U.S. Department of Justice
Civil Rights Division

Office of the Assistant Attorney General
950 Pennsylvania Ave, NW
Washington, DC 20530

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Via Electronic Mail to: golian.7@osu.edu

Amy Nash Golian
Associate Vice President and
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Office of Legal Affairs
1590 N. High Street, Suite 500
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Re: United States' March 25, 2026, Title VI Inquiry Findings

Dear Ms. Golian:

The U.S. Department of Justice ("the Department") has conducted a compliance review to determine whether Ohio State University College of Medicine's ("OSU Medicine") admissions practices comply with Title VI of the Civil Rights Act of 1964,[1]("Title VI"), as interpreted by the Supreme Court's decision in *Students for Fair Admissions, Inc. v. President & Fellows of Harvard Coll.*, 600 U.S. 181 (2023) ("*SFFA*"). Based on our review, we have found that OSU Medicine violated this standard by discriminating on the basis of race in the incoming classes of 2023, 2024, and 2025. Based on our review of OSU Medicine's documents and data, **the Department finds that OSU Medicine continues to intentionally discriminate against applicants based on their race after the Supreme Court's decision in *SFFA*** by granting and denying admission on the basis of race.

OSU Medicine uses two principal pathways of discrimination. First, OSU Medicine's standard screening process involves "Super Screeners" who are not blinded to race.[2] **Black applicants who are screened and considered for an interview by the committee are about 2.8 times as likely to be admitted than Asian applicants with equal credentials.** Second, OSU Medicine operates a "side door" to admit students who do not receive either a screener score or an interview. In 2024 and 2025 combined, **black applicants were four times as likely** to be admitted than white applicants, and **no Asian applicants were admitted in this pathway at all.**

In addition to this discrimination, OSU Medicine admissions officers discussed the use of race proxies, particularly based on socioeconomic disadvantage. The numerical analysis suggests that certain socioeconomic variables are significant to admission in 2024 and 2025. This discussion, which centered on the Davis Scale ("SED"), also evidences a groundswell of support at OSU Medicine for racial preferences in admission.

[1] 42 U.S.C. § 2000d *et seq.*
[2] OSU_COM-000373 at pg. 37; OSU_COM-000381 at pg. 13.

Procedural Background

The Department enforces federal civil rights laws that protect students from discrimination, including Title VI, which prohibits recipients of federal financial assistance from discriminating based on race and ethnicity. Title VI authorizes the Department to conduct periodic compliance reviews and investigations of the practices and policies of the recipients of federal funding.[3] Should the Department find that a recipient fails to comply with Title VI, it is authorized to pursue legal action to secure compliance.[4]

The Department currently provides direct federal financial assistance to OSU Medicine.[5] Enforcement under Title VI requires funding agencies to advise recipients of their failure to comply, and to determine that compliance cannot be obtained by voluntary means before initiating judicial proceedings to compel compliance.[6] If the Department determines that the noncompliance with Title VI cannot be corrected by voluntary means, the Department may seek to compel compliance through enforcement.[7]

The Department's March 25 notice of investigation letter included a request for information. On July 24, 2026, the Department sent a Supplemental Request for Information. OSU Medicine responded to these requests with documents. The Department has carefully reviewed the documents OSU Medicine produced and collected other information in its investigation of OSU Medicine, which forms the basis of the Department's findings.

Intent to Discriminate

OSU Medicine's internal policies, admissions process, and email correspondence of its leadership, consistently and emphatically demonstrate OSU Medicine's commitment to diversity and intent to use race in admissions decisions despite the *SFFA* ruling. OSU Medicine touts that it has "considered the health needs of marginalized communities and . . . worked to increase the population of physicians that will help address health care disparities that exist."[8] Screeners were reassured that OSU Medicine is "committed to training a broad range of students and **strives to include representatives from historically excluded and underserved groups** in the entering class. . . . Our mission drives our efforts to increase the health needs of marginalized communities and **increase the population of physicians that will help address health care disparities** that exist."[9] OSU Medicine advertises to the applicants that, "[a] diverse class promotes cultural

[3] 28 C.F.R. § 42.107 (2026).
[4] 28 C.F.R. §§ 42.105, 108 (2026).
[5] Grant No. 15PNIJ-23-GG-04219-SLFO, *Quantitative Assessment of Fracture Characteristics in Blunt Force Skeletal Trauma for Forensic Interpretations*; Granting $818,054.
[6] 42 U.S.C. § 2000d-1.
[7] *See* 28 C.F.R. § 42.108 (2026).
[8] OSU_COM-000356 at pg. 3.
[9] OSU_COM-000232 at slide 3 (emphasis added).

awareness, understanding, and creates an appreciation for the importance of producing physicians who can better serve a diverse community."[10]

In an effort to retain its race preferences after *SFFA*, OSU Medicine adopted the SED, a race proxy, on top of the continuation of its pre-*SFFA* "Holistic Approach" to admissions that includes the direct use of race.[11] Rather than eliminate racial preferences from its Holistic Approach, OSU Medicine uses "Super Screeners"[12] who are not blinded to race data, and prompting about race and implicit bias in trainings, to ensure the process of selecting applicants for interviews is biased towards preferred racial groups. These processes work together to produce the racially biased outcomes demonstrated in the statistical analysis section below.

Intent – Holistic Approach

OSU Medicine adopted a Holistic Approach in 2011 with the explicit intent of increasing underrepresented minority ("URM") admissions.[13] This approach is foundational to its admissions policies that remain unchanged despite the prohibition on race preferences articulated in *SFFA*.[14] Although OSU Medicine claims that as part of the Holistic Approach, it weighs an applicant's Attributes,[15] Experiences, and Metrics equally, it consistently double-weights an applicant's Attributes and Experiences throughout the admissions process to intentionally provide a boost to URM applicants.[16] Experiences and Attributes score an applicant based on vague characteristics such as the applicant's experiences in "Advocacy, Social Justice, and/or Civic Engagement." In contrast, "Metrics" consist solely of GPA and MCAT scores.[17] The screener grid, used by screeners to score applicants, allows for a maximum of 8 points for Metrics, whereas Attributes can earn an applicant 12 points and Experiences can earn a candidate 16 maximum points.[18]

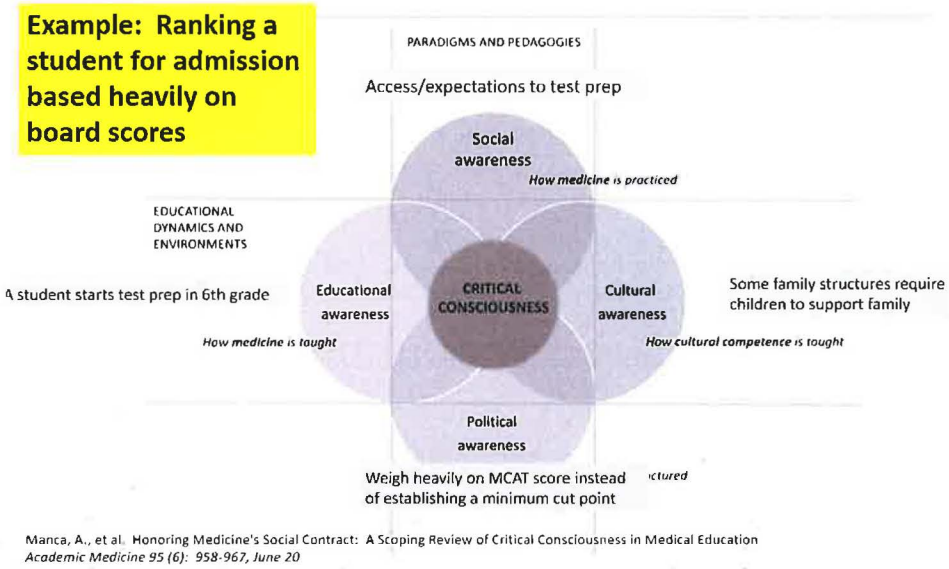
Most of the racial disparity revealed by the statistical analysis is the determination of who is selected for an interview. OSU Medicine puts extra emphasis on an applicant's Attributes, including their assigned SED score and its component variables, and uses Super Screeners to increase URM admissions in order to address perceived racial disparities in admissions. The Davis Article (defined below) notes that non-URM applicants consistently outperform URM applicants in Metrics.[19] By deemphasizing an applicant's Metrics in favor of Attributes, OSU Medicine seeks to admit more URM applicants. The admissions handbooks and emails to the Deliberation

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[10] OSU_COM-000116.
[11] OSU_COM-000004 at pg. 55.
[12] OSU_COM-000381 at pg. 12.
[13] *See* OSU_COM-000004 at pg. 57 (defining URM as black or African American, Hispanic, American Indian or Alaskan Native, Native Pacific Islander, and Native Alaskan and Native Hawaiian).
[14] OSU_COM-000221.
[15] Prior to *SFFA*, the AAMC's "Attributes" included race, ethnicity, and national origin.
[16] OSU_COM-000004 at pg. 60–61.
[17] OSU_COM-000371 at pgs. 41–49, 57.
[18] OSU_COM-000373 at pgs. 38–39.
[19] OSU_COM-000063 at pg. 3.

Committee include a slide that demonstrates the inverse relationship, and thus the balancing, of higher SED scores and lower MCAT scores. Therefore, an automatic adjustment is not required for committee members to infer that they should balance a lower MCAT score against an applicant's SED score.[20]

The Holistic Approach reduces the use of objective Metrics to provide space for racial balancing. One training slide calls for admission personnel not to rank a student heavily based on MCAT scores.[21]



The result of this approach is the admission of black and Hispanic applicants with significantly lower median MCAT and GPA Metrics than other groups. Admission to OSU Medicine is a selective, zero-sum process. Any benefit given to "some applicants but not to others necessarily advantages the former group at the expense of the latter."[22] If the purpose of the Holistic Approach process were to elevate Experiences and non-discriminatory Attributes over Metrics, it should not cause racial gaps in Metrics *unless black and Hispanic students consistently outperform in Attributes and Experiences*. OSU Medicine has not provided data to support that hypothesis. **Instead, OSU Medicine's approach demonstrates a stereotyped assumption that black and Hispanic students disproportionately excel in these non-academic qualities.** OSU Medicine has also circulated literature that relies on this stereotyped assumption.[23] In *SFFA*, the Supreme Court warned that racial considerations in admissions "may not operate as a stereotype."[24]

OSU Medicine justifies its Holistic Approach in evaluating applicants by emphasizing that

[20] OSU_COM-000367 at slide 14.
[21] OSU_COM-000349 at slide 7.
[22] *SFFA*, 600 U.S. at 219.
[23] OSU_COM-000095 at pgs. 70–71.
[24] *SFFA*, 600 U.S. at 218, 219.

it takes more than academic excellence to make a great physician.[25] This does not explain the major disparities it has produced in objective academic metrics between racial groups. **OSU Medicine's documents demonstrate that the Holistic Approach is used to increase racial diversity, not recruit better physicians.**

Intent – Super Screeners

OSU Medicine instituted a policy of having "Super Screeners" trained in the Holistic Approach review a random selection of applications scored by new screeners. The stated purpose of the Super Screeners, according to OSU Medicine, is to prevent wide deviations in scoring. But in practice, these Super Screeners provide a pathway to discriminate. While OSU Medicine blinds certain admissions officers from the race and ethnicity data, **it does not blind the Super Screeners**.[26] The Department infers from the use of non-blinded screeners in a process that results in substantial racial disparities that the racial disparity was intentional.

Intent – Davis Scale SED Score

Shortly after the *SFFA* ruling, Demicha Rankin, MD (OSU Medicine's Associate Dean of Admissions) ("Dean Rankin") emailed Jeff Barbee (Director and research specialist with the Office of Curriculum and Scholarship) asking if it was possible to replicate the socioeconomic disadvantage "SED" score from a published article originating at UC Davis, *Reducing Medical School Admission Disparities in an Era of Legal Restrictions: Adjusting for Applicant Socioeconomic Disadvantage* (the "Davis Article"). This score was created by UC Davis to serve as a race proxy.[27] Referencing the SED, she noted "It **is my hope that we could replicate this scale in order to adjust for the degree of disadvantage for candidates applying to our program this year.**"[28]

The Davis Article outlines workarounds to increase "racial/ethnic diversity of the physician workforce," to increase the admissions of URM in medicine in support of the Association of American Medical Colleges' ("AAMC") Holistic Review Project. Dean Rankin forwarded the Davis Article and an SED score infographic to the Deliberation Committee members that make final admissions decisions.[29] In an admissions committee discussion, regarding OSU Medicine's use of the SED score, one member asked, "[c]ould we add SED score and EO status to the deliberation form**? I believe we are doing whatever it takes *to be holistic* given the**

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[25] OSU_COM-000373 at pg. 3.
[26] OSU_COM-000381 at pgs. 12–13.
[27] The Department previously published findings concerning UC Davis School of Medicine's illegal racial discrimination. U.S. Dep't of Just., *Justice Department Finds University of California Davis Medical School Discriminates Based on Race in Admissions* (June 10, 2026), https://www.justice.gov/opa/pr/justice-department-finds-uc-davis-medical-school-discriminates-based-race-admissions.
[28] OSU_COM-000220.
[29] OSU_COM-000041, -44, -50, -73, -76, -79, -82, -85, -88, -124, and -141.

circumstances by the Judiciary System."[30] This confirms that "holistic" is the counterweight to "compliant." SED is visible at the top of the final deliberation form near the applicant's name before any other scoring or information.[31]

Discrimination on the basis of racial proxies is offensive to our nation's Constitution and laws, just as direct racial discrimination is.[32] "[W]hat cannot be done directly cannot be done indirectly … the prohibition against racial discrimination is levelled at the thing, not the name."[33] The use of the SED constitutes a race proxy. It is intentionally race-correlated and intended to alter the racial composition of the admitted class.

Intent – Prompting for Racial Sensitivity

OSU Medicine uses its admissions training to prompt admissions personnel to use race in admissions. At the admissions training retreat, Dean Rankin, Vice Chair for Diversity Equity and Inclusion, presented a slide deck. It shows the mission of the Admissions Committee is to assemble a class "that displays **diversity in background** and thought . . . . " The next slide confirms what "background means," by showing trends by year divided by URM, Women, and total applications received, followed by a snapshot of the class and a description of the "Holistic Approach."[34] After a slide stating that screeners will be blinded to demographics of race and ethnicity is a slide that says, "SCOTUS compliance WHAT ARE THE RULES?" The very next slide describes OSU Medicine's SED score and its intent, it states it is a "modified and adopted methodology from UC Davis in their efforts to recruit a diverse class." The next slide shows the SED score data of admitted applicants for 2024 and 2023.[35]

OSU Medicine gives admissions personnel bias training. That presentation contains slides with graphics on implicit bias and promoting diversity, including a graphic describing "Internal Dimensions" including "Race," and "Ethnicity," surrounding an applicant's "Personality."[36] This prompting guides attendees to think about race in their work, and also suggests verbal instructions during this presentation encourage the use of race/ethnicity in admissions.

Statistical Evidence of Intentional Discrimination

The pivot to the SED score demonstrates OSU Medicine's commitment to racial preferences. The Data Analysis confirms that racial discrimination in admissions continues despite OSU Medicine's insistence that its admissions policies and practices comply with the *SFFA* decision. The Department has completed internal analysis of admissions data for seven cycles,

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[30] OSU_COM-000368 at 11.
[31] OSU_COM-000371 at pg. 56.
[32] *See Rice v. Cayetano*, 528 U.S. 495, 514–15 (2000).
[33] *SFFA*, 600 U.S. at 230–31.
[34] OSU_COM-000367 at slides 1–5.
[35] *Id.* at slides 10–15.
[36] OSU_COM-000349 at slide 4.

from 2019 to 2025.

Academic credential differences in the median MCAT score for black and Hispanic applicants compared to Asian applicants persist post-*SFFA*. In 2024, the median MCAT score for admitted black applicants was 512 (83rd percentile) and 514 for admitted Hispanic applicants (88th percentile), while the median MCAT score for admitted Asian applicants was 517 (94th percentile). In 2025, the median scores for admitted black and Hispanic applicants increased slightly to 514 (89th percentile) and 515 (91st percentile) respectively, while the median score for admitted Asian students was 517 (94th percentile). In 2024 and 2025, the median MCAT scores of denied Asian applicants (2024 & 2025=515) exceeded the median MCAT scores of admitted black applicants (2024=512; 2025=514) and admitted Hispanic applicants in 2024 (514).

After examining seven years of applicant data from 2019 to 2025, the Department found large and statistically significant effects of race on applicants' odds of admission. These race effects persisted after the *SFFA* decision. Compared to white applicants with similar academic credentials, black and Hispanic applicants had 3.3 times and 2.4 times higher odds of admission in 2025, respectively.

The Department found that across some stages of admission at OSU Medicine, black and Hispanic applicants received substantial boosts. After the initial screening process, roughly two-thirds of the candidates are sent to be reviewed for an interview. In 2025 (using Asian applicants as the baseline) the most pertinent boost to admissions for this cohort of applicants was Ohio residency, followed by black race, Hispanic ethnicity, and then a SED variable. Asian race constituted a substantial penalty against other races, including white race. **In 2025, OSU Medicine's use of race resulted in black applicants having 7.7 times higher odds of going to the interview stage** as Asian applicants with similar academic credentials, while black applicants had 4.6 times higher odds of being interviewed compared to white applicants with similar academic credentials. Hispanic applicants had 2.3 times higher odds of being interviewed than either white or Asian applicants.

The "Side Door" is a substantial additional boost to URM admissions. A portion of applicants had neither an initial screener score nor an Admissions Committee review. **Between 2024 and 2025, black applicants who bypassed both of these application stages were four times as likely to be admitted compared to white applicants with comparable academic credentials,** demonstrating that this pathway to admission is also a method for maintaining admission disparities by race. **No Asian students were admitted through the Side Door.**

Findings

The Department finds that after *SFFA*, **OSU Medicine discriminated against certain applicants, particularly Asians, to benefit preferred race classes of black and Hispanic.** This discrimination is apparent from admissions policies, training materials, the documents expressing an intent to discriminate, and the significant disparities in objective academic metrics between black and Hispanic applicants compared with applicants from other racial categories. As a result

of these practices, highly qualified Asian and white applicants were denied admission because of their race.

OSU Medicine discriminates in several ways, particularly in the process of selecting applicants to interview, and in allowing certain applicants admission without interviews or screener scores. For these reasons, the Department concludes that OSU Medicine discriminated on the basis of race for the incoming classes of 2023 through 2025, in violation of Title VI as interpreted by *SFFA*. Based on its review of OSU Medicine's documents and data, the Department believes that this discrimination is ongoing.

Resolution

Having determined that OSU Medicine deliberately discriminated on the basis of race in its decisions to admit and deny applicants, the Department seeks to enter into a voluntary resolution agreement with the University to ensure that admissions practices are brought into legal compliance.

If you have any questions about this letter, please contact Deputy Assistant Attorney General Jeffrey Morrison at jeffrey.morrison@usdoj.gov or (202) 353-1845.

Thank you in advance for your attention and cooperation.

Regards,

Harmeet K. Dhillon
Assistant Attorney General
Civil Rights Division