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**Hearing with New York City Council Committee on Higher Education
Oversight – CUNY School of Medicine
Remarks – Thursday, January 30, 2025**

Good morning, Chairman Dinowitz and Higher Education Committee members. It is an honor to appear before this committee, and I look forward to this morning's conversation. I am Dr. Carmen Renee Green, MD, Dean of the City University of New York School of Medicine (CUNY SoM) the "Medical School" or the "CUNY School of Medicine" which we refer to as the Home of *Healers, Leaders & Scholars*.™ I am also Dean of the Sophie Davis School for Biomedical Education.

The timing of this hearing could not be better – as this is the first chance we've had to speak since the major mid-November announcement that the Medical School is now a free-standing academic medical school within CUNY. Although the School is in its formative stage, we value your oversight and welcome your partnership.

Our medical school includes several degree-granting programs: one of the country's longest established Physician Assistants (PA) program yielding a Masters in PA Studies, our accelerated three-year BS at the Sophie Davis School of Biomedical Education, our MD program, as well as our Sophie Davis School 7-year BS/MD.

My first day at CUNY was October 4, 2021. I arrived during a time of tremendous turmoil with accompanying unprecedented changes in K-16 education, higher education, medical education, and healthcare. I came in the midst of a national pandemic to the national epi-center as lives were being lost to lead a young medical school that had been on provisional probation since 2020. My first meeting of the day was with the Liaison Commission on Medical Education (LCME) – the medical school accreditors.

This is actually my second testimony before the Council. Three years ago, and two months after my arrival on December 3, 2021, I provided testimony to this committee with Chair Barron presiding. At that time, the medical school was a division under the auspices of City College, where these programs were established. Today, I am pleased to speak to a Council that includes many of you as CUNY alumni.

I am a board-certified academic anesthesiologist, fellowship-trained pain medicine physician, and physician-scientist. I was a tenured professor of Anesthesiology, Obstetrics and Gynecology, and Health Management and Policy at the University of Michigan Schools of Medicine and Public Health - and I am now Professor Emerita. As the Chief Executive Officer, I am fortunate to have been able to recruit a seasoned mission-based executive leadership team with decades of experience honed at other NYC medical schools, as well as one member who brings a decade of service from the White House's - Office of Management and Budget. Several are with me today.

This morning, I have three objectives:

- First, to provide a brief history of the origin of our school and students.

- Second, to provide context for the critical importance of CUNY SoM's unique role in helping NYC address disparities in higher education and healthcare.
- Third, to provide an overview of our priorities, engage your support, and suggest ways we can work together to provide healthcare worthy of all New Yorkers.

This is a turnaround story of persistence, grit, and resilience. Each day, this scrappy school, along with its sensational students and amazing alumni, uses its time, talent, and treasure to care for NYC's most vulnerable and marginalized people. I am very proud to say that a great deal has been accomplished in three short years.

BACKGROUND ON OUR SCHOOL AND STUDENTS

Let me first start with some background on our school and on our students as it relates overall to other medical schools. There are 159 MD-granting medical schools in the U.S., 15 in New York State (NYS) – the highest concentration in the nation – and 7 in New York City (NYC). While in the minority (~20%), community-based medical schools like Sophie Davis and now the CUNY SoM. Community-based schools were created to address the needs of the underserved and may very well be the best hope to eliminate disparities and the maldistribution of the physician workforce. They do so by embracing the social determinants of health i.e., where people work, live, play, and pray – all in an attempt to improve individual, family, and community health.

– Founded in 1973, the original Sophie Davis Biomedical Education Program began as a 5-year program that included two preclinical years, but was **not** an MD-granting medical school. Upon successful completion students transferred to a cooperating medical school for the last two

clinical years. Although they received their MD degree from the institution providing clinical rotations, they remained Sophies forever.

A change was needed, and beginning in 2016 with provisional accreditation the original Sophie Davis transitioned into the 7-year BS/MD as part of the CUNY SoM we know today. Over 50 years, the Sophie Davis School has continued to deliver an excellent undergraduate pre-medical education. In February 2022, the LCME lifted probation, and in June 2023, for the first time in CUNY's illustrious history, we received full five-year LCME accreditation as a medical school. After many stops and starts, CUNY finally had a fully accredited medical school. In June 2024, the CUNY Board of Trustees resolved that the CUNY SoM would become an independent medical school and CUNY's 26th college.

In contrast to other NYC medical schools, we are a non-residential school. Most of our ~650 students are based in the greater NYC metropolitan area. The majority commute 1 to 1½ hours each way to attend class. Surprisingly and unfortunately, 30% of our medical students hold down jobs while attending school. While that's not uncommon in undergraduate education, this is much higher than the national average for med schools. In fact, I had never heard of it at a Medical School until I showed up at West 138th St and Amsterdam Avenue.

A core value at CUNY SoM is that representation matters, yet medicine continues to lag. Nearly 80% of medical students come from the top two quintiles of household incomes, with ~25% coming from the top 5% of household incomes. In NYC, 50% of the city's population is Black or Hispanic, but they represent only 16% of the city's physician workforce. The traditional pipeline

into medicine remains leaky for minority and low-income students with significant barriers to entry.

We firmly believe in pathway programs and offer several ways to encourage New Yorkers to enter the healthcare professions, including a middle school program at the Dr. Richard Izquierdo school in the Bronx and summer and year-long programs directed at high school students. Our highly selective and competitive 7-year barrier-breaking BS/MD program streamlines and shortens the path to medical school – by providing early admission from high school and facilitating entry into the MD program - for exceptional students. CUNY SoM students differ significantly from other medical students in the country: ~85% are low-income and qualify for federal need-based aid, ~75% are underrepresented in medicine, 60% are first-generation, and 11% are immigrants. The majority (85%), are multi-lingual – a clear asset when caring for NYC’s multi-racial, ethnic, cultural, and linguistic communities. We are inclusion in action, and we work assiduously to ensure inclusive excellence across our quadripartite mission. We do so by expanding access to medical education to individuals with limited financial resources and from backgrounds traditionally underserved and historically underrepresented in medicine. We look forward to creating new pathway programs from community colleges into the medical professions.

The last public medical school in NYC was established prior to the Civil War in 1860 (165 years ago); CUNY SoM became the second of two. As the only public MD-granting medical school in Manhattan, CUNY SoM exists within a complex, competitive academic ecosystem of private medical schools. The Sophie Davis Center for Biomedical Education began as a community-

based medical school affiliated with Harlem Hospital. Since that time, we have remained true to our roots. Compared to medical schools in NYS, the majority of CUNY SoM graduates go into primary care (52%), and nearly 37% serve in health professional shortage areas (HPSAs) without adequate access to healthcare; representing a 2.5-fold difference compared to other NYS medical schools.

Another way to look at this is that CUNY SoM provides and maintains the building blocks for a bidirectional bridge from NYC's local neighborhood high schools to medical school, internship, residency programs, and the community to keep New Yorkers' health and NYC vital. Thus, this is why many refer to us as New York City's medical school.

Although the number of people applying to medical schools continues to be steady, sadly applications from those historically underrepresented in medicine decreased this year by double digits. I am pleased to report that despite these trends, CUNY SoM has seen a 20% increase in our applications.

It's a fact that minorities and socioeconomically disadvantaged students often face colossal hurdles to accessing medical education and entering the profession. For example, application fees and standardized exams such as the Medical College Admissions Test (MCAT) present significant barriers. Unlike most medical schools, CUNY SoM uses a holistic review approach with excellent results and ~~has never~~ used the MCAT. Overall, we have successfully removed obstacles and created on-ramps to careers in medicine for those who are typically marginalized.

CONTEXT FOT NYC DISPARITIES IN HEALTHCARE EDUCATION

Now that I've shared some background about our school and students, let me tell you about the state of healthcare and medical education in New York City. A groundbreaking 2024 report entitled, "A Study of Environmental Justice Issues in New York City," details the staggering environmental inequities faced by almost half of NYC's residents. Nearly the entire Bronx is designated as an environmental justice zone, due in large part to historic policies such as redlining, air pollution from heavy-duty diesel vehicles and proximity to highways, power plants, lack of access to open green space, lead paint violations, and coastal storm surges. Chronic exposure to these environmental toxins wreaks havoc on the body and mental health and well-being and causes chronic conditions such as cardiovascular disease, asthma, and cancer.

In an increasingly aging and diversifying society, exacerbated by the COVID-19 pandemic, the U.S., New York State, and New York City face a rapidly growing physician shortage, especially in primary care. With an outsized impact on New York City, the Association of American

Medical Colleges (AAMC) predicts New York State will experience a shortage of nearly 3000 physicians by 2028. The impact is more pronounced on disadvantaged, under-resourced, and minoritized people who have unheard voices and often carry an unequal burden of disease – with diminished quality of life while also dying before their time. Despite these troubling numbers, this is most likely a significant underestimate of the number of physicians needed to achieve health equity. CUNY School of Medicine has an important responsibility and opportunity to do more by addressing critical gaps in higher education, medical education, and healthcare in NYC.

Where you live matters. Epidemiologic data clearly shows that your life expectancy in New York City can change by a decade based on where you live in just one subway stop from the Upper East Side to Harlem.

As one example, there are deep and persistent disparities in the prevalence of asthma in NYC, disproportionately impacting Black and Hispanic New Yorkers, youth, and people with a lower income. Currently, ~900,000 adults and 152,000 children in the five boroughs have a diagnosis of asthma, with the highest rates by far in the Bronx, where 21% of both adults and children are impacted.

The literature clearly shows that access to preventative care is the most cost-effective way to address socio-economic disparities. However, 65 million people in the U.S. (1/5th of the population) and 8 million people in New York State live in a primary care health professional shortage area. Two million people, or 25% of them, live in NYC.

Each borough has its own story, but the South Bronx, reaching into Harlem, has the most people living in poverty and in HPSAs, with Brooklyn a close second. The map in the submitted testimony shows the extent of the city's healthcare shortages.

I am proud of our school's and student's demonstrated commitment to the health of New Yorkers. It was palpable in March 2020 when the global pandemic descended on NYC. In April, with the city on its knees, we sprang into action as our students wanted to help serve their city. We accelerated the graduation of our MDs. They went where they were the most needed -

treating threatened NYC residents. For us - it was personal – our family, friends, and neighbors. Our young doctors went back to the communities from which they came to serve the city they call home. Sadly, amid the pandemic, these graduates did not have a commencement ceremony. One of our near goals is a comeback graduation to invite these graduates back to campus for proper recognition.

Calling attention to the map provided, in 2025, one borough at a time, CUNY medical school is successfully and strategically providing medical education to students historically underrepresented in medicine and developing medical professionals committed to practicing medicine in underserved, marginalized, and vulnerable communities. We are also actively getting a better understanding of how to understand these issues through our research. To this point, we are especially proud to be recently awarded a \$19.3 million grant over five years from the National Institutes of Health (NIH) via the National Institute on Minority Health and Health Disparities to create the New York Center for Minority Health, Equity, and Social Justice at CUNY SoM; becoming the only Research Centers for Minority Institutions (RCMI) in the northern U.S. This is the largest NIH grant awarded to CUNY in its 175-year history. With a clear focus on Harlem and the South Bronx, areas with the deepest and most persistent educational and health disparities, the Center will support research on the interrelated problems of underserved communities, build an integrated ecosystem to tackle health disparities, and foster partnerships with local and national networks to improve population health and healthcare outcomes thereby increasing our impact.

One last point before I turn to how we can work together.

CUNY SoM students intrinsically understand the social determinants of health and deeply care about vulnerable and underserved communities. They bring this intrinsic knowledge to their patients and the communities they serve; communities similar to where they were raised. I recently checked in on our students rotating at Jacobi/North Central Bronx Hospital. While meeting with members of their leadership team, a department chair pulled me aside to say, “Dr. Green, I have taught a lot of medical students... but yours are special.” He highlighted their empathy, compassion, and how they cared for the person in the gown and in the bed. He went on to tell me how many Sophie grads at the hospital, speaking of them by name.

CUNY School of Medicine’s essential mission is to unlock talent and invest in NYC youth to yield a tremendous return on investment for NYC. It happens at every commencement as each graduate crosses the stage. These students are “my why,” and it gives me pleasure to watch their impact spread across institutions and to their patients. In short, we produce the doctors New York needs and New Yorkers want to see.

Talent is equally distributed, and students should be able to go as far as their hard work and talent can take them. However, we know resources are not equally distributed, and significant underinvestment has contributed significantly to educational and health disparities. Thus, we are committed to addressing the social determinants of medical education to enhance access to careers in medicine and enhance the outcomes of medical education.

WHAT CAN WE DO TOGETHER

Now, let me turn to how the CUNY SoM can work together with the City Council. We have identified a few ways—from the modest to the visionary—that the Committee on Higher Education can assist us in furthering the critical mission of our public medical school. We look to the Council as like-minded community partners who want to invest in public medical education and research enterprises that directly benefit New York and its diverse communities.

From the most modest, we encourage continued funding from the Council that can build upon the grant previously given to the school.

Funding can help us build our Scholarship programs. As I mentioned earlier, this is the only medical school I am aware of where 30% of the medical students while being full-time medical students. Funding would also continue to build out our Learning Resource Center, Pathway Programs, Student Wellness Center, Community Health Partnerships with local clinics and hospitals to provide hands-on learning while serving underserved populations.

Let me provide one example of funding for student programs. For our undergraduates, we take seriously the responsibility for their support services, advising, tutoring, psychological

~~counseling, and professional development. Two years ago, we began creating Bridge programs.~~

The first is a required six-week pre-matriculation program to assess academic readiness and prepare students for entry into the undergraduate curriculum. The second is a six-week bridge to

~~M1 (first year of medical school) program upon completing the undergraduate curriculum to~~

ensure continued success upon their entry into the medical school curriculum. The last is a Bridge to Clerkship program for second-year medical students who may encounter difficulty

with taking their first high-stakes national exam (USMLE). We invest in our students and continue to see value added. It is critical for the future of medicine to not leave these activities to others. This is another illustration of the CUNY Medicine difference

Funding from the City Council would also send a strong signal of support to encourage the philanthropic community. Call it seed capital, if you will.

In terms of the cost of attendance, CUNY and its medical school are value-based propositions. Despite having the lowest tuition of all NYS MD-granting medical schools, over 90% of our students graduate with nearly \$200,000 of debt – one of the highest in the state. Yet, they choose to practice in NY, primary care, and serve in HPSAs. For a public medical school, this is an unequal burden of debt. We need your help.

I now shift to the visionary. What I have learned throughout my career is that great schools are active learning living communities with outstanding facilities, outstanding teachers, and talented students who wish to learn from the best teachers and scientists.

While the CUNY SoM exists within an extremely competitive academic marketplace, we educate students with significant financial needs on an ultra-lean and highly tuition-dependent operating budget.

Upon visiting our campus, you will see our current facilities are constrained and contained within a nearly 200-year-old high school. New community-based medical schools with similar

class sizes have beautiful new facilities. We work in a much smaller footprint - ~87,500 square feet. Yet every day, this hometown medical school – located in Harlem does big things. It leverages its competitive advantage to work in communities across all of NYC’s five boroughs. Our students’ first clinical interaction while wearing their gifted white coat and stethoscope is likely to occur with their neighbors in safety net hospitals like St. Barnabas. Day after day, our students defy the odds to address educational and healthcare disparities in real-time.

As we have outgrown our space, we are looking for a building to house our dreams with modern technology that sharpens minds and skills to make real patients safer. With an ethos of *student success and excellence first*, we can enhance student outcomes if our students had a dorm near the school, similar to other NYC medical students. More than convenience, it is a matter of student safety, well-being, and academic success.

Before I conclude, a few brief comments on bias. In challenging and changing times, we need *healers and leaders*. At CUNY SoM, we come together as a community of healers, leaders, and scholars who care for New Yorkers. As such, we will not tolerate hate speech, bullying, or any of the “isms” that divide us. It is inconsistent with the oath, our honor code, and professionalism.

WHY A FREE STANDING ACADEMIC MEDICAL SCHOOL

Our foundational purpose as a free-standing academic medical school is to become the national exemplar in providing access to a world-class medical education. As such, we will work locally to lead nationally, and this is what we will be known for. All of which is more attainable as an independent medical school that is fully integrated within the broader CUNY system. Operation as a standalone enables us to effectively and fully implement our mission of advancing medical

education, translational community-relevant research, and scholarship. Using a cells-to-society approach facilitates the realization and optimization of the mission while honoring the strengths, interests, and responsibilities of all relevant constituents to maintain a coherent and coordinated expression of our purpose and obligations.

The foundational purpose of the CUNY School of Medicine is to be the national leader in providing access to world-class medical education for student populations historically underrepresented and traditionally underserved in the medical professions. In doing so, the Medical School will advance the goals to eliminate educational, health, and healthcare disparities, thereby achieving inclusion within the medical professions and equity within the healthcare workforce.

In doing so, the Medical School will advance the goals to eliminate educational, health, and healthcare disparities in our time, thereby achieving inclusion within the medical professions and equity within the healthcare workforce.

~~CUNY School of Medicine has served as a force for good and a catalyst to improve healthcare~~
delivery with a demonstrably positive impact on individual and population health in the City and State of New York. Although I am not a native New Yorker, I have learned to love this city that
~~our beloved student learners call home. Although I am not a native New Yorker, I have learned~~
to love this city that our beloved student learners call home. I am privileged to be their Dean and
to advocate for them. We are thankful for like-minded partners who embrace our mission and

value our students' sacrifices and community roots. Working together, we can change the skyline of academic medicine.

On behalf of the Healers, Leaders, and Scholars at CUNY School of Medicine, I thank you for the opportunity to provide this update and your ongoing support. I am happy to answer any questions you may have.

Medical Student Clerkship Rotations

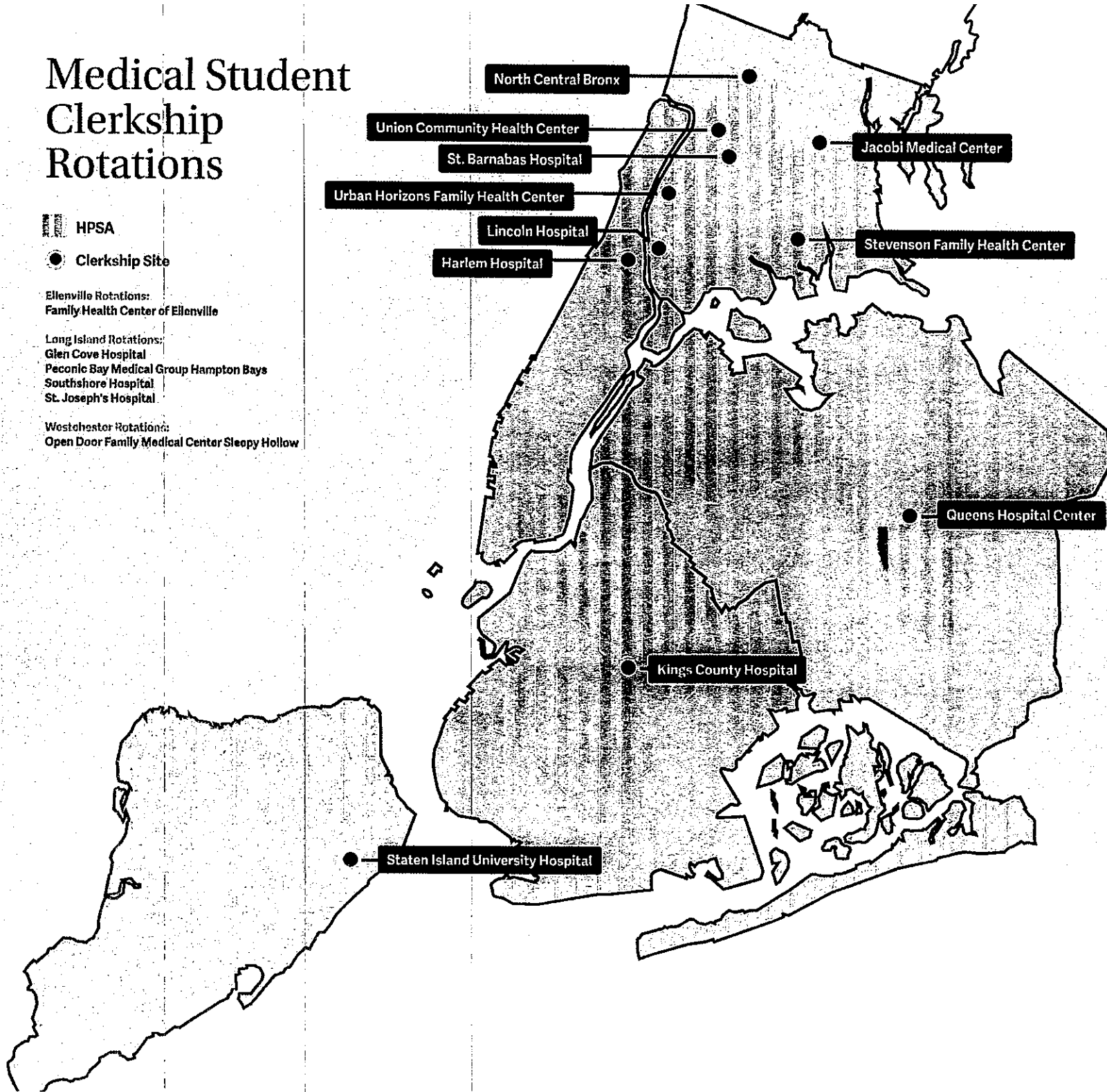
 HPSA

 Clerkship Site

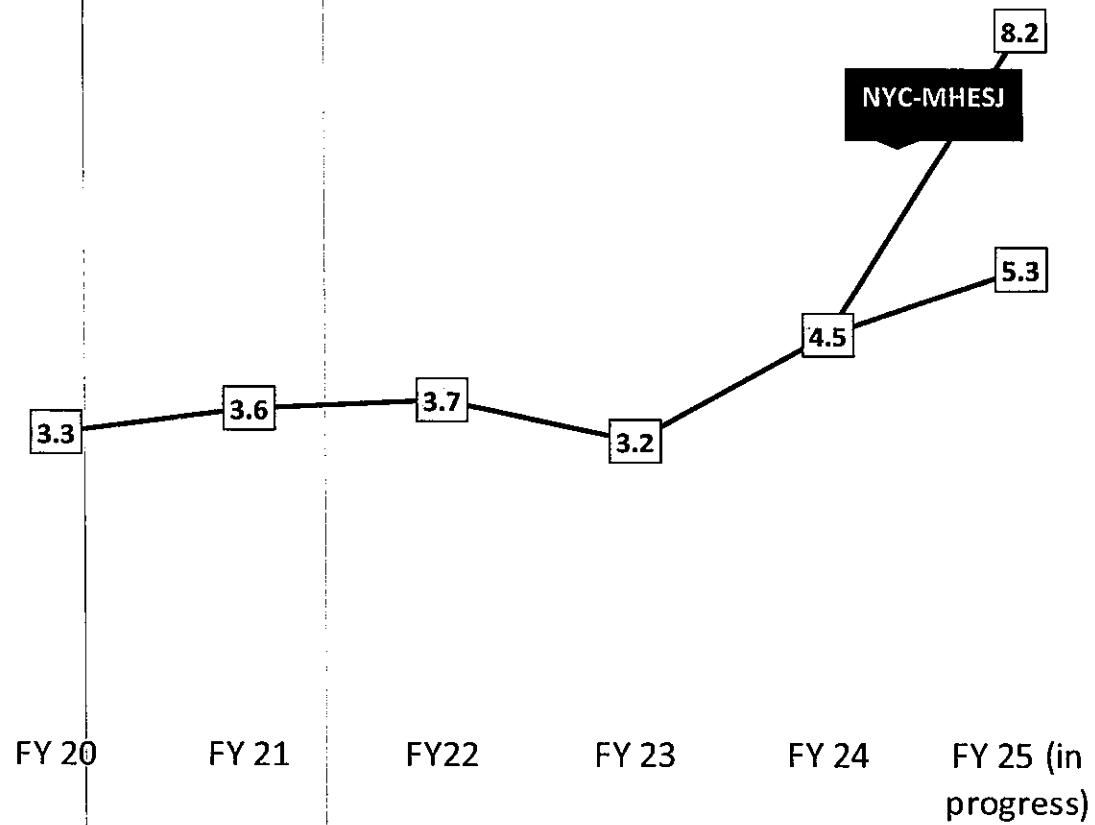
Ellenville Rotations:
Family Health Center of Ellenville

Long Island Rotations:
Glen Cove Hospital
Peconic Bay Medical Group Hampton Bays
Southshore Hospital
St. Joseph's Hospital

Westchester Rotations:
Open Door Family Medical Center Sleepy Hollow



Grants Received CUNY School of Medicine (millions)



1/30/25
CMT

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Name: Christopher Leon Johnson

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I represent: SP18

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