



SKIRTING SCOTUS PART II: HOW MEDICAL SCHOOLS WILL CONTINUE TO PRACTICE RACIALLY CONSCIOUS ADMISSIONS

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EXECUTIVE SUMMARY

In the 2023 case *Students for Fair Admissions v. Harvard (SFFA)*, the U.S. Supreme Court determined that race-based college admissions violate the Equal Protection Clause of the Fourteenth Amendment and Title VI of the Civil Rights Act. Unfortunately, as Do No Harm reported previously, reactions from medical school leaders and medical organizations hinted that some medical schools were determined to circumvent, rather than comply with, the Court's decision.

The enormous penalties assigned to Asian and white medical school applicants compared to black and Hispanic applicants under affirmative action admissions regimes are well-documented. For example, in the 2023 application cycle – the last admissions cycle before *SFFA* took effect – matriculating Asian students had MCAT scores around the 89th percentile whereas matriculating black students had scores around the 65th percentile.

Under a color-blind admissions regime, academic qualifications (i.e. GPA and MCAT scores) among matriculating students should not vary substantially by race. Unfortunately, newly published data from the Association of American Medical Colleges indicate that hasn't come to pass. Matriculating Asian students still have an MCAT score in the 89th percentile. Meanwhile, the academic profile of matriculating black students has only improved marginally, with MCAT scores increasing from the 65th percentile in 2023 to the 68th in 2024.

While it's clear that at least some schools are still practicing racially conscious admissions, it's worth exploring which schools are doing it and to what extent. This report evaluates adherence to *SFFA* among medical schools by examining publicly available information to assess how the demographics of matriculating medical school classes have changed from before *SFFA* (i.e. the graduating class of 2027) to after *SFFA* (i.e. the graduating class of 2028). Overall, among the 14 medical schools that published race/ethnicity data for the classes of 2027 and 2028, the proportion of black and Hispanic students increased in four schools, stayed the same in two, and decreased in eight. An additional 21 schools published data for both years on the proportion of “underrepresented” students, which is typically – though not exclusively – a racial/ethnic designation primarily referring to black and Hispanic students. Among those schools, the proportion of “underrepresented” students increased in five, remained steady in three, and decreased in 13.

Among the schools where the number of black and Hispanic students decreased, the change is sometimes so small as to raise serious doubts about the schools' compliance with *SFFA*. For example, among the 21 schools that experienced a decline in black and Hispanic or “underrepresented” enrollment, 10 experienced a decline of three percentage points or less.

The results indicate that non-compliance with *SFFA* is a significant problem in many medical schools and that further judicial or legislative action will be necessary to ensure that the schools are focused on recruiting the most capable students regardless of their racial/ethnic background.

BACKGROUND

In *SFFA*, the U.S. Supreme Court determined in a 6-3 vote that affirmative action (i.e. racially conscious college admissions) violates the Equal Protection Clause of the Fourteenth Amendment and Title VI of the Civil Rights Act, which prohibits racial discrimination in schools that receive federal funds. Unfortunately, as Do No Harm **documented in a previous report**, the decision was immediately rebuked by the Association of American Medical Colleges (AAMC), the American Medical Association, and several medical specialty societies and medical schools.¹ Some of these responses featured veiled threats to circumvent the Court's decision. For example, the University of Hawaii John Burns School of Medicine released a **statement** claiming that, "We embrace diversity and inclusion as part of our shared values," and that "the U.S. Supreme Court's decision related to affirmative action in higher education will not deter us from our vision, mission, and values."²

The prospect that medical schools could skirt rather than comply with a prohibition on affirmative action is regrettably not without precedent. California voters decided to ban affirmative action in 1996 through popular ballot measure. In response, the UC Davis School of Medicine has **radically deprioritized** emphasis on GPA and MCAT scores in the admissions process with an eye toward fixing the "overrepresentation" of Asian physicians.³ More recently, data from the UCLA School of Medicine appear to **corroborate allegations** that a dean strong-armed the admissions committee to engage in racially preferential admissions.⁴

BONUSES AND PENALTIES UNDER AFFIRMATIVE ACTION

Under affirmative action, the bonuses awarded to black and Hispanic medical school applicants were significant, as were the penalties assigned to Asian and white applicants. The AAMC previously published data that facilitate a granular examination of just how dramatically a candidate's race influences their likelihood of admission to medical school. While the AAMC has since stopped publishing matrices that show acceptance rates by race for various levels of academic preparedness (i.e. MCAT and GPA combinations), the last iteration is recent enough to provide an adequate indication of the degree to which race penalized or benefited medical school applicants. As Do No Harm Senior Fellow Mark Perry **observed**, among medical school applicants between 2013-2016, those with an MCAT score around the 50th percentile and a GPA between 3.2-3.39 had decent odds of admission if they were black (56%) or Hispanic (31%), but long odds if they were white (8%) or Asian (6%).⁵ A preference for black candidates, followed by Hispanic, white and then Asian candidates is replicated along the academic continuum. For example, among candidates around the 83rd percentile in MCAT scores and a GPA between 3.6-3.79, odds of acceptance are excellent for black (94%) or Hispanic (83%) applicants but substantially lower for white (63%) or Asian applicants (58%).

Data published by the AAMC on outcomes in the 2023 application cycle indicate that these profound differences in admissions standards persisted until *SFFA* was decided.⁶ Specifically, matriculating Asian students had MCAT scores around the **89th** percentile compared to the 84th percentile for white students, 67th percentile for Hispanic students, and 65th percentile for black students.⁷ If medical schools began practicing racially blind admissions after *SFFA*, academic differences across racial/ethnic groups should

have largely disappeared. Regrettably, AAMC data reveal that hasn't come to pass. In 2024, matriculating Asian students still had MCAT scores around the 89th percentile compared to the 84th percentile for white students, 67th percentile for Hispanic students, and 68th percentile among black students. In other words, the only change was a marginal improvement in the academic qualifications of matriculating black students.

ASSESSING ADHERENCE TO SFFA

The AAMC does not publish school-level data. So while it's clear that at least some schools are skirting the prohibition on affirmative action, it isn't immediately clear which ones or to what extent. It's possible to draw inferences by looking at data published by the schools themselves. Specifically, some medical schools publish demographic profiles of each of their cohorts. If they published profiles of the class of 2027 (i.e. those who applied in 2023, before *SFFA*) and the class of 2028 (i.e. those who applied in 2024, after *SFFA*) then it's possible to observe whether or how demographics shifted to comply with the new legal landscape.

Given the dramatically different admissions standards practiced under affirmative action, it's clear that each year, hundreds of Asian and white applicants were rejected who would have been accepted if they happened to be black or Hispanic, and hundreds of black or Hispanic applicants were accepted who would have been rejected if they happened to be Asian or white. As such, the race-blind admissions that *SFFA* requires should coincide with a significant demographic transformation from the class of 2027 to the class of 2028 (i.e. fewer black and Hispanic matriculants, more Asian and white matriculants).

It isn't necessarily the case that the demographic shift that should occur after *SFFA* must be uniform across schools. It's likely that the change is less dramatic in schools where affirmative action was comparatively less important in the admissions process, for example. But given that a system that punished or rewarded students on the basis of race is now supposed to have expired, maintenance of or an increase in black and Hispanic matriculation must indicate that the school experienced at least one of the following:

- A conveniently timed and substantial improvement in the academic qualifications of black and Hispanic applicants compared to the year prior
- A conveniently timed and substantial deterioration in the academic qualifications of white and Asian applicants compared to the year prior
- A system of skirting *SFFA*

Given that many medical school leaders signal defiance of the Court and avow to maintain racial goals in admissions, the last scenario seems by far the most likely.

FINDINGS

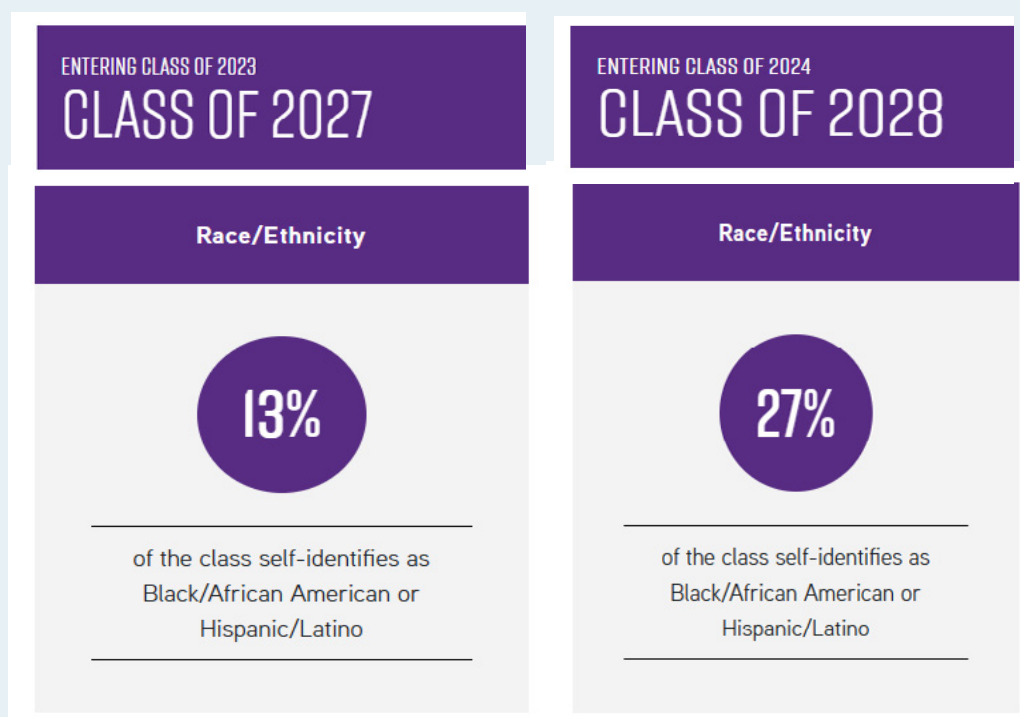
SCHOOLS WITH COMPLETE DATA

Google searches were performed to attempt to identify the demographic profile for the class of 2027 and class of 2028 at 136 allopathic medical schools in the United States. While there are 158 allopathic medical schools, this analysis excludes public universities in states where they were already banned from engaging in racially conscious admissions (seven medical schools in California, six in both Michigan and Florida, two in Arizona, and one in Oklahoma). Google searches featured terms such as “[medical school name] + class of 2027” or “[medical school name] + underrepresented in medicine” or “[medical school name] + demographics.” Medical schools commonly publish demographic profiles of their student body, though on some occasions demographic data is mentioned in a news article.

Thirteen schools published data that indicated either the proportion of black or Hispanic students in the class of 2027 and class of 2028 or published data on the proportion of “underrepresented” students while clearly indicating that the designation only refers to racial/ethnic status and not other potential characteristics.

School	Class of 2027 % Black or Hispanic	Class of 2028 % Black or Hispanic	Change
Texas Christian University	13%	27%	+14%
University of Cincinnati	14%	22%	+8%
University of Washington	16%	20%	+4%
Kaiser Permanente School of Medicine	44%	47%	+3%
University of Vermont	24%	24%	0%
Creighton	10%	10%	0%
University of Massachusetts	17%	15%	-2%
Baylor	22%	19%	-3%
Washington State University	21%	18%	-3%
University of Rochester	17%	14%	-3%
Harvard	23%	17%	-6%
East Carolina University	19%	13%	-6%
University of Miami	31%	24%	-7%
Icahn School of Medicine	31%	21%	-10%

Among the thirteen schools that published clear racial/ethnic demographic data for the class of 2027 and 2028, four experienced an increase in the proportion of black or Hispanic students. Most notably, at the Burnett School of Medicine at Texas Christian University, among the 60 students in the class of 2027, “13% of the class identifies as Black/African American or Hispanic/Latino” compared to 27% in the class of 2028. As **a previous investigation** by Do No Harm uncovered, the school mandates trainings for department chairs and deans which refer to “color blindness,” the “myth of meritocracy” and belief “that the most qualified person should get the job” as examples of microaggressions.”⁸ Their admissions data hint that – at the expense of patient care and in defiance of the Supreme Court – the school practices what it preaches.




At the University of Cincinnati College of Medicine – an institution “**committed to recruiting and supporting a diverse student body, faculty, leadership, and administrative staff**” – 25 members (14%) of the class of 2027 identify as “underrepresented ethnic minorities” compared to 37 members of the class of 2028 (22%).⁹


Class & Matriculant Profiles

Matriculant Profile	2024	2023	2022	2021
Total Entering	170	177	175	180
Ohio Residents	108 (64%)	101 (57%)	97 (55%)	73 (41%)
Non-Ohio Residents	62 (36%)	76 (43%)	78 (45%)	107 (59%)
Males	75 (44%)	83 (47%)	82 (47%)	85 (47%)
Females	94 (55%)	94 (53%)	92 (53%)	94 (53%)
Underrepresented Ethnic Minorities	37 (22%)	25 (14%)	22 (13%)	44 (25%)

Note that “underrepresented ethnic minorities” also includes Native Hawaiians/Pacific Islanders, American Indians and Alaska Natives. However, their overall population and representation in medical school is small and they ultimately comprise a tiny portion of the ethnically “underrepresented” students. In the **2023 application cycle**, for example, 1,845 students matriculated who identified as “black alone,” 1,493 who identified as “Hispanic alone” but only 36 who identified as “American Indian or Alaska Native” and 19 who identify as “Native Hawaiian or Pacific Islander.”¹⁰ In other words, in 99% of cases, “underrepresented” ethnicity refers to black or Hispanic. Simply put, data from TCU and Cincinnati are nearly impossible to reconcile with the statistical reality of proper *SFFA* implementation.

Fidelity to *SFFA* is not only measured by year-to-year demographic changes but is also a function of the degree to which affirmative action informed admissions policies before *SFFA*. If the penalty assigned to white and Asian applicants was modest, then the demographic change should also be modest. If, however, the rewards and penalties assigned under affirmative action were significant, then the demographic change should also be significant. So, when it comes to the Creighton University School of Medicine, the fact that the proportion of “underrepresented” students didn’t change isn’t necessarily an indication of a lack of fidelity to *SFFA*. Instead, the proportion of “underrepresented” students in the class of 2027 – 10% – hints at a more modest role of affirmative action in admissions policies before *SFFA*. The same goes for the University of Massachusetts Chan School of Medicine, where a modest demographic shift (-2% in black or Hispanic students) should be understood in the context of clues that affirmative action played a limited role in admissions policies before *SFFA* (i.e. black and Hispanic students only comprised 17% of the class of 2027). Conversely, when it comes to the Kaiser Permanente Bernard Tyson School of Medicine in California – where a commitment to DEI principles is “essential” to the admissions process – a small demographic change (+3% in black and Hispanic students) should raise a red flag.¹¹ The fact that **“one of the most diverse medical schools in the country”** increased the proportion of black and Hispanic students after *SFFA* casts serious doubt about adherence to the Court’s ruling against affirmative action.

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A Vision of Equity, Inclusion, and Diversity

The school's commitment to supporting and preserving an equitable, inclusive, and diverse student body is a bedrock of our vision. It is essential to our curriculum, admissions process, faculty recruitment, student life, and clinical experience.

[Learn About Our Commitment](#)

The lack of demographic change (24% black or Hispanic in the class of 2027 and 2028) at the Robert Larner College of Medicine at the University of Vermont – which has **pledged to increase its commitment to DEI** and practice “holistic admissions” – is similarly concerning.¹² According to **data** provided by the AAMC, no black or Hispanic Vermont residents matriculated to any allopathic medical school during the 2024 application cycle.¹³ Meanwhile, 26% of seats in the Larner College of Medicine class of 2028 were allotted to Vermont residents. That means that 33% of out-of-state seats – representing **99%** of their applications – were awarded to black or Hispanic applicants.¹⁴ In the 2024 application cycle, **13%** of applications sent to medical schools were from Black or Hispanic applicants, and, on average, their MCAT scores and GPA were **substantially below** the average applicant.^{15, 16} The idea that the University of Vermont practiced racially blind admissions in the 2024 application cycle strains arithmetic credibility.

SCHOOLS THAT REPORT THE REPRESENTATION OF STUDENTS “UNDERREPRESENTED IN MEDICINE”

An additional 21 schools that met inclusion criteria (i.e. not public universities in states where affirmative action was already banned in public universities) published data on the proportion of students in the class of 2027 and 2028 who are “underrepresented” in medicine. The **AAMC definition** of “underrepresented in medicine” explicitly refers to a racial/ethnic designation. However, other plausible definitions exist.¹⁷ The **University of Virginia School of Medicine**, for example, labels rural and “disadvantaged” students as members of groups underrepresented in medicine.¹⁸ While most schools probably emulate the “underrepresented” definition used by the AAMC, there is ultimately some uncertainty about whether that’s always the case. Still, even with that caveat, a look at the schools that report the proportion of “underrepresented” students hints at additional instances of skirting the Court’s decision.

School	Class of 2027 % Underrepresented	Class of 2028 % Underrepresented	Change
Hackensack University	11%	19%	+8%
Quinnipiac University	18%	24%	+6%
University of Maryland	24%	28%	+4%
University of Chicago	40%	43%	+3%
Duke University	28%	29%	+1%
Drexel University	17%	17%	0%
Thomas Jefferson University	17%	17%	0%
Virginia Tech	8%	8%	0%
Tulane	22%	21%	-1%
Mayo Clinic College of Medicine	24%	23%	-1%
Oregon Health and Science University	23%	21%	-2%
Geisinger Commonwealth School of Medicine	12%	10%	-2%
Boston University	17%	14%	-3%
Georgetown	18%	15%	-3%
Brown	28%	24%	-4%
Albert Einstein College of Medicine	18%	14%	-4%
University of Wisconsin	33%	27%	-6%
NYU Grossman School of Medicine	24%	15%	-9%
University of Nevada Las Vegas	32%	20%	-12%
University of Louisville	24%	7%	-17%
University of Iowa	34%	5%	-29%

Of these 21 schools, outcomes at Quinnipiac, Maryland, Chicago, and Duke stand out as schools where admissions policies are particularly worthy of scrutiny.

These four medical schools admit black and Hispanic medical students at a rate that far exceeds their representation in the applicant pool (13% in 2024). That fact in conjunction with the reality that black and Hispanic matriculants to medical schools have significantly lower GPAs and MCAT scores than other matriculants is a signal that the schools continue to penalize or reward students on the basis of race.

That these four schools are candid about prioritizing racial outcomes in admissions certainly doesn't help their case.

Quinnipiac Frank H. Netter MD School of Medicine

We are an educational institution that values diversity of thought and experience. We are eager to welcome all who wish to join us in this pursuit. We recognize that those students who have persevered despite economic and other challenges have a wealth of transferrable skills that are invaluable to the health care profession.

We believe it is a global imperative to educate future physicians who not only treat the communities they serve, but also reflect them. We are committed to having our future physician workforce overcome the painful history of racism and discrimination in medicine.

To these ends, we aspire to be a teaching and learning community that celebrates equity, inclusion and diversity.

For example, the Quinnipiac School of Medicine calls it a “global imperative to educate future physicians who not only treat the communities they serve, but also reflect them.” The University of Chicago Pritzker School of Medicine makes a similar avowal, claiming that “recognizing that the full diversity of the American population is not represented by the physician workforce, the University of Chicago Pritzker School of Medicine is committed to the recruitment and retention of a diverse class of students.”

Health Equity, Diversity, and Inclusion



Recognizing that the full diversity of the American population is not represented by the physician workforce, the University of Chicago Pritzker School of Medicine is committed to the recruitment and retention of a diverse class of students.

The University of Maryland School of Medicine maintains an advisory committee to the dean charged with “aligning institutional efforts to increase diversity in all its forms among students.”

UM School of Medicine Diversity Advisory Council

Committee Charge

The University of Maryland School of Medicine Diversity Advisory Committee (DAC) is advisory to the Dean, and is charged with the responsibility of providing feedback and guidance to support new and existing School of Medicine initiatives, with the focused objective of aligning institutional efforts to increase diversity in all its forms among students, faculty, and staff, and to foster an inclusive, welcoming environment in which all members of the School of Medicine community can thrive regardless of race, ethnicity, national origin, religion, gender or gender identity, sexual orientation, marital status, protected veteran's status, disability, or age.

Messaging from the Duke University School of Medicine is even more direct, featuring a claim that “Equity is at the core of everything we do.”



Duke University School of Medicine

“Equity is at the core of everything we do. We’re working to develop a culture that fosters a sense of belonging and promotes equity.”

Kevin Thomas, MD

Vice Dean for Equity, Diversity, and Inclusion and Chief Diversity Officer

In terms of changes in the proportion of “underrepresented” students, it is notable that the largest demographic shifts – those with a magnitude consistent with what would be statistically anticipated with proper implementation of SFFA – occurred at public universities in politically conservative states (Kentucky and Iowa). This might suggest that implementation of race-blind admissions is more likely to be practiced with fidelity in settings where those with oversight responsibilities insist upon it.

DATA SUPPRESSION AND MANIPULATION

Several schools that published demographic data for the class of 2027 neglected to publish it for the class of 2028. Specifically, **Tufts**, **the University of Virginia**, **Rutgers**, **Johns Hopkins**, **the University of Minnesota**, **Mercer**, **the University of Missouri**, and **Saint Louis University** published data on the number of “underrepresented students” in the class of 2027 but not the class of 2028.^{19, 20, 21, 22, 23, 24, 25, 26}

Class demographics

Total Students

158

The UVA School of Medicine class of 2027 is comprised of a diverse student demographic.

- 46% Virginians
- 54% Out of State
- 53% Women
- 29% Underrepresented in Medicine

Class Demographics

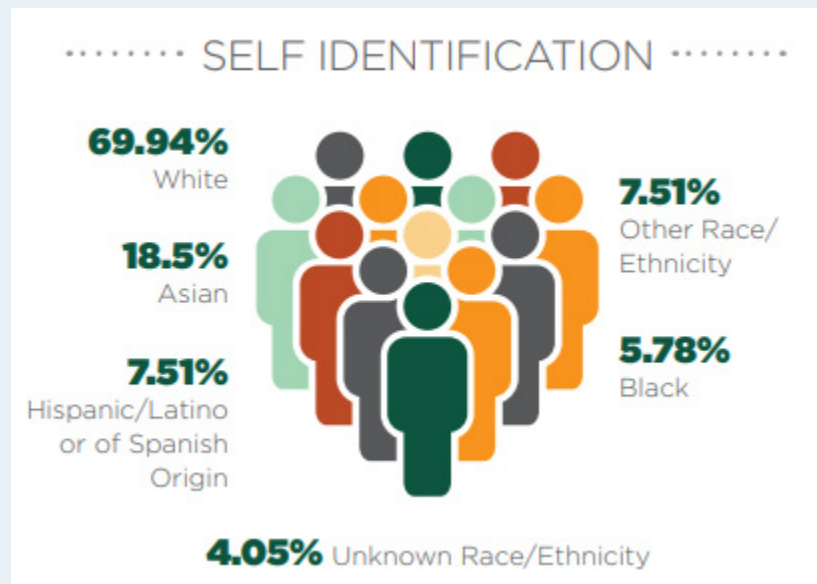
Total Students

155

The UVA School of Medicine class of 2028 is comprised of a diverse student demographic.

- 50% Virginians
- 50% Out of State
- 52% Women

Wake Forest published data on the number of underrepresented “or economically disadvantaged students” for the class of 2027 but not the class of 2028, while the **University of Tennessee** published race/ethnicity data for the class of 2027 but not the class of 2028.^{27, 28}



Whether the decision to stop publishing data after *SFFA* is coincidental, a gesture to disguise improper implementation of *SFFA*, or an effort to hide the statistical reality associated with proper implementation, is unclear. Given **pressure from the AAMC** to continue to racially discriminate, coupled with the reality that many medical schools have been captured by far-left ideologues, these schools – as well as the dozens of others that didn’t publish any data – do not automatically earn a presumption of innocence.²⁹

It’s also worth noting that schools can distort their demographic profile through statistical manipulation. For example, a student who is black and Hispanic could be counted as both in a school that wants to appear to have a higher proportion of “underrepresented students.” Alternatively, a school could report a higher proportion of “underrepresented” students by excluding students who didn’t report a racial category from their denominator (i.e, the total number of students). It’s possible that some of the demographic changes from the class of 2027 to the class of 2028 profiled in this report reflect changes in methodology. Still, in the context of explicit statements from medical schools about the supposed importance of diversity in admissions and a history of medical schools ducking state bans on affirmative action, it’s almost certainly the case that the data in this report are not simply a product of statistical sleight of hand, but deliberate efforts to reward or punish medical school applicants based on race.

CONCLUSION

When the Supreme Court decided that racially conscious admissions were illegal, medical schools could and should have simply abided by the spirit and letter of that decision. Instead, many immediately set out on devising workarounds.

The process of ducking the Court's ruling almost invariably involves the adoption of the "holistic admissions" that the AAMC advocates. As leaders at the UC Davis School of Medicine admit explicitly, muting academic qualifications and instead leveraging **"holistic" features** like "lived experience" or "mission fit" keeps racial goals central in the admissions process.³⁰ The consequences for American health care are dire. MCAT scores are **predictive of performance** on Step 1 and Step 2 of the U.S. Medical Licensing Exam, which in turn are predictive of clinical performance.³¹ MCAT scores and GPA, not thinly veiled proxies for race/ethnicity, should play an integral role in the candidacy of each medical school applicant.

Trading aptitude and merit for qualities irrelevant to clinical excellence in the pursuit of racial goals should be a non-starter in medical school admissions. Color blindness with a central focus on academic merit should be the priority for all medical schools. Policymakers would be wise to act accordingly.

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