SKIRTING SCOTUS PART III:

HOW MEDICAL SCHOOLS CONTINUE TO PRACTICE RACIALLY CONSCIOUS ADMISSIONS

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EXECUTIVE SUMMARY

In recent decades, many universities openly engaged in racially conscious admissions. Most medical schools eagerly seized upon the opportunity, in effect creating admissions standards that were vastly different according to the race of the applicant. Two years ago, the Supreme Court ruled in *Students for Fair Admissions (SFFA) v. Harvard* that racially discriminatory admissions violated the Equal Protection Clause of the Fourteenth Amendment.

Immediate responses to the Supreme Court's decision from the medical establishment portended defiance rather than compliance. As Do No Harm detailed in Skirting SCOTUS Part I, responses from medical schools and medical organizations signaled displeasure and a continued fixation on the racial composition of the physician workforce. In a follow-up report (Skirting SCOTUS Part II) we observed suggestive evidence that schools had devised workarounds to maintain a racially biased admissions system. Specifically, we observed that, at many medical schools, the racial composition of students admitted after *SFFA* looked like the composition before that decision. That outcome is nearly impossible to reconcile with the implementation of a racially neutral admissions regime given the well-documented penalties and bonuses that were handed out to medical school applicants on the basis of race prior to *SFFA*.

This report (Skirting SCOTUS Part III) uncovers definitive evidence of continued, illegal discrimination in medical school admissions against Asian applicants compared to white and black applicants and in favor of black applicants compared to Asian and white applicants. To draft this report, we requested 2024 medical school admissions data from every public medical school in the country, including an applicant's race, their undergraduate GPA, Medical College Admission Test (MCAT) score, and whether they were admitted. Among the 93 public allopathic medical schools in the United States, 23 have fulfilled the data request. Among the 23 schools, accepted Asian and white applicants had higher MCAT scores than accepted black applicants at all but one school. In fact, at 13 schools, the average MCAT score of rejected Asian or white applicants was higher than the average MCAT score of accepted black applicants. Outcomes at the University of Wisconsin School of Medicine and Public Health and Eastern Virginia Medical School are particularly troubling. At Wisconsin, a black applicant has nearly 10 times the odds of admission compared to an Asian or white applicant with the same MCAT score and GPA. At Eastern Virginia they have an eleven-fold increase in odds of acceptance compared to GPA- and MCAT- equivalent Asian or white applicants.

Our findings invite an urgent call to action from lawmakers and policymakers. When discrimination rather than merit determines admission to medical school, patients inevitably pay the price.

Affirmative action was introduced in medical schools in the late 1960s.[1] Broadly, the goal in university admissions was to cultivate greater representation of "underrepresented" minorities. As part of that process, universities, including medical schools, considered race as part of the application review process. Race itself became a factor in admissions.

Previously, the Association of American Medical Colleges (AAMC) published data that allowed the public to observe the extent to which race influenced medical school admission decisions. Specifically, the AAMC published acceptance rates by racial group for various GPA/MCAT combinations. For 2013-16 data, for example, Do No Harm Senior Fellow Mark Perry observed that black applicants with a GPA between 3.40-3.59 and MCAT scores around the 59th to 72nd percentile had an 81.2% chance of admission compared to 20.6% for an Asian applicant with the same credentials.[2]

The AAMC stopped publishing granular race data after Perry's report, leaving some uncertainty about how intense racial preferences were leading up to the Supreme Court ruling against affirmative action in 2023. Do No Harm has extensively documented among both the AAMC and medical schools a continued fixation on racial representation, so it's reasonable to assume that the intensity of racial preference observed in 2013-16 was maintained or even escalated.

In June 2023, the Supreme Court ruled in *Students for Fair Admissions (SFFA) v. Harvard* that race based admissions violated the Equal Protection Clause of the Fourteenth Amendment. Schools that receive federal funds could no longer justify racially discriminatory admissions policies.

Immediate responses to the Supreme Court's ruling from the healthcare establishment raised the specter of noncompliance, as Do No Harm chronicled in **Skirting SCOTUS Part I**.[3] For example, the AAMC released a statement proclaiming that racial composition matters when it comes to research and clinical practice and that "We will work together to adapt following today's court decision without compromising these goals." These ideas were echoed by several medical schools and professional medical organizations. That includes the President of the American College of Physicians, who defiantly stated that "Medical schools and other institutions of higher education should consider a person's race and ethnicity."

Reviewing admissions data published by medical schools themselves showed little adherence to the race blindness mandated by *SFFA*. As Do No Harm detailed in **Skirting SCOTUS Part II**, 34 medical schools published demographic profiles of the class of 2027—the last class admitted before *SFFA* took effect—as well as the class of 2028, the first class admitted after *SFFA* took effect.[4] Generally speaking, the data indicated that racial demographics barely changed from the class of 2027 to the class of 2028, and that nine of the schools in fact reported an increase in the proportion of "underrepresented" students. While these trends are highly suggestive of continued discrimination, they are not dispositive. It's possible, for example, that a school practiced race-blind admissions, admitted fewer "underrepresented students," but that for whatever reason a higher proportion of those students ultimately matriculated at the school compared to the year prior. The best way to detect and measure discrimination is by reviewing medical school admissions data and assessing whether schools appear to favor or disfavor applicants who belong to certain racial groups. That's precisely what this report sets out to do.

Do No Harm sent public records requests to every public medical school in the United States seeking applicant-level admissions data. Specifically, for each applicant since the 2020-21 application cycle, we requested applicant race, undergraduate GPA, MCAT score, and whether the student was accepted. Of the 93 public allopathic medical schools in the country, 23 fulfilled our request as of June 30, 2025. In the interest of not analyzing cumbersome amounts of data, we only publish 2024 MCAT data in this report, though we can make GPA data or data from previous years available upon request.

Likely, the patterns observed among the medical schools that shared data would look similar in schools that have not yet shared data. If anything, on average, schools that have not yet shared data are likely engaging in more flagrant discrimination that they hope to conceal. Notably, to date, no school within the University of California system has shared data. Administrators and faculty at **UC Davis**[5] and **UC San Francisco**[6] publicly profess a zealous commitment to DEI. Meanwhile, UCLA David Geffen School of Medicine is currently **facing a lawsuit** over racially discriminatory admissions following whistleblower allegations.[7]

Note that the AAMC lists several racial/ethnic categories: "American Indian or Alaska Native; Asian; Black or African American; Hispanic or Latino; Middle Eastern or North African; Native Hawaiian or Pacific Islander; White; and Some other race or ethnicity." The analysis that follows focuses on those individuals who identify as Asian, black, or white. When it comes to the categories "American Indian or Alaska Native" or "Native Hawaiian or Pacific Islander," applicants are simply too few in number to meaningfully analyze. Additionally, schools are inconsistent in whether they identify "Middle Eastern or North African" as its own category. The same goes for Hispanic, which some schools identify as an ethnicity category and others as a race category, while some schools don't count it at all (or didn't provide data for it). In the interest of consistency and clarity, this report focuses on Asian, black, and white applicants. Notably, most schools allow applicants to select more than one race or ethnicity. The AAMC advises counting such individuals as applicants **from all groups with which they identify**.[8] This analysis does precisely that. For example, a student who identifies as Asian, Middle Eastern, and white would be counted as both an Asian and a white applicant. A review of the data indicates that the overall findings are the same if multiracial applicants are omitted from the sample.

When it comes to Asian, black, and white applicants, recent history makes clear that **Asian applicants were penalized compared to white and black applicants while black applicants were rewarded compared to Asian and white applicants.**[9] Appropriate compliance with *SFFA* should make this prejudice disappear.

RESULTS

Overall, evidence of racial discrimination in medical school admissions remains robust. Among the 23 schools in our dataset, in 2024 accepted Asian students had a mean MCAT score of 514.0, accepted white students had a mean MCAT score of 512.1, while accepted black students had a mean MCAT score of 508.3. MCAT scores range from 472–528 and 500 is about average. One standard deviation is equivalent to 11 points, and generally speaking, **a difference of a single point on the MCAT is equivalent to about 3 percentile points**. Overall, accepted Asian students scored in approximately the 88th percentile, accepted white students in the 83rd percentile, and accepted black students in the 73rd percentile. Put differently, on average, accepted Asian students outperformed accepted black students by about one half of a standard deviation.

The same pattern holds when looking at GPA. Accepted Asian applicants had a 3.85, accepted whites a 3.82, and accepted blacks a 3.70. GPA is less useful than the MCAT for identifying discrimination since GPA features less differentiation in scores (e.g. more than 3 in 4 applicants have a GPA between 3.5 and 4.0). The analysis that follows focuses on MCAT alone.

In all 23 schools, accepted Asian students had a higher average MCAT score than accepted black students. In some schools, such as Florida State, the difference is only equivalent to about 3 percentage points between accepted Asian applicants and accepted black applicants. In other schools the difference is more substantial. At the University of Wisconsin School of Medicine and Public Health, for example, accepted black students had an average MCAT score in the 62nd percentile whereas whites were in the 86th percentile and Asians were in the 87th percentile. At 13 of 23 schools these differences are so substantial that the average MCAT score for white or Asian **rejected** applicants was equal to or better than the average MCAT score for **accepted** black applicants.

Even more evidence of discrimination can be observed through acceptance rates (i.e. the number of students accepted divided by number of students who applied) disaggregated by racial groups. At some schools such as Medical College of Georgia and Carle Illinois College of Medicine, group acceptance rates correlate positively with average group applicant performance such that Asian applicants have considerably higher acceptance rates than white applicants, who have considerably higher acceptance rates than black applicants. At other schools, however, average group credentials and acceptance rates are inversely correlated. At The Ohio State College of Medicine and Southern Illinois University School of Medicine, the acceptance rate for black applicants is more than double that of Asian applicants. At Eastern Virginia Medical School, the acceptance rate of black applicants is more than quadruple that of Asian applicants. At the University of Wisconsin School of Medicine and Public Health, the acceptance rate for black applicants is more than six times greater than that of Asian applicants. At all four schools, the average Asian applicant had an MCAT score more than 20 percentile points higher than the average black applicant.

TABLE 1	Acceptance rate (Asian-White-Black-Total)	Average MCAT among applicants (Asian-White-Black-Total)	Average MCAT among accepted applicants (Asian-White-Black-Total)	Average MCAT among rejected applicants (Asian-White-Black-Total)
Augusta (Medical College of Georgia)	20.60%	506.6	514.1	504.3
	13.60%	505.7	513.3	504.2
	7.10%	497.5	510.8	496.3
	14.40%	504.2	513.4	502.5
University of Colorado School of Medicine	2.20%	511.9	517.5	511.8
	2.40%	510.7	517.7	510.6
	4.10%	501.9	515	501.3
	2.40%	510.3	517.4	510.5
East TN State University (Quillen College of Medicine)	3.20%	504.7	514.4	504.4
	6.90%	504.5	511.2	504
	1.50%	495.9	503.2	495.8
	5.40%	503.3	511.4	503
Florida International (Herbert Wertheim College of Medicine)	4.20%	507.2	511.9	507
	5.10%	507.1	512.1	506.8
	4.40%	499.1	510.2	498.6
	4.80%	505.7	511.8	505.6
Florida State University College of Medicine	1.90%	504.9	509.5	504.8
	3.40%	505.5	509.9	505.3
	1.70%	498.2	508.7	498.1
	2.70%	503.9	509.7	504
University of Illinois College of Medicine.	4.70%	509.9	513.8	509.7
	6.70%	509.5	512	509.3
	7.70%	501.3	507.9	500.8
	5.90%	508.4	512.2	508.7
Illinois Urbana-Champaign (Carle Illinois College of Medicine)	12.20%	507.3	516.2	508.9
	8.50%	506.8	510	508
	2.40%	494.5	513.3	500.4
	9.80%	506.1	513.6	505.3
University of Louisville School of Medicine	5.60%	505.8	510.9	505.5
	7.20%	505.9	509.3	505.6
	3.90%	499.3	506	499
	6.40%	505	509.5	504.8
Marshall (Joan C. Edwards School of Medicine)	12.20%	503.4	505.8	503.2
	18.90%	503.5	504.8	503.2
	8.20%	497.5	502.5	497.1
	16.00%	502.6	504.8	502.4

TABLE 1 (CONTINUED)

	Acceptance rate (Asian-White-Black-Total)	Average MCAT among applicants (Asian-White-Black-Total)	Average MCAT among accepted applicants (Asian-White-Black-Total)	Average MCAT among rejected applicants (Asian-White-Black-Total)
University of Missouri School of Medicine	6.40%	505.4	511.5	505
	10.00%	505.8	510.6	505.2
	6.50%	499.3	506.9	498.7
	8.30%	505	510.7	504.5
University of New Mexico School of Medicine	5.70%	501.9	501.7	501.9
	7.00%	503.5	503.3	503.6
	7.00%	495.5	499.2	495.2
	6.50%	501.4	502.2	501.9
University of North Dakota School of Medicine & Health Sciences	0.80%	509.5	509	509.5
	24.90%	508.4	508.4	508.4
	10.00%	505.1	507	504.8
	18.20%	508.1	508.4	508.6
Northeast Ohio Medical University	8.10%	505.1	514.4	504.2
	10.50%	505.5	513.5	504.5
	3.50%	496.7	506.6	496.3
	8.80%	501.5	513.6	503.5
The Ohio State University College of Medicine	2.60%	508.4	511.3	508.3
	5.10%	508.7	511.3	508.6
	6.20%	500.8	505.9	500.4
	4.30%	507.4	510.8	508
Old Dominion University (Eastern Virginia Medical School)	2.50%	509.8	514.8	509.7
	4.20%	509.4	514.1	509.2
	10.90%	501.4	509.6	500.4
	4.10%	508.6	513.2	508.6
University of South Alabama (Frederick P. Whiddon College of Medicine)	11.30%	504	510.7	503.2
	11.40%	504.3	509.6	503.7
	7.80%	496.1	501.8	495.6
	10.90%	503.1	509.2	502.5
Southern Illinois University School of Medicine	6.80%	506.5	512.8	506
	19.10%	506.3	509	505.7
	15.30%	498.9	505.7	497.7
	14.70%	505.3	509.2	504.9
University of South Florida (Morsani College of Medicine)	7.80%	511.3	519.9	510.5
	7.40%	509.8	520.2	509
	4.00%	498.4	513.8	497.8
	6.60%	508.2	519.6	508.1

Skirting SCOTUS Part III: How Medical Schools Continue to Practice Racially Conscious Admissions

	Acceptance rate (Asian-White-Black-Total)	Average MCAT among applicants (Asian-White-Black-Total)	Average MCAT among accepted applicants (Asian-White-Black-Total)	Average MCAT among rejected applicants (Asian-White-Black-Total)
University of Tennessee College of Medicine	12.60%	505.7	513.1	504.7
	10.20%	505.4	513	504.6
	3.20%	496.4	508.4	496
	9.80%	504	512.8	503.4
Texas Tech University Health Sciences Center	5.60%	508.4	513.8	508
	4.80%	506.3	510.3	506.1
	2.80%	499.3	507.3	499.1
	4.90%	506.3	511.7	506.1
Virginia Tech (Carilion School of Medicine)	1.70%	510	514.2	509.9
	2.90%	509.7	513.1	509.6
	2.10%	500.9	509.1	500.7
	2.40%	508.9	513.1	509.1
Washington State University (Elson Floyd College of Medicine)	11.00%	506.3	511.9	505.6
	10.50%	506.5	509.8	506.2
	9.00%	496.1	504.9	495.2
	10.60%	505.6	510.4	505.1
University of Wisconsin School of Medicine and Public Health	2.40%	510.6	513.5	510.5
	3.90%	510.1	512.9	510.1
	14.90%	503.6	505.2	503.4
	3.80%	509.9	511.9	510
Total	**5.10%**	**508.5**	**514**	**508.2**
	6.20%	**507.9**	**512.1**	**507.6**
	5.20%	**499**	**508.3**	**498.5**
	5.70%	**507.2**	**512.3**	**506.9**

Additional analysis helps clarify racial preference in admissions. Specifically, examining acceptance rates by race among students who scored similarly on the MCAT provides insight into how preferences manifest. In the table below, results are disaggregated by students who scored below a 500 on the MCAT (below 46th percentile), between 500–505 (46th to 62nd percentile), 506-511 (66th to 81st percentile), 512-517 (83rd to 94th percentile), or 518 or higher (95th percentile or above). **Broadly speaking**, a score below 500 would be considered uncompetitive for admission at an allopathic medical school, a score between 500-505 would be considered generally uncompetitive but not entirely outside the realm of possibility of admission, 506-511 would make a candidate competitive at many medical schools, 512-517 would make a candidate competitive at most medical schools, and 518 and higher should make them competitive at any medical school.

TABLE 2

		<500			500–505			506–511			512–517			518+			All scores		
		Accepted	Applied	Percent	Accepted	Applied	Percent	Accepted	Applied	Percent	Accepted	Applied	Percent	Accepted	Applied	Percent	Accepted	Applied	Percent
Augusta (Medical College of Georgia)	Asian	0	189	0%	9	174	5.2%	42	212	19.8%	87	211	41.2%	41	85	48.2%	179	871	20.6%
	White	0	332	0%	6	291	2.1%	64	423	15.1%	84	278	30.2%	38	88	43.2%	192	1412	13.6%
	Black	0	337	0%	9	137	6.6%	14	74	18.9%	15	34	44.1%	4	7	57.1%	42	589	7.1%
	Total	0	858	0%	24	602	4.0%	120	709	16.9%	186	523	35.6%	83	180	46.1%	413	2872	14.4%
University of Colorado School of Medicine	Asian	0	214	0%	0	244	0.0%	2	685	0.3%	31	1254	2.5%	34	623	5.5%	67	3020	2.2%
	White	0	454	0%	0	723	0.0%	10	1426	0.7%	56	1990	2.8%	65	970	6.7%	131	5563	2.4%
	Black	0	163	0%	0	98	0.0%	5	97	5.2%	8	64	12.5%	5	17	29.4%	18	439	4.1%
	Total	0	831	0%	0	1065	0.0%	17	2208	0.8%	95	3308	2.9%	104	1610	6.5%	216	9022	2.4%
East TN State University (Quillen College of Medicine)	Asian	0	151	0.0%	3	147	2.0%	4	197	2.0%	7	107	6.5%	6	26	23.1%	20	628	3.2%
	White	2	445	0.4%	15	416	3.6%	53	572	9.3%	30	257	11.7%	23	80	28.8%	123	1770	6.9%
	Black	0	199	0.0%	3	84	3.6%	2	49	4.1%	0	4	0.0%	0	1	0.0%	5	337	1.5%
	Total	2	795	0.3%	21	647	3.2%	59	818	7.2%	37	368	10.1%	29	107	27.1%	148	2735	5.4%
Florida International (Herbert Wertheim College of Medicine)	Asian	0	223	0%	1	260	0.4%	28	570	4.9%	31	375	8.3%	4	78	5.1%	64	1506	4.2%
	White	0	398	0%	6	531	1.1%	67	1080	6.2%	55	647	8.5%	15	133	11.3%	143	2789	5.1%
	Black	0	344	0%	7	222	3.2%	14	139	10.1%	9	44	20.5%	3	6	50.0%	33	755	4.4%
	Total	0	965	0%	14	1013	1.4%	109	1789	6.1%	95	1066	8.9%	22	217	10.1%	240	5050	4.8%
Florida State University College of Medicine	Asian	1	345	0.3%	3	402	0.7%	17	498	3.4%	10	272	3.7%	0	83	0.0%	31	1600	1.9%
	White	2	575	0.3%	12	819	1.5%	57	1059	5.4%	33	530	6.2%	2	119	1.7%	106	3102	3.4%
	Black	1	454	0.2%	4	267	1.5%	7	139	5.0%	1	39	2.6%	2	9	22.2%	15	908	1.7%
	Total	4	1374	0.3%	19	1488	1.3%	81	1696	4.8%	44	841	5.2%	4	211	1.9%	152	5610	2.7%
Illinois College of Medicine at Chicago	Asian	1	269	0.4%	5	466	1.1%	44	1056	4.2%	70	1089	6.4%	35	424	8.3%	155	3304	4.7%
	White	4	242	1.7%	18	531	3.4%	75	1211	6.2%	93	990	9.4%	33	342	9.6%	223	3316	6.7%
	Black	0	254	0.0%	22	234	9.4%	18	137	13.1%	11	65	16.9%	3	15	20.0%	54	705	7.7%
	Total	5	765	0.7%	45	1231	3.7%	137	2404	5.7%	174	2144	8.1%	71	781	9.1%	432	7325	5.9%
Illinois Urbana-Champaign (Carle Illinois College of Medicine)	Asian	0	132	0.0%	2	127	1.6%	16	261	6.1%	58	353	16.4%	51	166	30.7%	127	1039	12.2%
	White	1	128	0.8%	4	191	2.1%	18	339	5.3%	29	285	10.2%	40	134	29.9%	92	1077	8.5%
	Black	0	74	0.0%	0	44	0.0%	1	30	3.3%	3	16	18.8%	0	5	0.0%	4	169	2.4%
	Total	1	334	0.3%	6	362	1.7%	35	630	5.6%	90	654	13.8%	91	305	29.8%	223	2285	9.8%
University of Louisville School of Medicine	Asian	4	226	1.8%	15	352	4.3%	24	507	4.7%	19	208	9.1%	14	59	23.7%	76	1352	5.6%
	White	2	417	0.5%	49	780	6.3%	87	998	8.7%	42	439	9.6%	17	93	18.3%	197	2727	7.2%
	Black	1	218	0.5%	8	170	4.7%	9	86	10.5%	0	7	0.0%	1	4	25.0%	19	485	3.9%
	Total	7	861	0.8%	72	1302	5.5%	120	1591	7.5%	61	654	9.3%	32	156	20.5%	292	4564	6.4%
Marshall (Joan C. Edwards School of Medicine)	Asian	2	40	5.0%	5	45	11.1%	6	44	13.6%	2	16	13%	4	11	36.4%	19	156	12.2%
	White	14	111	12.6%	23	127	18.1%	22	101	21.8%	6	50	12%	13	24	54.2%	78	413	18.9%
	Black	1	35	2.9%	4	26	15.4%	1	9	11.1%	0	1	0%	0	2	0.0%	6	73	8.2%
	Total	17	186	9.1%	32	198	16.2%	29	154	18.8%	8	67	12%	17	37	45.9%	103	642	16.0%

TABLE 2 (CONTINUED)

		<500			500–505			506–511			512–517			518+			All scores		
		Accepted	Applied	Percent	Accepted	Applied	Percent	Accepted	Applied	Percent	Accepted	Applied	Percent	Accepted	Applied	Percent	Accepted	Applied	Percent
University of Missouri School of Medicine	Asian	0	149	0.0%	4	171	2.3%	23	241	9.5%	12	131	9%	11	33	33.3%	50	725	6.9%
	White	1	244	0.4%	32	377	8.5%	48	471	10.2%	34	221	15%	28	73	38.4%	143	1243	11.5%
	Black	2	112	1.8%	3	74	4.1%	6	30	20.0%	4	13	31%	3	5	60.0%	17	234	7.3%
	Total	3	505	0.6%	39	622	6.3%	77	742	10.4%	50	365	14%	41	111	36.9%	210	2135	9.8%
University of New Mexico School of Medicine	Asian	11	179	6.1%	7	158	4.4%	8	112	7.1%	2	41	4.9%	1	18	5.6%	29	508	5.7%
	White	15	213	7.0%	17	213	8.0%	12	183	6.6%	7	100	7.0%	0	23	0.0%	51	732	7.0%
	Black	8	130	6.2%	1	32	3.1%	4	22	18.2%	0	1	0.0%	0	2	0.0%	13	187	7.0%
	Total	34	522	6.5%	25	403	6.2%	24	317	7.6%	9	142	6.3%	1	43	2.3%	93	1427	6.5%
University of North Dakota School of Medicine & Health Sciences	Asian	0	1	0.0%	0	26	0.0%	1	51	2.0%	0	36	0.0%	0	5	0.0%	1	119	0.8%
	White	4	12	33.3%	21	87	24.1%	37	147	25.2%	18	81	22.2%	4	11	36.4%	84	338	24.9%
	Black	0	3	0.0%	1	7	14.3%	0	8	0.0%	1	2	50.0%	0	0		2	20	10.0%
	Total	4	16	25.0%	22	120	18.3%	38	206	18.4%	19	119	16.0%	4	16	25.0%	87	477	18.2%
Northeast Ohio Medical University	Asian	0	227	0.0%	11	433	2.5%	21	589	3.6%	55	239	23.0%	40	74	54.1%	127	1562	8.1%
	White	0	321	0.0%	20	645	3.1%	52	692	7.5%	91	321	28.3%	53	85	62.4%	216	2064	10.5%
	Black	0	196	0.0%	10	161	6.2%	2	52	3.8%	1	11	9.1%	2	4	50.0%	15	424	3.5%
	Total	0	744	0.0%	41	1239	3.3%	75	1333	5.6%	147	571	25.7%	95	163	58.3%	358	4050	8.8%
The Ohio State University College of Medicine	Asian	0	200	0.0%	7	258	2.7%	13	449	2.9%	12	426	2.8%	7	171	4.1%	39	1504	2.6%
	White	3	256	1.2%	13	437	3.0%	51	765	6.7%	36	631	5.7%	18	263	6.8%	121	2352	5.1%
	Black	4	97	4.1%	4	81	4.9%	3	39	7.7%	3	20	15.0%	1	6	16.7%	15	243	6.2%
	Total	7	553	1.3%	24	776	3.1%	67	1253	5.3%	51	1077	4.7%	26	440	5.9%	175	4099	4.3%
Old Dominion University (Eastern Virginia Medical School)	Asian	0	193	0%	1	337	0.3%	12	1073	1.1%	38	989	3.8%	20	253	7.9%	71	2845	2.5%
	White	0	283	0%	0	487	0.0%	31	1376	2.3%	97	1120	8.7%	23	315	7.3%	151	3581	4.2%
	Black	0	226	0%	7	178	3.9%	43	185	23.2%	19	55	34.5%	2	10	20.0%	71	654	10.9%
	Total	0	702	0%	8	1002	0.8%	86	2634	3.3%	154	2164	7.1%	45	578	7.8%	293	7080	4.1%
University of South Alabama (Frederick P. Whiddon College of Medicine)	Asian	0	93	0.0%	10	86	11.6%	13	97	13.4%	8	51	15.7%	8	17	47.1%	39	344	11.3%
	White	2	202	1.0%	21	210	10.0%	33	233	14.2%	28	135	20.7%	8	29	27.6%	92	809	11.4%
	Black	4	105	3.8%	5	33	15.2%	4	25	16.0%	0	4	0.0%	0	0		13	167	7.8%
	Total	6	400	1.5%	36	329	10.9%	50	355	14.1%	36	190	18.9%	16	46	34.8%	144	1320	10.9%
Southern Illinois University School of Medicine	Asian	0	63	0.0%	3	61	4.9%	5	105	4.8%	8	71	11.3%	6	25	24.0%	22	325	6.8%
	White	5	87	5.7%	27	143	18.9%	39	185	21.1%	27	119	22.7%	10	31	32.3%	108	565	19.1%
	Black	2	53	3.8%	10	41	24.4%	3	18	16.7%	1	4	25.0%	2	2	100.0%	18	118	15.3%
	Total	7	203	3.4%	40	245	16.3%	47	308	15.3%	36	194	18.6%	18	58	31.0%	148	1008	14.7%
University of South Florida (Morsani College of Medicine)	Asian	0	244	0.0%	0	146	0.0%	2	261	0.8%	15	529	2.8%	116	531	21.8%	133	1711	7.8%
	White	0	377	0.0%	0	329	0.0%	2	563	0.4%	16	728	2.2%	171	564	30.3%	189	2561	7.4%
	Black	0	322	0.0%	2	125	1.6%	7	87	8.0%	8	53	15.1%	7	19	36.8%	24	606	4.0%
	Total	0	943	0.0%	2	600	0.3%	11	911	1.2%	39	1310	3.0%	294	1114	26.4%	346	4878	7.1%

TABLE 2 (CONTINUED)

		<500			500–505			506–511			512–517			518+			All scores		
		Accepted	Applied	Percent	Accepted	Applied	Percent	Accepted	Applied	Percent	Accepted	Applied	Percent	Accepted	Applied	Percent	Accepted	Applied	Percent
University of Tennessee College of Medicine	Asian	0	128	0.0%	6	102	5.9%	21	130	16.2%	25	118	21.2%	14	44	31.8%	66	522	12.6%
	White	0	373	0.0%	12	342	3.5%	55	492	11.2%	60	309	19.4%	38	96	39.6%	165	1612	10.2%
	Black	0	178	0.0%	4	87	4.6%	3	41	7.3%	3	8	37.5%	0	1	0.0%	10	315	3.2%
	Total	0	679	0.0%	22	531	4.1%	79	663	11.9%	88	435	20.2%	52	141	36.9%	241	2449	9.8%
Texas Tech University Health Sciences Center	Asian	0	243	0.0%	7	278	2.5%	19	461	4.1%	53	447	11.9%	15	255	5.9%	94	1684	5.6%
	White	6	429	1.4%	25	498	5.0%	27	655	4.1%	33	433	7.6%	17	251	6.8%	108	2266	4.8%
	Black	1	210	0.5%	3	107	2.8%	7	74	9.5%	2	33	6.1%	0	37	0.0%	13	461	2.8%
	Total	7	882	0.8%	35	883	4.0%	53	1190	4.5%	88	913	9.6%	32	543	5.9%	215	4411	4.9%
Virginia Tech (Carilion School of Medicine)	Asian	0	167	0.0%	0	220	0.0%	7	730	1.0%	24	763	3.1%	5	219	2.3%	36	2099	1.7%
	White	0	228	0.0%	5	346	1.4%	23	1086	2.1%	42	935	4.5%	14	275	5.1%	84	2870	2.9%
	Black	0	150	0.0%	1	87	1.1%	6	97	6.2%	1	42	2.4%	0	6	0.0%	8	382	2.1%
	Total	0	545	0.0%	6	653	0.9%	36	1913	1.9%	67	1740	3.9%	19	500	3.8%	128	5351	2.4%
Washington State University (Elson Floyd College of Medicine)	Asian	2	117	1.7%	7	112	6.3%	21	157	13.4%	22	126	17.5%	11	59	18.6%	63	571	11.0%
	White	3	135	2.2%	18	173	10.4%	24	211	11.4%	25	179	14.0%	10	65	15.4%	80	763	10.5%
	Black	1	64	1.6%	4	32	12.5%	4	11	36.4%	1	3	33.3%	0	1	0.0%	10	111	9.0%
	Total	6	316	1.9%	29	317	9.1%	49	379	12.9%	48	308	15.6%	21	125	16.8%	153	1445	10.6%
University of Wisconsin School of Medicine and Public Health	Asian	0	108	0.0%	8	253	3.2%	8	691	1.2%	20	682	2.9%	12	279	4.3%	48	2013	2.4%
	White	0	177	0.0%	23	540	4.3%	33	1196	2.8%	42	1077	3.9%	34	395	8.6%	132	3385	3.9%
	Black	0	44	0.0%	20	88	22.7%	8	60	13.3%	5	22	22.7%	0	8	0.0%	33	222	14.9%
	Total	0	329	0.0%	51	881	5.8%	49	1947	2.5%	67	1781	3.8%	46	682	6.7%	213	5620	3.8%
Full Sample	Asian	21	3901	0.5%	114	4858	2.3%	357	9177	3.9%	609	8534	7.1%	455	3538	12.9%	1556	30008	5.2%
	White	64	6439	1.0%	367	9236	4.0%	920	15464	5.9%	984	11855	8.3%	674	4459	15.1%	3009	47310	6.4%
	Black	25	3968	0.6%	132	2415	5.5%	171	1509	11.3%	96	545	17.6%	35	167	21.0%	458	8604	5.3%
	Total	110	14308	0.8%	613	16509	3.7%	1448	26150	5.5%	1689	20934	8.1%	1163	8164	14.2%	5023	85855	5.9%

This analysis indicates that the medical schools in our sample are, thankfully, not making many exceptions for students with an MCAT score below 500. What this analysis does show, however, is that some schools appear to exhibit a preference for black candidates with scores similar to or even lower than other applicants and an aversion to Asian candidates with scores similar to or even higher than other applicants. Across the entire sample, black applicants with MCAT scores in the 506-511 range have a 11.3% acceptance rate (162 of 1,438) compared to 5.6% (817 of 14,541) for white applicants and 3.6% (313 of 8806) for Asian applicants with MCAT scores in that same range. Racial disparities are also significant in the 512-517 bracket, where black applicants have a 17.0% acceptance rate (89 of 524) compared to 7.9% (890 of 11,325) for white applicants and 6.9% (572 of 8285) for Asian applicants. Overall, while schools aren't admitting many students from the very bottom of the performance distribution, they are admitting students from the center at the expense of those at the top. Medical school admission is highly competitive, with **more than two applicants** for every medical school seat.[10] Simply put, there is no reason for schools to consistently pass over students with excellent scores in favor of students with middling scores.

While this pattern is detectable at many medical schools, results from Eastern Virginia Medical School and University of Wisconsin School of Medicine and Public Health are particularly problematic. Eastern Virginia—where Do No Harm Founder Stanley Goldfarb was **fired from the board** for asking questions about DEI practices—admitted 16.5% (69 of 418) of black applicants with MCAT scores ranging from 500-517.[11] Meanwhile, among the 2,983 white applicants with scores in that range, the school only admitted 128 (4.3%). For Asian applicants in that range, the number falls to just 2.1% (51 of 2,399). At Wisconsin—**where administrators devised a "holistic admissions" process in service of DEI goals**—21.6% of black applicants (33 of 153) who scored between 500-517 were admitted. Meanwhile, only 3.5% (98 of 2,813) white applicants who scored between 500-517 were admitted and just 2.2% (36 of 1,626) of Asian applicants in that range were admitted.

Odds ratios produced through logistic regression precisely quantify how a racial category influences odds of acceptance after statistically accounting for differences in MCAT score and GPA. At Wisconsin, Asian applicants had odds of acceptance that were only 8% as good as MCAT- and GPA-equivalent black applicants and 57% as good as MCAT- and GPA-equivalent white applicants. At Eastern Virginia, Asian applicants had odds of acceptance that were only 6% as good as MCAT- and GPA-equivalent black applicants and 54% as good as an MCAT- and GPA-equivalent white applicants. Across all 23 schools, an Asian applicant had odds of acceptance that were 30% as good as MCAT- and GPA-equivalent black applicants and 73% as good as MCAT- and GPA-equivalent white applicants.

These outcomes are not definitive judgements about which schools are operating in contravention of the Supreme Court's decision in *SFFA*. Ultimately, it is the responsibility of judges and government agencies to determine the criteria that constitute racial discrimination. This report highlights the urgency of that task by presenting data that is highly suggestive of racial discrimination, particularly against Asian applicants and in favor of black applicants. Admissions decisions at Eastern Virginia and Wisconsin are especially worthy of additional scrutiny.

Finally, note that admissions can and should be determined by factors other than MCAT scores and

GPA alone. Qualities like empathy and strong interpersonal skills matter when it comes to excellence in medicine. Still, aptitude matters most when it comes to clinical success, and GPA and MCAT scores remain the best indicators to **predict how well a student will perform in medical school**. Schools that are engaging in racially preferential admissions will inevitably claim that their process is simply "holistic," meaning that it places less emphasis on merit and more focus on attributes that can be used as proxies for race, such as Wisconsin's focus on alignment with the mission of "**advancing health and health equity**."[12] This arrangement results in an extreme deemphasis on merit that very clearly does not serve the public interest or the interest of extraordinarily well qualified students who are rejected. Given what objectives "holistic" admissions regimes are designed to serve (i.e. adjusting the racial and ethnic composition of medical schools) and the outcomes they produce, they may also sometimes run afoul of federal law.

CONCLUSION

In ruling against racially conscious admissions, Chief Justice John Roberts warned that "Universities may not simply establish through application essays or other means the regime we hold unlawful today." Unfortunately, it appears that at least some schools have not heeded that warning. In particular, Eastern Virginia Medical School and Wisconsin School of Medicine and Public Health—schools with a sordid history when it comes to elevating identity politics—are particularly brazen in efforts to reward black candidates and punish Asian candidates, all because they happen to belong to an identity group deemed "over-" or "under-" represented in medicine. Ultimately, federal officials and judges will have to decide which schools operate an "unlawful" regime. These two schools seem particularly inclined to test those boundaries.

ENDNOTES

1   https://files.eric.ed.gov/fulltext/ED456200.pdf

2   https://www.aei.org/carpe-diem/new-chart-illustrates-graphically-racial-preferences-for-blacks-and-hispanics-being-admitted-to-us-medical-schools/

3   https://donoharmmedicine.org/research/2024/skirting-scotus-how-medical-schools-will-continue-to-practice-racially-conscious-admissions/

4   https://donoharmmedicine.org/research/2025/skirting-scotus-part-ii-racially-conscious-admissions/

5   https://donoharmmedicine.org/2023/06/08/aamc-and-uc-davis-give-us-a-look-into-the-dei-playbook-with-socially-accountable-admissions/

6   https://donoharmmedicine.org/2025/06/02/ucsf-commencement-dei-gender-ideology/

7   https://freebeacon.com/campus/a-failed-medical-school-how-racial-preferences-supposedly-outlawed-in-california-have-persisted-at-ucla/

8   https://www.aamc.org/news/press-releases/new-aamc-data-diversity-medical-school-enrollment-2023#:~:text=The%20race%20and%20ethnicity%20data,one%20other%20race/ethnicity%20category.

9   https://www.aei.org/carpe-diem/new-chart-illustrates-graphically-racial-preferences-for-blacks-and-hispanics-being-admitted-to-us-medical-schools/

10   https://www.shemmassianconsulting.com/blog/how-hard-is-it-to-get-into-medical-school

11   https://www.nationalreview.com/2025/05/medical-schools-are-still-discriminating-by-race/

12   https://www.med.wisc.edu/education/md-program/admissions/premedical-requirements-selection-criteria/

Do No Harm