

July 7, 2023

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Re: *Students For Fair Admissions, Inc. v. President and Fellows of Harvard College*, No. 20-1199; *Students for Fair Admissions, Inc. v. University of North Carolina, et al.*, No. 21-707

Dear Mr. Harris:

I write to clarify a statement in the Brief for Amici Curiae Association of American Medical Colleges et al. (“AAMC Brief”), which was filed in the above-referenced cases on July 28, 2022. On page 4, the brief states 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,” and cites as support Brad N. Greenwood et al., *Physician-Patient Racial Concordance and Disparities in Birthing Mortality for Newborns*, 117 Proc. Nat’l Acad. Scis. No. 35, 21194 at 21195-97 (2020) (“Greenwood”). The statement was also cited in Justice Jackson’s dissenting opinion issued on June 29, 2023. See *Students for Fair Admissions, Inc. v. President & Fellows of Harvard Coll.*, Nos. 20-1199 & 21-707, 2023 WL 4239254, at \*105 (U.S. June 29, 2023) (Jackson, J., dissenting).

The Greenwood study found that, overall, 894 Black newborns in Florida die per 100,000 births as compared to 290 per 100,000 births for White newborns, for a difference of 604 more deaths for Black newborns per 100,000. But “[u]nder the care of White physicians, Black newborns experience 430 more fatalities per 100,000 births than White newborns” whereas “[u]nder the care of Black physicians, the mortality penalty for Black newborns is only 173 fatalities per 100,000 births above White newborns, a difference of 257 deaths per 100,000 births, and a 58% reduction in the racial mortality difference.” Greenwood, *supra*, at 21195. Simply put, when treated by Black physicians, 257 Black newborn deaths per 100,000 births do not occur—those newborns survive.

The principal cited finding of the Greenwood study was that the *mortality* rate for Black newborns, as compared to White newborns, decreased by *more than half* when under the supervision of Black physician. In absolute terms this study found that patient-physician racial concordance led to a reduction in health inequity. However, while survival is the obverse of mortality and in general terms decreased mortality indicates increased survival, statistically they are not interchangeable. Thus, the statement in the AAMC Brief warrants clarification. A more precise summary of the study’s finding would have been

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to state that having a Black physician reduces by more than half the likelihood of death for Black newborns as compared to White newborns. But however it is summarized, the study strongly supports the statement in Justice Jackson's dissent that "the diversity that UNC pursues for the betterment of its students and society . . . saves lives." 2023 WL 4239254, at \*105 (Jackson, J., dissenting).

Amici regret any confusion that may have been caused by the statement in the brief.

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Sincerely,



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cc: Counsel of Record for Parties