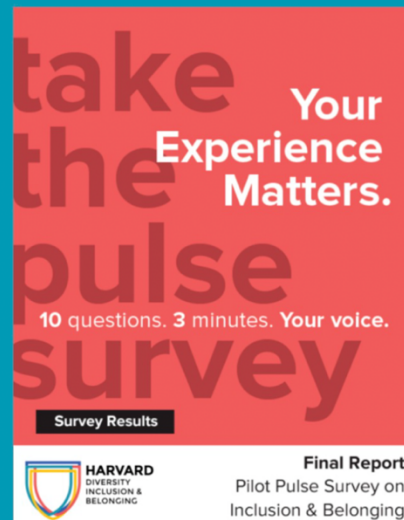
In the spring of 2019, for the first time in its history, Harvard asked everyone in its community to share perceptions about inclusion and belonging at Harvard in order to count the individual experiences of every single Harvard community member. Although no survey can illuminate all there is to remedy, nor prescribe all that could be done, the pilot pulse survey was an important first step toward understanding more about inclusion and belonging. **The University responded to the survey findings with a number of new investments and programs including: the hiring of Harvard's first Chief Diversity and Inclusion Officer; the establishment of the Office for Equity, Diversity, Inclusion and Belonging; launching the annual EDIB Forum; hosting community dialogues; support for an enhanced set of annual Affinity Celebrations, and more.**

[Read the 2019 Executive Summary](#)



[View the 2019 Data Charts](#)

[Read the 2019 Final Report](#)



[View the 2019 Data Tables](#)

Exhibit 11

AAC&U

RESOURCESEVENTSMEMBERSHIPINITIATIVESABOUTNEWSROOM

f

X

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Support AAC&U →

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Institutional Members

To make changes to your institution's record, please contact the Membership Team at MemberServices@aacu.org or call 202-387-3760 (press #1 for Membership).

Institution

Harvard

City

e.g. Sherman


State

Institution Type Show

Search

Name	City	State	Country	Carnegie Classification
Harvard Graduate School of Education	Cambridge	MA	United States	
Harvard University	Cambridge	MA	United States	Doctoral Universities: Very High Research Activity

Exhibit 12



Teaching Hospitals & AffiliatesDepartments & OfficesGive Now

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Education & AdmissionsResearchNews & EventsAbout HMS

Culture and Community

About HMS

- Campus and Culture
- Mission and Community Values
- Our Core Commitments

Culture and Community

- HMS Cares
- Statement of Mutual Respect and Public Discourse at HMS
- HMS-HSDM Campus Use Rules Supplement
- Artwork and Cultural Representations
- Emergency Management

The Office for Culture and Community Engagement (OCCE) at Harvard Medical School promotes inclusive excellence and focuses on two main areas: 1) providing opportunity and access to help individuals thrive, and 2) collaboration and community-building.

Visit our Office for Culture and Community Engagement website →

↑

Exhibit 13

Community Values

Harvard Medical School is a community dedicated to excellence and leadership in medicine through education, research and clinical care.

We aspire to excellence through a commitment to our community values.


Collaboration & Service

- We work together to serve our HMS, neighboring, national and global communities.
- We acknowledge that our behavior affects the experiences of others and act in ways that are kind and respectful to all.

Diversity & Respect

- We value and respect all individuals for their unique perspectives, experiences and potential to contribute.
- We foster a culture of inclusion and engagement and communicate respectfully.
- We seek diversity and promote equity and social justice.

Exhibit 14



Teaching Hospitals & Affiliates

Departments & Offices

Give Now

Search


Education & Admissions

Research

News & Events

About HMS

Campus and Culture



About HMS

Campus and Culture

Mission and Community Values

Our Core Commitments

Culture and Community

HMS Cares

Statement of Mutual Respect and Public Discourse at HMS

HMS-HSDM Campus Use Rules Supplement

Artwork and Cultural Representations

Emergency Management

The Harvard Medical School community is dedicated to excellence and leadership in medicine, education, research and clinical care. To achieve our highest aspirations, and to ensure the success of all members of our community, we value and promote common ideals that center on collaboration and service, **diversity**, respect, integrity and accountability, lifelong learning, and wellness and balance. **To be a citizen of this community means embracing a collegial spirit that fosters inclusion**, and promotes achievement. [Read about our HMS mission and community values.](#)

For generations, HMS has fostered a culture that has excelled in medical education, clinical care, and biomedical research by adhering to core commitments. Ours is an institution dedicated to innovation in education, to scientific discovery and integrity, to professional development, and to service to humanity.

Since 1906, the HMS campus has formed the nucleus of the Longwood Medical Area, located in the historic Mission Hill neighborhood of Boston. Surrounded by several of its world-renowned affiliated hospitals and research institutions, the iconic HMS Quadrangle is home to the School and its 10 basic and social science departments. A center of teaching, research and learning for nearly 12,000 faculty and more than 11,000 students, residents and postdoctoral fellows, HMS is located on a campus separate from the main Harvard University complex across the Charles River in Cambridge.

Exhibit 15



Biomedical Science Careers Program (BSCP)

Biomedical Science Careers Student Conference is designed for students from high school to postdoctoral level and addresses the need for **student mentoring, guidance, support and career development**.

New England Science Symposium: is a forum for postdocs (research and clinical); medical, dental and graduate students; post-baccalaureates; college and community college students selected to present their research projects through oral or poster presentations.

Skills Workshops for College and High School Students **provide students and parents/caregivers with information and guidance in areas such as application process for college and medical/graduate/professional schools, interviewing skills, financial planning, resume writing and internship opportunities.**

CONTACT: Hollie DeSilva, Executive Director, Biomedical Science Careers Program
Hollie_DeSilva@hms.harvard.edu - 617.432.0552

Educational Outreach Programs

Advanced Placement Biology Hinton Scholars Program is an after-school enrichment program designed to enhance students' understanding of AP Biology concepts, offer testing preparation for the AP Biology exam, provide laboratory exposure and increase knowledge about careers in science throughout the academic year.

Bridge to AP Biology exposes students from four select high schools in Boston to AP Biology concepts and along with their AP Biology teacher, participate in hands-on lab experiments, and attend academic field trips in preparation for taking AP Biology in September.

Project Success: Opening The Door to Biomedical Careers places high school students (and returning college students) residing in Boston or Cambridge, Massachusetts, **particularly students from underrepresented groups and disadvantaged backgrounds**, in Harvard research sites where they complete **hands-on, paid, mentored summer research projects under the supervision of Harvard faculty.**

Reflection in Action: Building Healthy Communities™ (RIA) is a one day event where students in grades six, seven and eight from select schools in Boston and Cambridge come to Harvard Medical School with their classmates and teacher to practice their critical thinking skills in a nurturing environment.

CONTACT: Robert Simpson, Science Educational Programs and Curriculum Specialist
Robert_Simpson@hms.harvard.edu - 617.432.1557

Harvard Catalyst Visiting Research Internship Program (VRIP)

The Harvard Catalyst Visiting Research Internship Program is an 8-week mentored summer research program open to **first- and second-year US medical school students, particularly underrepresented minorities and/or disadvantaged individuals from accredited US medical schools.**

CONTACT: Jessica St. Louis, Program Manager, Harvard Catalyst: Program for Faculty Development and Diversity Inclusion
Jessica_St.Louis@hms.harvard.edu - 617.432.6928

Visiting Clerkship Program (VCP)

The **Visiting Clerkship Program** provides support for fourth-year and last quarter third-year minority (African-American, American Indian, and Hispanic American) medical students to participate in the HMS Exchange Clerkship Program. VCP is designed to increase medical student awareness of opportunities in academic medicine, to increase their consideration of an academic training program for internship and residency, and, especially, to increase the number of minority students applying to HMS-affiliated hospital training programs.

CONTACT: Lyn Fulton-John, Program Manager, Office of Diversity Inclusion and Community Partnership
Lyn_Fulton-John@hms.harvard.edu

Harvard Affiliated Residency Programs Showcase

Harvard Affiliated Residency Programs is an expansion of the HMS Visiting Clerkship Program, this event provides URiM medical students in their 3rd or 4th year from the New England region as well as other states with an opportunity to meet and network with Harvard affiliated residency program training directors, attending physicians, fellows and residents.

CONTACT: Lyn Fulton-John, Program Manager, Office of Diversity Inclusion and Community Partnership
Lyn_Fulton-John@hms.harvard.edu

Commonwealth Fund Mongan Fellowship in Minority Health Policy

The **Commonwealth Fund Mongan Fellowship in Minority Health Policy** is a one-year, full-time, academic degree-granting program designed to prepare physicians for leadership roles in transforming health care delivery systems and promoting health policies and practices that improve access to high performance health care for racial and ethnic minorities, economically disadvantaged groups, and other vulnerable populations.

CONTACT: Ying Wang, Associate Director for Minority Faculty Development Program
Ying_Wang@hms.harvard.edu - 617.432.2313

Dean's Postdoctoral Fellowship Program

The **Dean's Postdoctoral Fellowship Program** offers a range of opportunities including postdoctoral research fellowships, professional development and mentorship to postdoctoral research fellows at Harvard Medical School, particularly individuals from backgrounds underrepresented in science, who will further contribute to diversity through their academic and research scholarship.

CONTACT: Ying Wang, Associate Director for Minority Faculty Development Program
Ying_Wang@hms.harvard.edu - 617.432.2313

Joseph L. Henry Oral Health Fellowship in Minority Health Policy

The **Oral Health Program** is an academic degree-granting program, designed to create oral health leaders, particularly minority oral health leaders, who will pursue careers in health policy, public health practice and academia. The program is intended to incorporate the critical skills taught in schools of public health, government, business, and dental medicine with supervised practicum, leadership forums and seminar series conducted by leading scholars and nationally recognized leaders in minority health and public policy

CONTACT: Ying Wang, Associate Director for Minority Faculty Development Program
Ying_Wang@hms.harvard.edu - 617.432.2313

Harvard Catalyst Program for Faculty Development and Diversity Inclusion Faculty Fellowship

A two-year, non-degree Faculty Fellowship Program for Harvard junior faculty designed to address faculty need for additional support to conduct clinical and/or translational research and to free junior faculty from clinical and teaching demands at a key point in their career development.

CONTACT: Jessica St. Louis, Program Manager, Harvard Catalyst: Program for Faculty Development and Diversity Inclusion
Jessica_St.Louis@hms.harvard.edu- 617.432.6928

Exhibit 16

HARVARD AFFILIATED RESIDENCY PROGRAMS



The Office for Diversity Inclusion and Community Partnership, in collaboration with the Harvard-affiliated hospitals, host visiting medical student programs annually at Harvard Medical School (HMS).

As an expansion of the HMS Visiting Clerkship Program, this event provides URiM medical students in their 3rd or 4th year from the New England region as well as other states with an opportunity to meet and network with Harvard-affiliated residency program training directors, attending physicians, fellows and residents. The purpose is that the participating students would learn more about the residency programs that are offered here at HMS affiliated hospitals through this interactive and informal setting.

The Residency Showcase program begins with brief welcome remarks by Harvard Medical School Office for Diversity Inclusion and Community Partnership and Harvard-affiliated hospitals, followed by two panel discussions: 1) Resident Panel Discussion; 2) Residency Program Directors Panel Discussion. Participating students also have an opportunity to interact with representatives at the hospital exhibit tables.

https://mfdp.med.harvard.edu/medicalgraduate/residency_showcase

HMS AFFILIATE DIVERSITY AND FACULTY DEVELOPMENT OFFICES

BETH ISRAEL DEACONESS MEDICAL CENTER

Office for Diversity, Inclusion and Career Advancement

617-667-9120 | diversity@bidmc.harvard.edu
<https://www.bidmc.org/medical-education/office-for-diversity-inclusion-and-career-advancement>

Office for Academic Careers and Faculty Development

617-667-9120 | acfd@bidmc.harvard.edu
<https://www.bidmc.org/medical-education/academic-careers-and-faculty-development>

BRIGHTON AND WOMEN'S HOSPITAL

Center for Diversity and Inclusion

617-525-8973 | bwhcdi@partners.org
<http://cdi.brightonandwomens.org>

BOSTON CHILDREN'S HOSPITAL

Office of Health Equity and Inclusion

617-919-6511 | healthequity@childrens.harvard.edu
<http://www.childrenshospital.org/research/office-of-faculty-development/cultural-competency-and-diversity>

Office of Faculty Development

617-355-2923 | ofd@childrens.harvard.edu
<http://www.childrenshospital.org/research/office-of-faculty-development>

CAMBRIDGE HEALTH ALLIANCE

Cambridge Health Alliance Diversity Council

<https://www.challiance.org/about/cha-diversity-council>

Center for Professional and Academic Development

617-665-3152 | epd@challiance.org
<https://chacpad.org>

DANA-FARBER CANCER INSTITUTE

VP, Chief Inclusion & Diversity Officer

617-632-4385 | ildemaro_gonzalez@dfci.harvard.edu
Office for Faculty Development

617-582-8714
<https://www.dana-farber.org/for-physicians/education-and-training/office-for-faculty-development>

MCLEAN HOSPITAL

Office of the Chief Academic Officer

617-855-3259 | officeofcao@mclean.harvard.edu
<https://www.mcleanhospital.org/training>

MASSACHUSETTS GENERAL HOSPITAL

Center for Diversity and Inclusion

617-724-3832 | cdi@mgd.harvard.edu
<https://www.massgeneral.org/mao>

Center for Faculty Development

617-724-0818 | cfcd@partners.org
<http://facultydevelopment.massgeneral.org>

DICP-RESIDENCY PROGRAM DIRECTORY



<https://dicp.hms.harvard.edu/sites/default/files/files/ResidencyTrainingDirectory.pdf>

THE DEAN'S POSTDOCTORAL FELLOWSHIP PROGRAM

The Dean's Postdoctoral Fellowship Program was established by the Office for Diversity Inclusion and Community Partnership at Harvard Medical School to develop, advance and retain a diverse scientific workforce in basic and social sciences. The Program includes Dean's Postdoctoral Fellowship and the Scholars in Translational and Academic Research (STARs).

<https://mfdp.med.harvard.edu/deanspostdoc>

THE COMMONWEALTH FUND FELLOWSHIP IN MINORITY HEALTH POLICY AT HARVARD UNIVERSITY

The Commonwealth Fund Fellowship in Minority Health Policy at Harvard University is designed to prepare physicians, particularly physicians from groups underrepresented in medicine, to become leaders who improve the health of disadvantaged and vulnerable populations through transforming health care delivery systems and promoting innovation in policies, practices and programs that address health equity and the social determinants of health. Up to six one-year, degree-granting fellowships will be awarded per year.

<https://mfdp.med.harvard.edu/cf>

TRAINING AT A HARVARD HOSPITAL Video



<https://vimeo.com/304440313>

"At the hospital level, there is a space there, the Center for Diversity and Inclusion, that serves URM's, so if issues come up you have this office that works with your program director."

-- George Molina, MD, MPH,
Clinical Fellow, Surgical Oncology, Brigham and Women's Hospital,
Dana-Farber Cancer Institute, Massachusetts General Hospital

"A lot of individuals within the Harvard system were not only available, but they were more than willing to meet with me personally and it really broke down some of my own misconceptions and some of my own presumptions as far as what it would mean to apply and to be in a culture where it was, you know, very prestigious and sort of what I would consider at that time to be out of my league."

-- Daniel Gonzalez, MD,
Clinical Fellow Adult Psychiatry,
Commonwealth Fund Fellow, Cambridge Health Alliance

"There's such a wide diversity of faculty that the residents can learn from, that can be role models, and that can really inspire them."

-- Valerie E. Stone, MD, MPH,
Chair, Department of Medicine, Mt. Auburn Hospital

"We even have a diversity chief. We have two this year and that's been in place for the past three years and they are really focused on diversity, inclusion, and bettering the program."

-- Cynthia Akagbosu, MD,
Resident, Pediatrics, Boston Combined
Residency Program, Boston Children's Hospital

"I think this is the place that offers a promising, bright person the broadest array of ways to be the best they can be."

-- George S.M. Dyer, MD,
Program Director, Harvard Combined Orthopaedic Residency
Massachusetts General Hospital/Brigham and Women's Hospital

ABOUT THE HARVARD MEDICAL SCHOOL OFFICE FOR DIVERSITY INCLUSION AND COMMUNITY PARTNERSHIP

The Office for Diversity Inclusion and Community Partnership (DICP) was established in 2002 to promote the increased recruitment, retention and advancement of diverse faculty, particularly individuals from groups underrepresented in medicine (URiM), at HMS and to oversee all diversity activities involving Harvard Medical School (HMS) faculty, trainees, students and staff.

The Minority Faculty Development Program (MFDPI) in the Office for Diversity Inclusion and Community Partnership was created by the Harvard Medical School Faculty Council in 1990 to support the career development of junior faculty and to address the following crucial pipeline issues:

- Increasing the pool of minority and disadvantaged students interested in careers in science and medicine
- Promoting medical students, graduate students, and fellows to develop the needed skills for success in the academic arena
- Advancing the career development of junior faculty

Our pipeline programs begin as early as the middle school level and carry on through the postgraduate level and involve curriculum development, teacher training, enhancing student research, and career development. DICP/MFDP's work addresses HMS' relationship with the community (internal and external) through the provision of programs that link HMS faculty, trainees and students with local, regional and national community-related activities.



Harvard Medical School
Office for Diversity Inclusion and Community Partnership
164 Longwood Avenue, 2nd Floor
Boston, MA 02115

www.hms.harvard.edu/dcp
617-432-2413

dcp_mfdp@hms.harvard.edu

DIVERSITY

at

HARVARD

MEDICAL SCHOOL

and

HMS AFFILIATED

HOSPITALS

Exhibit 17



- [HAEMR Gives](#)
- [FLIP](#)
- [Institutional Support](#)
- [Visiting Clerkship Program](#)

Practicing emergency medicine at HAEMR means caring for all members of society and striving for equitable health care. We are on the front lines of public health and violence that disproportionately affect different members of our community. We commit to advancing awareness of disparities in care and creating a clinical and educational environment that highlights inequities and promotes programming and pathways to mitigate these.

Our program offers exemplary clinical training, extensive 1-on-1 mentorship, institutional resources and academic opportunities that allow us to dream big. As a program, we believe and embrace the idea that training resident physicians from all backgrounds drives excellence, inclusion is imperative and a sense of belonging allows residents to bring their authentic selves to our program and hospitals. A fully representative resident body allows trainees to learn from each other's lived experiences and cultivates an inclusive environment for our program, patients and colleagues. Diversity comes in many forms including race, ethnicity, language spoken, sexual orientation, gender identity, disability, religion, country of origin and educational background. We are committed to providing a training experience that embraces inclusion and to increasing representation of residents from varied backgrounds reflective of the patients we serve. We believe that this will help mitigate disparities in healthcare and allow the development of deeper empathy, understanding and respect for the communities we serve around our hospitals.

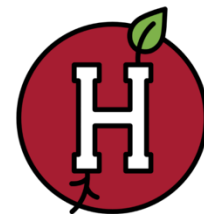
HAEMR ROOTS

HAEMR ROOTS is a resident-driven initiative that strives to create an academic and cultural environment where everyone can thrive. From race and ethnicity to sexual identity and socioeconomic background, diversity comes in many shapes and sizes. We are committed to highlighting and embracing the life experiences that make each of our residents unique and creating a safe space for everyone in our residency to speak up against instances of discrimination.

Here are some examples of the initiatives we have undertaken to support this mission:

1. Created the annual HAEMR ROOTS Biosheet, highlighting the vast diversity of our residents, with future plans to include fellows/faculty
2. Proactively contacted URIM applicants early in the application process in order to increase and maintain diversity within our resident body.
3. Elicited feedback on how to improve our diversity, equity, and inclusion via an end-of-cycle interviewee survey.

Don't hesitate to reach out to the HAEMR Roots Chairs, Sean Brown (sbrown100@mgb.org), PGY3, and Patricia Hernandez (phernandez9@mgb.org), PGY3.



HAEMR ROOTS

Exhibit 18

Increasing Program Strength Through Diversity

Orthopedic surgery has historically lagged compared to other surgical specialties in sex and racial/ethnic diversity, with similar findings prevalent across residency and fellowship programs. The most recent American Academy of Orthopaedic Surgeons Census reported percentages of 84.7% white, 6.7% Asian, 2.2% Hispanic/Latino, 1.9% African American, 0.4% Native American, and 7.6% women.

Inclusion and diversity represent foundational elements of HCORP. Dr. Bono attributes the focus on these aspects of the program to his predecessor George Dyer, MD, associate professor of Orthopaedic Surgery at Harvard Medical School. Among the lessons learned were how subtle exclusionary practices can be and the necessity to recognize bias intentionally.

Exhibit 19

Home > Medical Education > Medical Education by Department > Medicine > Internal Medicine Residency Program > Social Justice Pathway

Internal Medicine Social Justice Pathway

Internal Medicine Residency Program

Why BIDMC >

About the Program >

Who We Are >

Application Process >

Primary Care Track >

Clinician-Educator Track

Physician-Scientist Track >

Global Health in Medicine >

Social Justice Pathway


Research Opportunities >

Katherine Swan Ginsburg Humanism in Medicine Program >

Alumni

Fostering Leaders in Advocacy Work

The mission of the Social Justice Pathway is to equip trainees to be change agents in our healthcare system and society. Profound social and systemic barriers create health inequities that are a feature of our healthcare system. Healthcare professionals have a unique vantage point to speak to the social, economic, and political factors that influence the care our patients receive. Through our social justice didactic curriculum, community outreach, and mentorship, we believe that residents will better understand the injustices in our healthcare system and society and be better positioned to find their role in providing solutions.



The **Social Justice Pathway** is designed for residents who aim to be leaders in advocacy work. Beginning in their PGY2 year, residents will participate in a three-pronged curriculum:

- An immersive didactic course in their PGY2 year
- Local community outreach and advocacy work
- A longitudinal research or innovations project

Through community outreach, residents will be exposed to grassroots efforts to confront social injustices that range from health disparities and food insecurity, to prison, immigrant, and LGBTQ health.

Through didactic presentations and skill-training experiences, residents will deepen their understanding of the complex systems that influence healthcare and appreciate how advocacy interventions at various levels can have longstanding effects at the population level. Residents will be encouraged to develop their own identity as physician advocates in ways that fit their unique interests and personal values.

Research and innovation can become an extension of a resident's identity as an advocate when the work promotes equity, access, and participation for diverse populations. Residents will learn about the needs of the community and will develop practical solutions to respond to those needs. Residents will be paired with a mentor who will provide support and guidance to help with individual or group projects that address local, regional, or national social justice issues.

A-24

Exhibit 20



[HOME](#) [PROGRAMS](#) [FACULTY](#) [CURRICULUM](#) [CLINICAL](#) [HOW TO APPLY](#) [CURRENT FELLOWS](#) [ALUMNI](#)

DIVERSITY & INCLUSION

The program is particularly interested in applications from individuals from underrepresented minority groups. Many research projects conducted by the faculty focus on the care of minority and other underserved populations. Harvard Medical School and each of the participating sites are equal opportunity employers.

RESOURCES AT HARVARD MEDICAL SCHOOL

[Office for Diversity Inclusion and Community Partnership](#)

The mission of the Office for Diversity Inclusion and Community Partnership (DICP) is to advance diversity inclusion in health, biomedical, behavioral, and STEM fields that build individual and institutional capacity to achieve excellence, foster innovation, and ensure equity in health locally, nationally, and globally.

[Minority Faculty Development Program](#)

In May of 1990, the Harvard Medical School (HMS) Faculty Council unanimously approved the creation of the Minority Faculty Development Program (MFDG). MFDG is designed to support the career development of junior faculty and to address crucial pipeline issues. This includes:

- Increasing the pool of minority students interested in careers in science and medicine
- Promoting medical students, graduate students, and fellows to develop the needed skills for success in the academic arena
- Advancing the career development of junior faculty

FELLOWSHIP SITE DIVERSITY PROGRAMS

[Brigham & Women's Hospital](#)

[Beth Israel Deaconess Medical Center](#)

[Cambridge Health Alliance](#)

[Department of Population Medicine](#)

[Massachusetts General Hospital](#)

Exhibit 21



Better Together Plan


About HMS

- + Campus and Culture
 - Diversity and Inclusion
 - Celebrating 50 Years of Diversity and Inclusion
 - Anti-Racism Initiatives
 - Anti-Racism Resources
 - Artwork and Cultural Representations
 - Resources for Racial and Social Justice
 - Better Together Plan**
 - Harvard Medical School Diversity Statement




Exhibit 22


HARVARD MEDICAL SCHOOL



HARVARD
MEDICAL SCHOOL


OFFICE FOR
Culture and Community
Engagement

Search 

About 

Resources

Events

Programs 

Awards

Better Together

[Home](#) > [Better Together](#)

Better Together

Better Together Revisited

In early 2017, newly appointed HMS Dean George Q. Daley convened the Harvard Medical School Task Force on Diversity and Inclusion (TFDI). Joan Y. Reede, Dean for the Office for Culture and Community Engagement, was appointed chair of a 36-member TFDI, which was composed of faculty, students, trainees, fellows, staff, and administrators from HMS and its affiliated hospitals and research institutions.

The Task Force met 15 times from February 2017 to May 2019. To gather feedback from members of the HMS community and foster open dialogue, the Task Force also organized Town Halls, listening sessions, focus groups, multiple subcommittees focused on key issues, and an online portal for submission of questions and suggestions. This work resulted in a comprehensive report, which has served as a roadmap for building an inclusive community committed to excellence in teaching, learning, and research, and ensuring that every member feels a sense of belonging and can thrive – HMS Better Together.

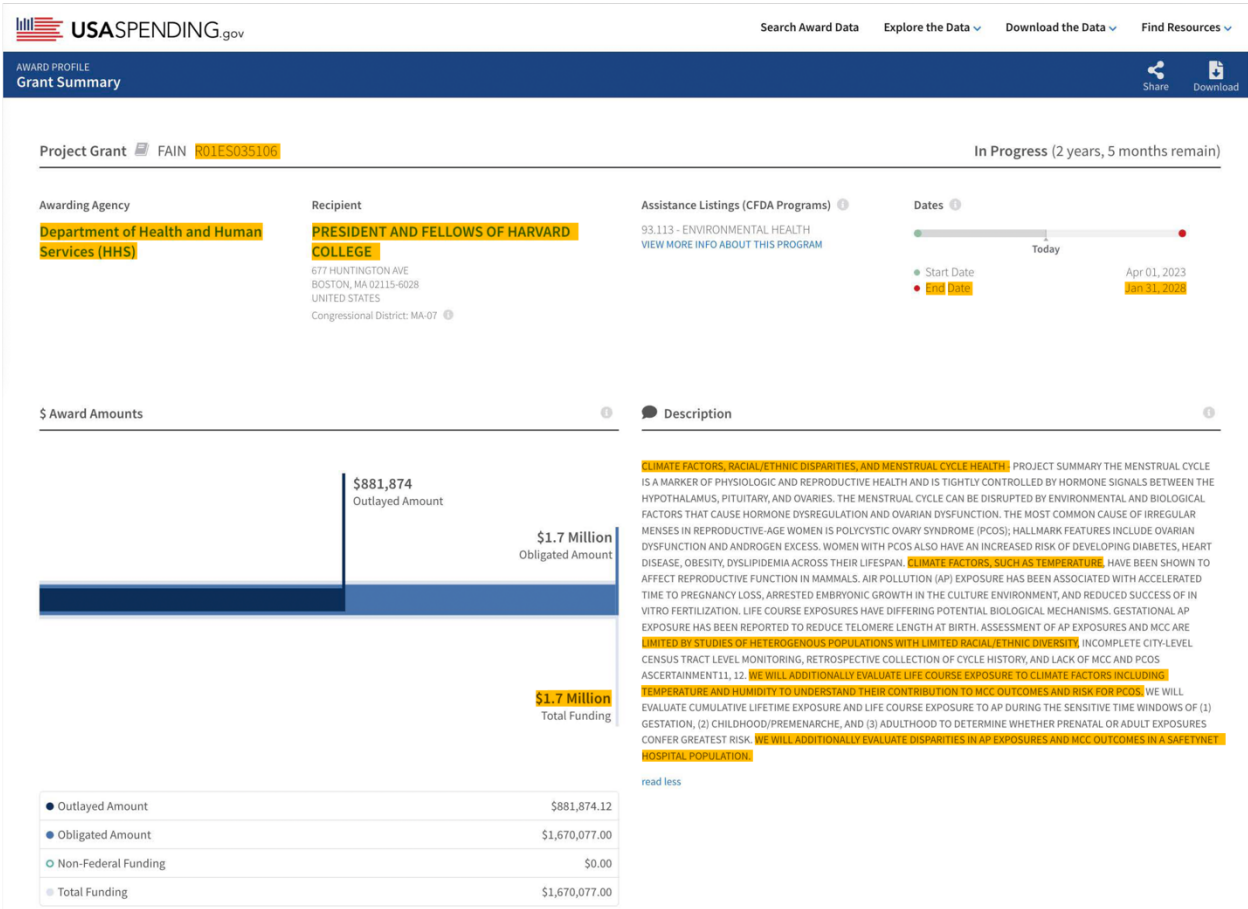
Better Together Themes Revisited:

Theme 1: Build Community and Belonging

1. Improve well-being of HMS faculty, trainees, students and staff
2. Promote a climate of collaboration and cooperation
3. Provide time, space and organization for building communities within community
4. Enhance outreach and in-reach with our local, national and global communities

Theme 2: Address Culture and Communication

Exhibit 23



AWARD PROFILE
Grant Summary

Share Download

Project Grant FAIN 132DC000038

In Progress (1 year, 10 months remain)

Awarding Agency

Department of Health and Human Services (HHS)

Recipient

PRESIDENT AND FELLOWS OF HARVARD COLLEGE
25 SHATTUCK ST
BOSTON, MA 02115-6027
UNITED STATES
Congressional District: MA-07

Assistance Listings (CFDA Programs)

93.173 - RESEARCH RELATED TO DEAFNESS AND COMMUNICATION DISORDERS
VIEW MORE INFO ABOUT THIS PROGRAM

Dates



\$ Award Amounts

Description



TRAINING FOR SPEECH AND HEARING SCIENCES

● Outlayed Amount	\$1,922,641.64
● Obligated Amount	\$13,255,879.00
○ Non-Federal Funding	\$0.00
● Total Funding	\$13,255,879.00

Training for Speech and Hearing Sciences

Project Number
5T32DC000038-34

Former Number
5T32DC000038-30

Contact PI/Project Leader
GELEOC, GWENAELE S

Awardee Organization
HARVARD MEDICAL SCHOOL

Description

Abstract Text

Project Summary/ Abstract This proposal extends for a period of five years an interdisciplinary doctoral program begun in 1992, the Speech and Hearing Bioscience and Technology (SHBT) program, which prepares scientists for innovative research careers in the Speech and Hearing Sciences. Training is intended to enhance markedly the leadership potential of Speech and Hearing researchers within both academia, industry, and organizations that set science policy. The basic premise of the program is that today's speech and hearing scientists must be fluent in a variety of physical, biological, clinical and cognitive science disciplines to achieve the multidisciplinary advances that drive innovation. A keystone of the program is a rigorous Core Curriculum that introduces trainees to these four aspects of speech and hearing. The program draws upon the combined expertise of the faculties of Boston area institutions, including the Harvard Medical School, MIT, Boston University and the Massachusetts General Hospital Institute of Health Professions (MGH-IHP). To date, nearly 140 students have graduated with a PhD from SHBT. Trainees have diverse undergraduate backgrounds in the physical, engineering, biological or cognitive sciences, including some with traditional speech and hearing backgrounds and AuD degrees. Training combines coursework and research rotations for the first two years after which it concentrates on dissertation research, with the PhD degree expected after 5 to 6 years. The coursework and research training combines a broad exposure to the many scientific disciplines relevant to speech and hearing together with a deep understanding of the student's chosen research area. An immersive clinical exposure at Massachusetts Eye and Ear is a highlight of the didactic training program. Special attention is given to issues of integrity and responsible conduct of research as well as training in methods to enhance reproducibility in research. A unique collaboration with the MGH-IHP allows interested trainees to meet the requirements for clinical certification in speech- language pathology through classes and clinical placements at this institution. **Our ability to recruit trainees from underrepresented minorities has significantly increased over the past five years. These efforts are being further enhanced through the recent appointment of a faculty Director of Diversity, Equity and Inclusion, changes in admission procedures aimed at greater equity, and increased recruiting activities.** A vast majority of our 140 graduates are pursuing research or research-related careers in health care, and half of these have primary activities in the speech and hearing sciences. Many have faculty positions in basic science, engineering, and clinical departments and are leading impactful research programs and successfully competing for research grants. Some are combining research careers with clinical practice in otology, neurology, audiology or speech- language pathology. Some are taking leadership roles in industries related to speech and hearing or in the broader biotechnology field where they are developing assistive devices for communication disorders and drug therapies for hearing loss.

Project Grant FAIN T32GM144273

In Progress (1 year, 10 months remain)

Awarding Agency

Department of Health and Human Services (HHS)

Recipient

PRESIDENT AND FELLOWS OF HARVARD COLLEGE

25 SHATTUCK ST
BOSTON, MA 02115-6027
UNITED STATES
Congressional District: MA-07

Primary Assistance Listings (CFDA Programs)

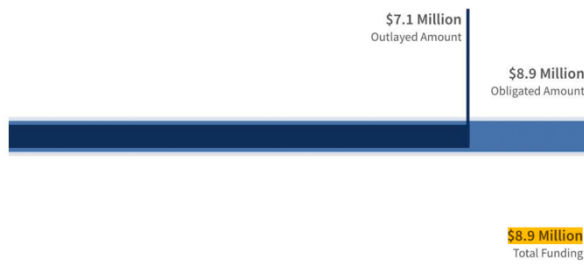
93.859 - BIOMEDICAL RESEARCH AND RESEARCH TRAINING
VIEW ALL 5 CFDA PROGRAMS

Dates



\$ Award Amounts

Description



Outlayed Amount	\$7,061,714.69
Obligated Amount	\$8,922,388.00
Non-Federal Funding	\$0.00
Total Funding	\$8,922,388.00

MEDICAL SCIENTIST TRAINING PROGRAM - PROJECT SUMMARY THE MISSION OF THE HARVARD/MIT MD-PHD PROGRAM IS TO PROVIDE AN ACADEMIC AND SOCIAL ENVIRONMENT THAT INCULCATES IN OUR STUDENTS THE VITAL IMPORTANCE OF RIGOROUS CLINICAL AND SCIENTIFIC KNOW-HOW, THE HIGHEST ETHICAL STANDARDS, **COMMITMENT TO INCLUSION AND DIVERSITY**, AND MOST OF ALL, THE DRIVE TO HARNESS THEIR REMARKABLE TALENTS TO PROMOTE HEALING OVER THE SHORT AND LONG TERM. A KEY COMPONENT OF OUR MISSION IS THE RECOGNITION THAT EACH STUDENT BRINGS TO THE TABLE A UNIQUE BACKGROUND, SKILL SET, AND VISION FOR THEIR FUTURE CAREER. FOR THIS REASON, WE PROMOTE AN INTEGRATED TRAINING CURRICULUM THAT AFFORDS ESSENTIAL STANDARDS COMPLEMENTED BY OPERATIONAL FLEXIBILITY. OUR STUDENTS PURSUE EITHER (1) A TRULY UNIQUE HEALTH SCIENCES AND TECHNOLOGY (HST) CURRICULUM THAT REPRESENTS A HARVARD AND MIT COLLABORATION EMPHASIZING THE MECHANISMS OF MEDICINE AND THE IMPACT OF MATHEMATICS, PHYSICS AND ENGINEERING ON OUR FUNDAMENTAL UNDERSTANDING OF PHYSIOLOGY AND OPPORTUNITIES TO INNOVATE; OR (2) A PATHWAYS CURRICULUM THAT FEATURES A "FLIPPED CLASSROOM" APPROACH IN WHICH MULTIDIMENSIONAL THINKING AND HANDS-ON LEARNING RULES THE DAY AND A LIBERAL ARTS CULTURE OF "ANY AND EVERY MEDICAL CAREER ROUTE IS POSSIBLE" IS PALPABLE. THE ACADEMIC CHOICES AVAILABLE TO OUR STUDENTS AT THE GRADUATE RESEARCH PHASE ARE EQUALLY ROBUST, SPANNING A REMARKABLE BREADTH OF INSTITUTIONS, BASIC AND SOCIAL SCIENCE GRADUATE PROGRAMS, AND RESEARCH SPECTRA THAT INCORPORATE ESSENTIALLY ANY AND EVERY TRAINING DISCIPLINE AVAILABLE AT HARVARD UNIVERSITY (HU), **HARVARD MEDICAL SCHOOL (HMS)**, AND THE MASSACHUSETTS INSTITUTE OF TECHNOLOGY (MIT), AS AN MD-PHD TRAINING PROGRAM THAT SITS AT THE INTERSECTION OF SUCH RENOWNED INSTITUTIONS AND **HOSPITALS, OUR MISSION IS BASED ON FIVE KEY PILLARS: (1) SELECTING AND RECRUITING THE NATION'S MOST PROMISING AND DIVERSE YOUNG TALENT** (2) PROVIDING AN INTEGRATED AND EVIDENCE-BASED MD-PHD CURRICULUM THAT FEATURES COMPREHENSIVE DUAL-DEGREE TRAINING; (3) ASSEMBLING AND TRAINING THE IDEAL CONSTELLATION OF FACULTY LEADERS, ADVISORS, AND ROLE MODELS WHO EMBODY THE BREADTH AND DEPTH OF CLINICAL AND RESEARCH DISCIPLINES; (4) **FOSTERING AN INCLUSIVE, DIVERSE, AND DYNAMIC MD-PHD TRAINING COMMUNITY THAT IS ENRICHED BY TAILORED ACADEMIC, SOCIAL, AND CAREER DEVELOPMENT PROGRAMMING** AND (5) DEVELOPING THE FUNDING BASE TO MAXIMALLY SUPPORT OUR ENROLLED STUDENTS AND ENABLE THE CONTINUED GROWTH OF OUR PROGRAM SO THAT WE CAN CONTRIBUTE TO BUILDING A LARGER, MUCH-NEEDED MD-PHD WORKFORCE TO SERVE THE CRITICAL HEALTH CARE AND BIOMEDICAL TECHNOLOGY NEEDS OF THE NATION AND WORLD. TO EXECUTE THE PROPOSED TRAINING PROGRAM, WE HAVE ASSEMBLED A QUARTET OF ACADEMIC LEADERS WITH COMPLEMENTARY EXPERTISE AND INSTITUTIONAL REPRESENTATION, SPANNING HMS BASIC SCIENCE AND CLINICAL CARE, MIT BASIC SCIENCE, HU/HMS SOCIAL SCIENCE, AND EDUCATION EVALUATION, MULTICULTURALISM, AND **UNDER-REPRESENTED MINORITY STUDENT AND FACULTY RECRUITMENT**. OUR LEADERS HAVE ESTABLISHED A BOLD SET OF 9 ACADEMIC AND INTEGRATIVE TRAINING OBJECTIVES TO PROMOTE THE PERSONAL AND PROFESSIONAL DEVELOPMENT OF BUDDING PHYSICIAN-SCIENTISTS WHO ARE BALANCED, FULFILLED, AND MAXIMALLY PREPARED TO MAKE THEIR MARK AS MULTI-TALENTED, MULTI-DIMENSIONAL, AND MULTI-DISCIPLINARY CAREGIVERS, RESEARCHERS, AND EDUCATORS.

Cooperative Agreement FAIN UM1TR004408

In Progress (4 years, 8 months remain)

Awarding Agency

Department of Health and Human Services (HHS)

Recipient

PRESIDENT AND FELLOWS OF HARVARD COLLEGE

25 SHATTUCK ST
BOSTON, MA 02115-6027
UNITED STATES
Congressional District: MA-07

Primary Assistance Listings (CFDA Programs)

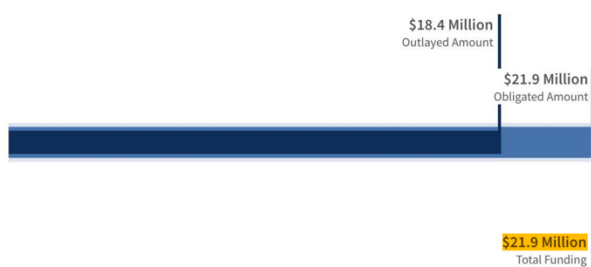
93.350 - NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES
VIEW ALL 2 CFDA PROGRAMS

Dates



\$ Award Amounts

Description



Outlayed Amount	\$18,436,842.55
Obligated Amount	\$21,932,210.00
Non-Federal Funding	\$0.00
Total Funding	\$21,932,210.00

HARVARD CLINICAL AND TRANSLATIONAL SCIENCE CENTER - PROJECT SUMMARY/ ABSTRACT CLINICAL AND TRANSLATIONAL RESEARCH (CTR) ACROSS HARVARD IS CONDUCTED AT 17 INDEPENDENT AND GEOGRAPHICALLY DISPERSED INSTITUTIONS, INCLUDING HARVARD MEDICAL SCHOOL (HMS), HARVARD T. H. CHAN SCHOOL OF PUBLIC HEALTH, AND 15 HMS-AFFILIATED ACADEMIC HEALTH CARE CENTERS. EACH OF THESE INSTITUTIONS IS FINANCIALLY AND OPERATIONALLY INDEPENDENT WITH THEIR OWN GOVERNANCE, FACULTY, IRB, AND ELECTRONIC HEALTH RECORDS. HARVARD CATALYST (HC) SERVES AS THE SOLE COORDINATING ENTITY FOR CTR AND HAS BROUGHT THESE INSTITUTIONS TOGETHER AS A FEDERATED CTR NETWORK. SINCE 2008, HC HAS DEVELOPED A SUBSTANTIAL PORTFOLIO OF EDUCATIONAL AND CTR RESOURCES TO MEET THE NEEDS OF THE CTR WORKFORCE AT HARVARD AND, WHEN THEIR VALUE HAS BEEN DEMONSTRATED AT HARVARD, DISSEMINATED THEM TO THE CTS CONSORTIUM. MOVING FORWARD, HC'S OVERARCHING VISION IS TO PARTNER WITH OUR CTR WORKFORCE, INSTITUTIONS, AND COMMUNITIES TO BECOME A LIVING CLINICAL AND TRANSLATIONAL SCIENCE (CTS) LEARNING LABORATORY. THE CTS LEARNING LABORATORY WILL CONTINUOUSLY ASSESS AND REASSESS THE HUB'S CTR STRENGTHS AND WEAKNESSES, DEVELOPING AND IMPLEMENTING PROGRAMMATIC INNOVATIONS TO IMPROVE THE EFFICIENCY, QUALITY, EFFECTIVENESS, AND IMPACT OF CTR. USING THE PRINCIPLES AND METHODOLOGIES OF CTS AND GUIDED BY A LOGIC MODEL, HC IS COMMITTED TO ACHIEVING THESE GOALS AND OVERCOMING TRANSLATIONAL ROADBLOCKS. SEVEN TRANSLATIONAL ROADBLOCKS HAVE BEEN PRIORITIZED THAT CAN BE MITIGATED OR OVERCOME: 1) EDUCATIONAL RESOURCES ARE NOT REACHING ALL LEARNERS AND HAVE BEEN FOCUSED ON INVESTIGATORS, RATHER THAN INVESTIGATIONAL TEAMS; 2) EXTENSIVE RESEARCH RESOURCES ARE FREQUENTLY INVISIBLE AND DIFFICULT TO ACCESS; 3) SUBSTANTIAL STRUCTURAL AND REGULATORY BARRIERS LIMIT CROSS-INSTITUTIONAL COLLABORATIONS; 4) RESEARCH AND CLINICAL DATA NEED TO BE CONNECTED AND THEIR ACCESS DEMOCRATIZED; 5) CTR WORKFORCE IS NOT SUFFICIENTLY DIVERSE AND MUST BE GROWN IN ALL DOMAINS; 6) THERE IS LIMITED ACCESS TO AND PARTICIPATION BY DIVERSE POPULATIONS IN RESEARCH; AND 7) INSUFFICIENT MECHANISMS EXIST TO SUPPORT IMPLEMENTATION OF CTR EVIDENCE INTO PRACTICE. HC WILL ALSO FOCUS ON BETTER UNDERSTANDING AND MEETING THE NEEDS OF EARLY-STAGE AND UNDERREPRESENTED IN MEDICINE INVESTIGATORS AND THEIR TEAMS, AS WELL AS DIVERSE PATIENT POPULATIONS AND COMMUNITIES, WHILE WORKING TO DIVERSIFY THE WORKFORCE AND REDUCE HEALTH INEQUITIES. MULTIPLE INITIATIVES ARE PROPOSED TO ADDRESS FIVE SPECIFIC AIMS: 1) TRAIN AND DIVERSIFY THE CTR WORKFORCE, 2) CONNECT TRAINEES AND CTR TEAMS WITH HC RESOURCES; 3) PARTNER WITH COMMUNITY STAKEHOLDERS TO IMPROVE RESEARCH PARTICIPATION; 4) DEMOCRATIZE HEALTH INFORMATICS; AND 5) USE CTS TO OVERCOME SIGNIFICANT CTR ROADBLOCKS. HC IS EAGER TO LEARN FROM OTHER CTS HUBS AND IS COMMITTED TO DISSEMINATION AND SHARING ACROSS THE CTS CONSORTIUM. THE INSIGHTS DERIVED FROM EMPLOYING CTS APPROACHES WILL BE USED TO OVERCOME TRANSLATIONAL ROADBLOCKS AND ADVANCE THE COLLECTIVE NATIONAL GOAL OF IMPROVING HUMAN HEALTH.

AWARD PROFILE
Grant Summary



Project Grant **FAIN P20TW013028**

In Progress (2 years remain)

Awarding Agency

Department of Health and Human Services (HHS)

Recipient

PRESIDENT AND FELLOWS OF HARVARD COLLEGE

677 HUNTINGTON AVE
BOSTON, MA 02115-6028
UNITED STATES
Congressional District: MA-07

Primary Assistance Listings (CFDA Programs)

93.113 - ENVIRONMENTAL HEALTH
[VIEW ALL 2 CFDA PROGRAMS](#)

Dates



\$ Award Amounts

Description



Outlayed Amount	\$198,504.13
Obligated Amount	\$1,294,378.00
Non-Federal Funding	\$0.00
Total Funding	\$1,294,378.00

CENTER FOR CLIMATE, EQUITABLE AND ACCESSIBLE RESEARCH-BASED TESTING FOR HEALTH (C-EARTH): CLIMATE CHANGE IS INCREASING TEMPERATURE VARIABILITY AND EXTREMES, CAUSING BOTH DIRECT EFFECTS ON HEALTH (E.G., DEATH, HEAT STRESS) AND INDIRECT IMPACTS ON FOOD AND WATER SUPPLIES. RESEARCH BY OUR TEAM AND OTHERS HAS CLEARLY DEMONSTRATED THAT CLIMATE CHANGE DISPROPORTIONATELY AFFECTS INDIVIDUALS AND COMMUNITIES THAT EXPERIENCE SOCIAL AND ENVIRONMENTAL VULNERABILITIES AND DISCRIMINATION. THERE IS A CRITICAL NEED FOR EVIDENCE-BASED SOLUTIONS TO REDUCE THE IMPACTS OF THE WARMING CLIMATE ON MARGINALIZED COMMUNITIES TO ENABLE TIMELY, EFFECTIVE, AND IMPACTFUL INTERVENTIONS. THE CENTER FOR CLIMATE, EQUITABLE AND ACCESSIBLE RESEARCH-BASED TESTING FOR HEALTH (C-EARTH) WILL CATALYZE TRANSDISCIPLINARY RESEARCH APPROACHES INVOLVING INDIVIDUAL AND POLICY-LEVEL SOLUTIONS TO ADDRESS MULTIPLE CLIMATE RISKS TO HUMAN HEALTH, PARTICULARLY IN POPULATIONS AT GREATEST RISK, REFLECTING OUR ENVIRONMENTAL JUSTICE AND HEALTH EQUITY GOALS. THE AIMS OF C-EARTH ARE TO: 1) CREATE NEW RESEARCH CAPACITY FOR THE DEVELOPMENT AND EVALUATION OF CLIMATE CHANGE AND HEALTH (CCH) SOLUTIONS TO ADDRESS THE CONSEQUENCES OF HEAT AND IMPROVE HEALTH EQUITY. CATALYZE COLLABORATIONS ACROSS DISCIPLINES, SUPPORT CAREER DEVELOPMENT OF EARLY-STAGE INVESTIGATORS, OVERSEE A COMMUNITY-BASED PILOT GRANT PROGRAM ON CCH SOLUTIONS, AND PROVIDE DATA INFRASTRUCTURE AND HEAT TRACKING SYSTEMS (ADMINISTRATIVE CORE); 2) IDENTIFY CLIMATE-RELATED HEALTH EFFECTS AND TEST CCH EVIDENCE-BASED SOLUTIONS AMONG THE MOST MARGINALIZED AND AT-RISK MEMBERS OF SOCIETY IN PARTNERSHIP WITH COMMUNITY HEALTH WORKERS AND NON-PROFIT ORGANIZATIONS IN BOSTON, MADAGASCAR, AND SOUTH AFRICA (RESEARCH PROJECT); 3) ENGAGE WITH COMMUNITY PARTNERS TO CULTIVATE TRUST, COMMUNICATION, AND SHARED DECISION-MAKING TOWARDS IMPLEMENTING COMMUNITY-BASED CLIMATE SOLUTIONS THAT IMPROVE HEALTH INEQUITIES (COMMUNITY ENGAGEMENT CORE); AND 4) CATALYZE CCH IMPLEMENTATION SCIENCE AND PARTICIPATORY RESEARCH TO IMPLEMENT AND EVALUATE EVIDENCE-BASED SOLUTIONS TO ADDRESS CCH AND IMPROVE HEALTH EQUITY BY PROVIDING QUALITATIVE AND QUANTITATIVE ANALYTIC SUPPORT, POLICY TRANSLATION, AND CAPACITY-BUILDING INITIATIVES FOR RESEARCHERS AND LOCAL LEADERS (IMPLEMENTATION, SOLUTIONS, AND EVALUATION CORE). THE C-EARTH LEADERSHIP, RESEARCH, AND MULTIDISCIPLINARY SUPPORT TEAM BRINGS COMPLEMENTARY EXPERTISE IN COMMUNITY ENGAGEMENT, ENVIRONMENTAL AND POPULATION HEALTH RESEARCH, NUTRITION, IMPLEMENTATION SCIENCE, COST-BENEFIT ANALYSES, HEALTH EQUITY, AND NATIONAL AND INTERNATIONAL CLIMATE POLICY – THUS ENABLING TRANSDISCIPLINARY SOLUTIONS-ORIENTED RESEARCH. C-EARTH WILL BE INSTRUMENTAL IN BUILDING THE CAPACITY TO DEVELOP AND TEST CULTURALLY SENSITIVE EVIDENCE-BASED SOLUTIONS FOR CLIMATE JUSTICE IN HIGH-RISK AND MARGINALIZED COMMUNITIES AROUND THE WORLD, WITH OPPORTUNITIES FOR REPLICATION AND SCALABLE SOLUTIONS TO MAXIMIZE IMPACT.

Cooperative Agreement # **FAIN U19CA291431**

In Progress (3 years, 11 months remain)

Awarding Agency

Department of Health and Human Services (HHS)

Recipient

PRESIDENT AND FELLOWS OF HARVARD COLLEGE

677 HUNTINGTON AVE
BOSTON, MA 02115-6028
UNITED STATES
Congressional District: MA-07

Assistance Listings (CFDA Programs)

93.393 - CANCER CAUSE AND PREVENTION RESEARCH
[VIEW MORE INFO ABOUT THIS PROGRAM](#)

Dates



\$ Award Amounts

Description



● Outlayed Amount	\$189,394.83
● Obligated Amount	\$1,971,041.00
○ Non-Federal Funding	\$0.00
● Total Funding	\$1,971,041.00

(THE MASS PARTNERSHIP FOR COMMUNITY-ENGAGED CANCER CONTROL EQUITY - ABSTRACT THE MASSACHUSETTS PARTNERSHIP FOR COMMUNITY-ENGAGED CANCER CONTROL EQUITY (MASS PCECE) BUILDS ON A ROBUST PARTNERSHIP BETWEEN THE HARVARD T.H. CHAN SCHOOL OF PUBLIC HEALTH, THE MASSACHUSETTS LEAGUE OF COMMUNITY HEALTH CENTERS, AND MASS GENERAL BRIGHAM **(THE PROPOSED CENTER IS WELL-POISED TO FURTHER ACCELERATE COMMUNITY-ACADEMIC COLLABORATIONS TO ADVANCE TRANSFORMATIVE SOLUTIONS FOR CANCER EQUITY)** OUR CENTER'S THEME IS ADVANCING CANCER CONTROL EQUITY BY STRENGTHENING COMMUNITY HEALTH CENTER'S (CHC) CAPACITY TO DELIVER EVIDENCE-BASED CANCER SCREENING AND TOBACCO TREATMENT AND BY PROMOTING SOCIAL AND DIGITAL CONNECTION AMONG PATIENTS AND THEIR COMMUNITIES. ADVANCING CANCER CONTROL EQUITY WILL RESULT FROM CHC SYSTEMS THAT DELIVER EVIDENCE-BASED CARE TOGETHER WITH COMMUNITY ORGANIZATIONS THAT SUPPORT COMMUNITY NEEDS. THE PARTNERSHIP HAS SELECTED FOUR LOCAL PRIORITIES AS SDOH TARGETS: (1) SOCIAL CAPITAL, WHICH REFLECT THE RESOURCES EMBEDDED WITHIN SOCIAL CONNECTIONS; (2) CIVIC ENGAGEMENT, OR THE ACTIONS THAT A COMMUNITY TAKES TO IMPROVE ITS CIRCUMSTANCES; (3) ACCESS TO DIGITAL SKILLS AND TECHNOLOGY (HERE FORWARD REFERRED TO AS "DIGITAL ACCESS"), WHICH IMPACTS ON EQUITY IN ACCESS TO HEALTH CARE AND SOCIAL RESOURCES THAT SUPPORT HEALTH; AND (4) ACCESS TO EVIDENCE-BASED CANCER CONTROL CARE FOR BREAST, CERVICAL, AND COLORECTAL CANCER SCREENING AND TOBACCO TREATMENT, REFLECTING **HEALTHY PEOPLE 2030 OBJECTIVES** WE WILL CONDUCT A MULTI-LEVEL INTERVENTION AT 2 LEVELS-- THE COMMUNITY LEVEL TO BUILD COMMUNITY SOCIAL CAPITAL AND CIVIC PARTICIPATION, ENABLING ENGAGEMENT THAT WILL IMPROVE RESIDENT ACCESS TO HEALTH AND ECONOMIC RESOURCES, AND THE SYSTEMS LEVEL TO IMPROVE CANCER CONTROL CARE (E.G. CANCER SCREENING AND TOBACCO TREATMENT) AND DIGITAL ACCESS, BY DIGITAL NEEDS SCREENING AND NAVIGATION TO NEEDED RESOURCES. TO SUPPORT THE CENTER'S GOALS AND PLANNED RESEARCH, WE WILL: (1) CREATE A COMMUNITY-PARTNERED APPROACH TO CONDUCTING RESEARCH AND BUILDING BOTH COMMUNITY AND CHC CAPACITY TO ADDRESS KEY SDOH THROUGH A STRONG ADMIN CORE; (2) CREATE A PROCESS FOR DEVELOPING AND SUSTAINING RESEARCH THAT IS RESPONSIVE TO COMMUNITY INTERESTS THROUGH OUR COMMUNITY RESPONSIVE PROJECT (CRP) PROGRAM; AND (3) CREATE AN INNOVATIVE, CENTRALIZED APPROACH FOR EFFICIENT COLLECTION, MANAGEMENT, AND SHARING OF RESEARCH DATA ACROSS THE CENTER THROUGH A DATA ECOSYSTEM, AND SUPPORTING THE METHODOLOGIC NEEDS OF THE CENTER THROUGH A RESEARCH METHODS, MEASUREMENT, AND DATA MANAGEMENT CORE **THIS IS A HIGHLY INTEGRATED CENTER WITH A STRONG EMPHASIS ON CAPACITY BUILDING FOR ALL PARTNERS. WE AIM TO LINK CHCS AND COMMUNITIES IN WAYS THAT MAXIMIZE CIVIC ENGAGEMENT AND PARTICIPATION IN CANCER CONTROL RESEARCH AND CARE TO ADDRESS HEALTH INEQUITIES, USING APPROACHES THAT ARE SCALABLE AND SUSTAINABLE ACROSS MA AND NATIONALLY.**