



ANATOMY OF A MYTH:

HOW A DEBUNKED RACIAL CONCORDANCE STUDY INFILTRATED EVERY CORNER OF THE MEDICAL FIELD

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EXECUTIVE SUMMARY

The Proceedings of the National Academy of Sciences (PNAS) published a **study** in August 2020 titled, “Physician–patient racial concordance and disparities in birthing mortality for newborns” that examined the effects of racial concordance on infant mortality.

The notion that racial concordance – when patients are treated by physicians of the same race – improves health outcomes is not supported by the preponderance of existing evidence. Nevertheless, the study came to the bold conclusion that when black physicians treat black infants, the survival rate of black infants improves.

However, the study was seriously flawed. The researchers failed to control for the effect of very low birth weight on mortality. Researchers at the Manhattan Institute attempted to **replicate** the study using the same data while applying that control, and found that the racial concordance effect disappeared.

In simple terms, by controlling for this one crucial variable for which the original researchers had failed to do, the Manhattan Institute researchers had effectively debunked the original PNAS study’s findings.

But the study's conclusions had already spread like wildfire: Dozens of media articles, hundreds of scholarly citations, numerous references in public statements by medical associations – all based on findings that weren't true.

More troubling, however, was that many of the individuals and organizations that cited the PNAS study used it to argue for initiatives that would, in effect, encourage racial discrimination. These included hiring strategies to prioritize the recruitment of black doctors, racially discriminatory admissions policies, and various other DEI-adjacent policies.

This report aims to provide a case study of how now-debunked research can spread throughout the medical field and beyond – infiltrating academia, medical associations, and mass media – and lead to harmful and discriminatory policies.

To do this, this report examines citations and references to the PNAS study and, in particular, tracks how it influenced policy recommendations from major medical associations, researchers, and prominent voices in the medical and healthcare fields.

The study accrued over 786 scholarly citations, including several studies published in prestigious medical journals and flagship journals of medical associations. These include *Pediatrics*, the *Annals of the American Thoracic Society*, *Academic Medicine*, *Clinical Journal of the American Society of Nephrology*, *Journal of Neurosurgery*, and *Journal of Graduate Medical Education*.

Many of the studies citing the PNAS study relied on its findings to, in turn, advocate for various diversity initiatives or racially discriminatory hiring and recruitment practices.

Medical associations, think tanks, and other institutions also referenced the study in their DEI-oriented policy prescriptions, using it to justify discriminatory practices. These organizations include the American College of Obstetricians and Gynecologists, the Association of American Medical Colleges, and 45 other health professional and educational organizations in an amicus brief filed with the United States Supreme Court.

Beyond the medical field, the study was also reported on by numerous media outlets such as **CNN** and **NPR**, who disseminated the study's false conclusions to millions of people.

By tracking this influence, this report aims to encourage more rigorous research methods, less credulous citation practices, and more skepticism of the research undergirding calls for racially discriminatory policies.



THE TIMELINE

As the saying goes, a falsehood can travel halfway around the globe while the truth is putting on its shoes.

In August 2020, the prestigious scientific journal PNAS – short for the Proceedings of the National Academy of Sciences – published a **study** titled, “Physician–patient racial concordance and disparities in birthing mortality for newborns.”

The study, authored by researchers Brad N. Greenwood (George Mason University), Rachel R. Hardeman (University of Minnesota), Laura Huang (Harvard University), and Aaron Sojourner (University of Minnesota), examined Florida infant mortality data and purported to show that when black newborns are cared for by black physicians, their mortality rate declines.

In other words, the study ostensibly found that racial concordance – when patients are treated by physicians of the same race – improved health outcomes for black babies.

The researchers even theorize that physicians’ “spontaneous bias” may be responsible for the racial disparity in health outcomes and conclude with the bold assertion “that patient–physician racial concordance provides benefits, particularly because of the inequities in clinical care outcomes experienced by Black patients.”

Within weeks of its publication, the study’s findings had spread like wildfire, trickling down from the academic sphere and reaching the general public.

Breathless media coverage quickly ensued.

“A key to black infant survival? Black doctors,” read one NPR **headline**.

“Black newborns more likely to die when looked after by White doctors,” CNN **reported**.

Supreme Court Justice Ketanji Brown Jackson even cited an amicus brief referring to the study’s findings in her dissent in *Students for Fair Admissions v. Harvard*, the landmark case finding that race-based university admissions are unconstitutional.

More impactful, however, was the study's reception among medical associations.

In the years following its publication, it has become a tentpole resource invoked to emphasize the stakes of diversity initiatives, with the often unsaid but sometimes implicit argument that diversity hiring and recruitment programs are saving lives.

For example, the American College of Obstetricians and Gynecologists' "Committee on Advancing Equity in Obstetric and Gynecologic Health Care" **cited** it conspicuously in its 2024 statement issuing guidance and policy recommendations for the association and the field at large.

These recommendations included "prioritizing policy changes that affect social and structural determinants of health and dismantle systemic racism at all levels and in all settings, such as voting rights; housing discrimination; living wages; affirmative action; and diversity, equity, and inclusion programs."

To put a finer point on it, the study has been used to support the particular political and ideological agendas of medical associations eager to dip their toes into activism.

But there was just one problem: the study was hopelessly flawed.

In their 2023 **report** highlighting the overwhelming lack of evidence to support the notion that racial concordance improves health outcomes, Do No Harm's Ian Kingsbury and Jay Greene noticed what appeared to be a serious flaw: the study had failed to adequately control for certain comorbidities.

Specifically, Kingsbury and Green hypothesized that the study had not controlled for very low birth weight in newborns, a flaw which, along with other failures, would bias the study's estimates of racial concordance effects.

Their intuitions proved correct.

In 2024, researchers from the Manhattan Institute obtained the underlying Florida infant mortality data and performed their own **analysis**, this time controlling for very low birth weight.

Their findings completely debunked the initial study.

Their **paper**, "Physician-patient racial concordance and newborn mortality," found that "the estimated effect is near zero and statistically insignificant in the expanded specifications that control for very low birth weight and include hospital and physician fixed effects."

"The apparently strong benefits of matching black newborns with black doctors became unmeasurably small after controlling for one single factor, indicating whether a newborn was born weighing less than 1,500 grams," the researchers **wrote** in a commentary.

This analysis was a major blow to the study's validity, but more bad news was yet to come.



Earlier this year, Do No Harm obtained **documents** surrounding the development of the PNAS study, finding that it had originally purported to show that racial concordance significantly reduces the fatality rate of *white* babies.

“White newborns experience 80 deaths per 100,000 births more with a black physician than a white physician, implying a 22% fatality reduction from racial concordance,” an unpublished draft read.

However, the study’s lead author Brad N. Greenwood attempted to bury this finding.

“I’d rather not focus on this. If we’re telling the story from the perspective of saving black infants this undermines the narrative,” he wrote in a note in the study’s margin.

And that finding was subsequently deleted from the report.

Greenwood’s decision appears on its face to be an attempt to bury results that were inconvenient to his larger political and social agenda.

One would think that these revelations would preclude further substantive reliance on the PNAS study by diligent and thorough researchers.

But that hasn’t been the case.

GOING VIRAL

The sheer number of citations to the PNAS study, many in commentaries or articles that in turn advocate for racially concordant care or DEI initiatives, illustrates the study’s viral, toxic effect.

To date, the study has been cited 786 times in academic journals, according to Google Scholar, with 64 citations in the last year alone. Despite the study’s validity being essentially destroyed, researchers are still dutifully relying on its conclusions.

Although the PNAS study was far from the only study purporting to show the positive health effects of racial concordance or diversity initiatives, it nevertheless could be seen to provide a veneer of moral legitimacy for policies that are on their face discriminatory.

Many studies citing the racial concordance study explicitly argue for DEI-related policies, such as “diverse” hiring initiatives to increase the number of racial minorities in the physician pool, while citing the debunked study.

Given the sheer number of citations, there are too many of these studies to include, but just a few examples serve as a cross-section of how the PNAS study is being weaponized for DEI activism.

A 2022 **study** published in *Pediatrics*, the flagship journal of the American Academy of Pediatrics, cited the PNAS study as retroactive justification for the implementation of a racially discriminatory recruitment strategy for the residency program at Nationwide Children’s Hospital.

The program gave students considered to be racially “underrepresented” in medicine preferential treatment.

Another *Pediatrics* **study** published in 2021 similarly argued that increasing the proportion of racial minorities in the pediatric medical workforce could improve health outcomes for minority populations.

“The continued underrepresentation of URiM pediatric trainees may perpetuate persistent health inequities for minority pediatric populations,” the study argues. “There is a critical need to recruit and retain pediatric URiM residents and subspecialty fellows.”

Another **study**, also published in *Pediatrics* in 2024, stressed the importance of DEI efforts in pediatric medicine while citing the PNAS study.

“Understanding the current diversity of the workforce, the status of current DEI efforts, and how a diverse pediatric subspecialty workforce can positively impact child health is essential,” the study argued.

“We posit that attention to both the diversity of the pediatric population and the pediatric subspecialty workforce will positively impact the health of the nation’s children,” the study continued.

Additionally, the study makes the outlandish claim that “the ultimate goal of pediatrics is to improve health equity for all infants, children, adolescents, and young adults cared for in the United States by pediatric subspecialists.”

One would think that the ultimate goal of pediatrics is to provide the best possible care for children, not pursue an “equity” agenda.

Next, a **study** published in *JAMA Network Open* cited the 2020 PNAS study while calling for a reorientation of promotion practices to facilitate better diversity.

“To achieve a workforce that reflects the diversity of the US population, this study suggests that academic medicine needs to transform its culture and practices surrounding faculty appointments and promotions,” the study reads.

In yet another example, a **study** published in *Family Medicine* cited the PNAS study while recounting the efforts of the “Resident Scholars Program for Workforce Diversity (RSPWD)”, a “year-long program for URiM and other Black, Indigenous, People of Color (BIPOC) residents committed to sexual and reproductive health (SRH) provision.”

This program also provided preferential treatment for participants of certain racial groups.

There are dozens more examples: studies, articles, and commentaries published in flagship journals of major medical associations and societies such as *Pediatrics*, the *Annals of the American Thoracic Society*, *Academic Medicine*, the *Clinical Journal of the American Society of Nephrology*, the *Journal of Neurosurgery*, and the *Journal of Graduate Medical Education* all citing the PNAS study, and all advocating for diversity initiatives on the false premise that racial concordance improves health outcomes.

POLICY PRESCRIPTIONS

Beyond its influence on academia, the PNAS study has seemingly made its way into just about every medical and medical-adjacent context, being used by medical associations, hospitals, activists, and think tanks to justify various DEI policies.

It’s a “Forrest Gump”-esque journey that would be almost comical if it weren’t so disturbing.

Perhaps the most notorious invocation of the PNAS study was in an **amicus brief** to the United States Supreme Court spearheaded by the Association of American Medical Colleges (AAMC) and joined by not one, not two, but **forty-five** health professional and educational organizations.





Within the brief, the citation to the PNAS study accompanied two statements that are both demonstrably untrue.

First, the brief stated that “for high-risk Black newborns, having a Black physician is tantamount to a miracle drug: it more than doubles the likelihood that the baby will live.”

This claim is simply fiction, and is an embarrassing error for the supposed upholders of standards in medicine to make at all, let alone in a brief to the country’s chief judicial body. The PNAS study *does not* find that for black newborns, having a black physician more than doubles the likelihood that the baby will live. **In actuality**, the study purported to find that the difference in survival rate for black babies treated by black physicians compared to white physicians was 0.129%.

The second citation to the PNAS study is to support a more general claim about the evidence supporting racial concordance as a means to improve health outcomes.

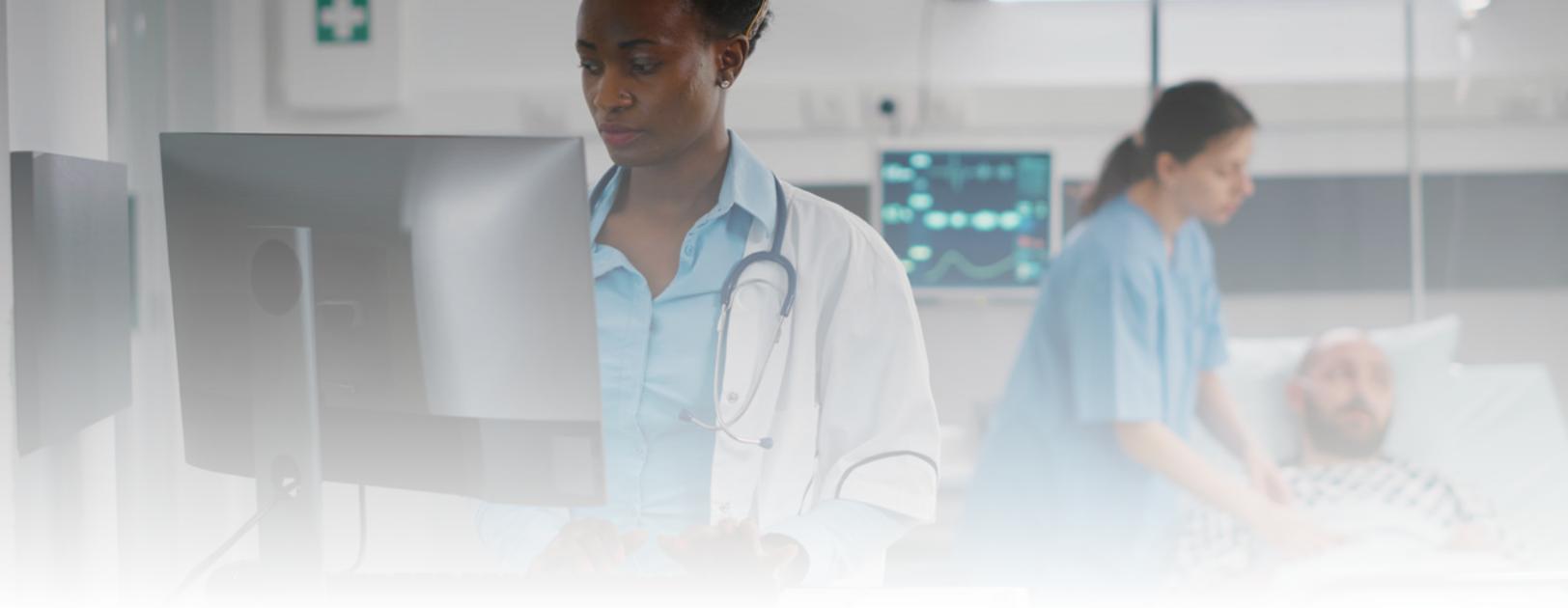
That too is false, as **demonstrated** by a thorough review of the existing evidence.

It’s also worth noting the context of these statements.

The AAMC’s amicus brief was submitted in favor of upholding race-conscious admissions to institutions of higher education in the landmark case *Students for Fair Admissions v. Harvard (SFFA)*. In other words, the AAMC et al. were using the study to defend and justify racial discrimination.

And that strategy clearly had its intended effect on at least one justice: Associate Justice Ketanji Brown Jackson cited the figure in her dissent in *SFFA* **dissent**.

As Do No Harm Senior Fellow Jay Greene put it, “the fact that neither the Association of American Medical Colleges nor Jackson’s clerks could read and properly understand a medical study is an alarming indication for the current state of both medical and legal education.”



Moreover, the AAMC **interviewed** Greenwood in 2023 to discuss his study for an article titled, “Do Black patients fare better with Black doctors?”

“Research shows that racial concordance can improve communication, trust, and adherence to medical advice,” the article’s subheading stated. “That has implications for health care providers.”

However, that article was deleted at some point after April 3, 2025 – mere days after Greenwood’s decision to remove the inconvenient finding from the PNAS study was revealed.

Although the AAMC’s amicus brief is merely the most famous example of the PNAS study’s influence, it’s just the tip of the iceberg.

Other medical associations have similarly cited the study to justify and support DEI programs and activities, including racially discriminatory policies.

As previously mentioned, the American College of Obstetricians and Gynecologists’ “Committee on Advancing Equity in Obstetric and Gynecologic Health Care” **cited** it while recommending that gynecologists prioritize “policy changes that affect social and structural determinants of health and dismantle systemic racism at all levels and in all settings, such as voting rights; housing discrimination; living wages; affirmative action; and diversity, equity, and inclusion programs.”

The National Association of Certified Professional Midwives shared a story that **prominently cited** the study and argued for policies aimed at creating a more diverse healthcare workforce.

Nemours Children’s Health **cited** the PNAS study while advocating for DEI policies that “increase diversity among medical practitioners.”

The Center for Health Care Strategies, an organization aimed at “improving outcomes for people enrolled in Medicaid,” **cited** the PNAS study while recommending policies to “transform child health care” to be “more anti-racist and family-centered.”

Similarly, the Commonwealth Fund **cited** the study in a policy recommendation for greater diversity in perinatal care.

“Diversifying the birth workforce, both in terms of training and race and ethnicity, is necessary for ensuring that all birthing people can receive pregnancy-related care from a culturally competent provider in a setting of their choice,” the recommendation stated.

Beyond the world of think tanks and policy prescriptions, the study also made its way into mass media.

In addition to CNN and NPR, **USA Today**, **Science News**, the **World Economic Forum**, and **numerous other** places and publications all spread the study’s findings.

In one particularly revealing example, Daniel Taylor, an associate professor of pediatrics at Drexel University College of Medicine, cited the PNAS study in a Philadelphia Inquirer **op-ed** to argue that racial concordance improves health outcomes.

“Science backs me up,” Taylor wrote, citing a now-deleted AAMC **post** that included an interview with Greenwood on the findings of the PNAS study.

Science, of course, does not back Taylor up, as Do No Harm **demonstrated** in its analysis of the existing systematic reviews of racial concordance.

Nevertheless, Taylor persisted.

To buttress his argument, Taylor cited, among other things, the PNAS study. Taylor then bemoaned the Supreme Court’s decision that race-conscious admissions were unconstitutional, and called for policies that “increase minority representation in hospital governance and leadership positions.”

“Racial concordance, when a professional has the same racial or ethnic identity as their patient, client, customer or student, has been shown to have benefits in many sectors,” Taylor wrote. “Racial concordance in teaching leads to better student outcomes and even lower stress in teachers. Racial concordance in the judicial system has yielded fairer sentences for Black and brown defendants.”

“And in medicine, it can save lives,” Taylor added.

CONCLUSION

The reaction to – and influence of – the PNAS paper presents an excellent case study on how less-than-stellar research can lead to harmful policy changes.

There's also another wrinkle in the PNAS study saga: one of the study's authors, University of Minnesota's Rachel Hardeman, **resigned** from the university and the Center for Antiracism Research for Health Equity (CARHE), which she co-founded, in April over allegations of plagiarism in unrelated research.

As it pertains to the study at hand here, medical associations, physicians, researchers, and other prominent voices in medical and medical-adjacent fields all used its findings to support policies and practices that are definitionally discriminatory and lead to serious harm.

While uncritically and credulously relying on the findings of a study is one thing, researchers arguing in favor of racial concordance are already committing the offense of cherry-picking studies to support their agenda.

As Do No Harm has laid out, the preponderance of the evidence simply **does not support** the conclusion that racial concordance improves health outcomes. Do No Harm's 2023 analysis of the evidence on racial concordance found that four out of five systematic reviews of racial concordance in medicine showed no improvement in outcomes. Additionally, a sixth systematic review **published** in late 2024 also found that racial concordance did not improve health outcomes.

When one attempts to dance around this reality by selecting individual studies that support one's predetermined conclusion, it's unsurprising – and poetically just – that the resulting findings are flawed. Shoddy research begets more shoddy research.

What's more, major media outlets parroted the PNAS study's conclusion to their massive audiences, broadcasting claims such as black doctors being the "key to black infant survival."

Those statements simply weren't an accurate reflection of reality.

The PNAS study saga is a cautionary tale about how findings that confirm the priors of an activist segment of the population can be marshaled to advocate for dangerous and divisive policies, even though the underlying research simply doesn't support the findings' validity.

Going forward, researchers should ensure that they are approaching research, especially on incendiary topics such as racial concordance, with care and objectivity. Too often does research get twisted and manipulated to fit a particular ideological conclusion. Additionally, peer review, at PNAS and elsewhere, should catch methodological flaws before invalid findings make their way to the Supreme Court and to the pages of national media outlets.

Finally, medical associations and media outlets too often intuitively trust researchers' conclusions and treat their findings as unimpeachable truth. They should make sure there are no glaring methodological errors before credulously repeating these conclusions – especially conclusions that just so happen to affirm their ideological priors.





Do No Harm