

COMMITTEE ON HIGHER EDUCATION

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CITY COUNCIL  
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HIGHER EDUCATION

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December 3, 2021  
Start: 10:38 a. m.  
Recess: 12:11 p. m.

HELD AT: REMOTE HEARING (VIRTUAL ROOM 2)

B E F O R E: Hon. Inez D. Barron, Chair

COUNCIL MEMBERS:

Laurie A. Cumbo  
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## COMMITTEE ON HIGHER EDUCATION

## A P P E A R A N C E S

Dr. Vincent Boudreau, PhD  
President of the City College of New York

Dr. Carmen Renee Green, MD,  
Professor and Dean of the CUNY School of Medicine  
Bert Brodsky Chair, Medical Professor, Community  
Health and Social Medicine Professor, Colin Powell  
School of Global and Civic Engagement City College of  
New York

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COMMITTEE ON HIGHER EDUCATION

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SERGEANT LUGO: Pc recording done.

SERGEANT MARTINEZ: Cloud recording underway.

SERGEANT PEREZ: Back up is rolling.

SERGEANT LEONARDO: Thank you.

Good morning everyone, welcome to today's remote New York City Council hearing of the Committee on Higher Education.

At this time would all panelists please turn on your videos?

To minimize disruptions, please place all electronic devices to vibrate or silent.

If you wish to submit testimony, you may do so at [testimony@council.nyc.gov](mailto:testimony@council.nyc.gov) , again, that's [testimony@council.nyc.gov](mailto:testimony@council.nyc.gov).

Thank you for your cooperation.

Chair Barron, we are ready to begin.

CHAIRPERSON BARRON: Thank you.

Good morning, and welcome to today's virtual meeting of The Committee of Higher Education for the The CUNY School of Medicine and Implicit Bias in Healthcare.

I'm Council Member Inez Barron, Chair of The Committee on Higher Education, and a proud CUNY alumni.

The committee last conducted a hearing on the CUNY School of Medicine, or CSOM, in June of 2017. Almost a year after it was founded as part of the Sophie Davis Center for Biomedical Education.

We all have biases that effect the way we live and work in society. While some are blatant, like pay disparities, others are more subtle. And, social science data shows people are much more likely to encounter implicit biases rather than overt biases.

Implicit biases are often unintentional and can reflect unconscious beliefs about characteristics of women and people of color, yet research shows that it can be even worse than other kinds.

In healthcare there is a well-documented racial bias in pain assessment and treatment recommendations based on false beliefs about biological differences between Black and white people.

A 2016 study published in the proceedings of The National Academy of Sciences found that half of trainees surveyed held one or more of the following false beliefs: Black peoples nerve endings are less sensitive than white peoples; Black peoples blood coagulates more quickly than whites; Black peoples

skin is thicker than white peoples -- and they're talking about that literally, not figuratively.

These false beliefs about Black people's experiences of pain have led to treatment disparities. In the same study, for example, trainees who believed that Black people are not as sensitive to pain as white people, were less likely to treat Black peoples pains appropriately.

A 2012 meta-analysis of 20 years of studies covering many sources of pain in numerous settings, found that Black patients were 22 percent less likely than white patients to receive any pain medication.

Last year, lying in a hospital bed and hooked up to oxygen tubes, Dr. Susan Moore, a 52-year-old Black woman, who was being treated for COVID, recorded herself sharing an all too common experience among Black people in the United States. She complained that the white doctor at the hospital in suburban Indianapolis, where she was being treated, had downplayed her complaints of pain. He told her that he felt uncomfortable giving her more narcotics and suggested she would be discharged. Being a doctor, in her recording Dr. Moore showed a command of complicated medical terminology and an intricate

1 knowledgeable of the treatment protocols as she  
2 detailed the ways in which she had advocated for  
3 herself with the medical staff. She maintained that  
4 if she were white, she would not have gone through  
5 that. After her reporting circulated amongst social  
6 media, she received care that, quote, "Adequately  
7 treated", end quote, her pain. She was eventually  
8 sent home, uh, and two weeks after posting the video,  
9 Dr. Moore died of complications of COVID. Despite  
10 being a medical professional, an expert in pain  
11 management needs, Dr. Moore still suffered from the  
12 racial biases that negatively impacted her care.  
13 Only after the hospital was shamed online, did the  
14 doctors listen to her.

16 Similarly in 2018, Serena Williams, a Black, top-  
17 ranked professional tennis player, best in the world,  
18 almost died due to complications shortly after giving  
19 birth. Feeling short of breath, and due to her  
20 history of pulmonary embolisms, Williams quickly  
21 alerted a nurse about her symptoms, and said she  
22 needed a CT scan with contrast and IV heparin, a  
23 blood thinner, right away. The nurse assured  
24 Williams pain medication was making her confused.  
25 After continuing to insist, a doctor performed an

ultra sound of her legs, which revealed nothing. Finally, she was sent for a CT and several small blood clots were found in her lungs. Once again, despite being a world class athlete, meaning that she was more attune to her body and her body needs than the average person, being Black impacted her healthcare.

While Serena Williams survived, she is one of high profile cases among many Black woman who have suffered through, or died, due to similar circumstances.

In fact, in New York City, Black women are eight to 12 times more likely than white woman to die of complications due to birth.

If professionals and experts, like Dr. Susan Moore and Serena Williams struggle to advocate for their own healthcare needs, where does that leave people of color who don't have medical degrees or world class athletic ratings?

In an effort to address the discrimination that people of color regularly face, in accessing patient centered and appropriate healthcare CSOM intentionally recruits and educates a diverse pool of students to a seven-years BSMD and Physician



Assistant programs. The school works to expand access to medical education to individuals who are of underserved communities, of limited financial resources, and of ethnic racial ethnic backgrounds historically underrepresented in the medical profession and commits to increasing primary care practitioners in historically underserved communities.

While the city was a coronavirus epicenter, neighborhoods with majority Black and Latinx residents, as well as low-income residents, suffered the highest death rates. This is personal, and it devastated my own Brooklyn district, which includes one of the zip codes with the highest death rate in the city.

So, I see CSOM as an incredible opportunity to create a model of best practices that can be replicated across the country to better serve people... better serve all people.

At today's hearing, I am interested in further examining CSOM's work in recruiting, restrain, and graduating diverse practitioners.

I'm also interested in the different ways in which CSOM addresses implicit bias with regard to the

climate, in its curriculum, and via  
faculty/staff/student development.

I am looking forward to hearing testimony about  
CSOM and its first class of graduates, especially  
since we face the threat of Omicron this winter.

Now, before I begin... Before we begin, I would  
like to thank Mr. Omowale Clay, my Chief of Staff,  
Ms. M. Ndigo Washington, my Director of Legislation  
at CUNY Liaison, Miss Chloë Rivera, the committee's  
Senior Policy Analyst, Miss Emi Briggs, Counsel to  
the committee, and Michele Peregrin, the committee's  
Financial Analyst.

And, I want to also thank the Sergeant At Arms  
for all of the work they do in putting this hearing  
together.

And, since this is my last hearing as a council  
member serving in the capacity of Chair of The  
Committee on Higher Education, I want to say that I  
have been extremely pleased and privileged to have  
served in this capacity, to have learned so much more  
about CUNY and about the systems and the programs,  
and the challenges that it faces. And, hopefully  
we've offered some insight as we've looked at the

status of what's happening, and face to the realities of what we need to do to make it better.

We've had a series of topics covering, I believe, every aspect of CUNY; they've been very productive and fruitful. Haven't always resulted in the... Haven't always given us the results that I would like to see, particularly I'm thinking about Hunter College High School, and the fact that the president there, uh, does not... at Hunter College, does not want to see an expansion of the ability of the criteria to address how students will enter. But, we're working on that. And, stay tuned, there's more to come.

But, I do thank you all for being here, and with that, I will turn it back to our counsel, Emi Briggs.

Thank you.

COMMITTEE COUNSEL: Thank you, Chair Barron.

My name is Emi Briggs, and I serve as counsel to The Committee on Higher Education at the New York City Council.

I will be moderating today's hearing and calling on panelists to testify.

Before we begin, please remember that everyone will be on mute until I call on you to testify.

After you're called on, you will be unmuted by the host. Note that there will be a few second delay before you are unmuted and we can hear you.

For public testimony, I will call up individuals in panels. Please listen for your name, and I will periodically announce the next few panelists.

Once I call your name, a member of our staff will unmute you, the Sergeant At Arms will set a clock and give you the go ahead to begin your testimony.

All public testimony will be limited to three minutes. After I call your name, please wait for the Sergeant At Arms to announce before you begin.

At today's hearing, the first panel will include representatives from The City University, uh, pardon, from CUNY, followed by council member questions and then public testimony.

In order of speaking, we will have Vincent Boudreau, President of The City College of New York, and Dr. Carmen R. Green, Dean of the CUNY School of Medicine.

I will now administer The Oath of the Administration. When you hear your name, please respond once a member of our staff unmutes you.

Do you affirm to tell the truth, the whole truth, and nothing by the truth, before this committee, and to respond honestly to council member questions?

President Vincent Boudreau?

PRESIDENT BOUDREAU: I do.

COMMITTEE COUNSEL: Thank you.

And, Dr. Carmen Green?

DEAN GREEN: I do.

COMMITTEE COUNSEL: Thank you.

Now, before we hear from President Boudreau, I would like to acknowledge Council Member Maisel for attending, thank you very much.

And, President Boudreau, you may begin your testimony once a member of staff unmutes you.

PRESIDENT BOUDREAU: Thank you, uhm, Chair Barron, members of the committee.

I am pleased to be here, and pleased for the opportunity to present the work of the CUNY School of Medicine to this committee -- we call it CSOM on campus, so that's how I'll be referring to it.

I am especially happy to say that you will soon hear from the new dean of our school, Dr. Carmen Green. The CSOM has, for some time, worked under the leadership of an interim dean, and before that, was

led by a dean who also served the college as provost-- thus dividing his attention and energy. For this reason, I think of Dr. Green as almost the founding dean of the school, or at least the first dean who has had the attention and authority to enact a founding vision for the school. She will shortly describe the mission and accomplishments of the school, and we are proud of them.

I would like to leave you with two concerns.

First, historical changes in the funding formula for medical schools have adversely impacted the CUNY School of Medicine.

And, second, we are eager to expand our clinical placements across the Health + Hospitals network, because we see the CSOM as the school best positioned to staff the public hospitals of New York City.

So, if this testimony is also an opportunity to ask for some assistance from the council, these are two areas where we could use some help.

So, it is now my great pleasure to get out of the way and yield to Dr. Carmen Green, who is a nationally renowned specialist in pain and disparities in pain across different a community --

so addressing specifically, uh, Chair Barron, some of the concerns you raised in your introducing.

Thank you.

COMMITTEE COUNSEL: Thank you.

Dr. Green, you may begin.

DR. GREEN, DEAN: Good morning, Chair Barron and Committee.

I am Dr. Carmen Renee Green, and two months ago, I became the dean of CUNY School of Medicine, located in Harlem where I also live. I/we, thank you for your ongoing support.

I came from the University of Michigan where I was a full professor with tenure in two schools and three departments. I am honored to be The Dean and thank you for the opportunity to provide this update.

As the Chief Administrative and Academic officer for the school, I am responsible for leading the clinical, education, research, and social missions. I lead a high-quality faculty-driven and student-centered medical education enterprise; facilitate research and scholarship for both students and faculty; oversee operations and infrastructure; and cultivate philanthropy to support outstanding learners who are healers and leaders.

The CUNY School of Medicine has both a Master's level Physician Assistant Program and an accelerated seven-year BS to MD degree. We have graduated two classes of exceptional physicians.

Today I will focus my prepared remarks on physician preparation.

In an increasingly aging and diversifying society where people of color often die before their time, more health professionals are needed.

Primary care physicians are desperately needed, especially in underserved areas. Although the number of people applying to medical schools has dramatically increased, the traditional pipeline continues to leak, especially for minorities.

The number of physicians who are underrepresented minorities in medicine such as Black/African-Americans, Hispanic/Latinx Americans, and Native Americans, continues to lag behind the representation seen within an emerging minority majority society.

At historic lows, the most underrepresented are black men who are less than 3% of physicians.

Overall, we have successfully removed barriers to careers in medicine for those who typically are left out and left behind.



CUNY School of Medicine's students intrinsically understand the social determinants of health and they deeply care about underserved communities. They bring this knowledge to their patients and the communities they serve, often in communities where they were raised. We select exceptional high school students from each of the five boroughs across New York State.

The Medical College Admissions Test is a significant barrier for underrepresented minorities. Unlike most medical schools, we do not use the Medical College Admissions Test for entry. Instead, we use a holistic admissions process with excellent results. We are an extremely selective medical school with only 7% of applicants granted admission.

The CUNY School of Medicine also brings a value to the cost equation with the lowest tuition of all New York medical schools. I also note, most CUNY School of Medicine students are first generation and qualify for financial aid... significant financial aid. In fact, nearly half have an expected family contribution of zero making them eligible for SNAP, PELL and other financial assistance.

Yet, our students disproportionately go into primary care and serve in physician shortage areas.

Unfortunately, 84% of our graduates also carry a large and unequal debt burden at almost \$200,000 upon graduation.

Our goal is to be both MCAT AND DEBT free.

The CUNY School of Medicine has an authentic and ongoing commitment to diversity and serving the people.

My high school Latin teacher taught me, *Res ipsa loquitur*, the numbers or things speak for themselves.

Thirty-four percent of CUNY School of Medicine faculty are underrepresented minorities themselves. Our numbers are significantly higher than all CUNY professional schools, all New York medical schools, and the national average for medical schools.

The majority or 57% of CUNY School of Medicine students are underrepresented in medicine. We are number five in the country in graduating black physicians; just behind the four historically black colleges and universities historically Black colleges and universities, which also have much larger entering classes.

We are also a national leader in graduating Hispanic and Latinx physicians. Our Black Male

initiative is unparalleled, yielding more black men in medicine than our counterparts.

Over seven years we create doctors. And, the CUNY School of Medicine pass rate on the licensure exam is similar and slightly better than the national average.

Our attrition rate is also similar to national norms. We are developing other initiatives to further reduce these numbers.

Overall, we have changed the landscape, we've enhanced the primary care workforce, and successfully fixed the leaky pipeline. We have created a national model, which we're very proud of, with very few leaks.

We are also proud to be the only public medical school in Manhattan. Hence, we are New York City's medical school. Yet, the CUNY School of Medicine exists within an extremely competitive academic marketplace. We educate students with significant financial needs on an ultra-lean, tuition dependent operating budget.

Access to clinical sites continues to be challenging and will determine our ability to grow. While many schools pay for clerkships, we do not. We

are thankful for like-minded hospital partners, who embrace our mission, value our students' community roots, and understand our students willingly stay and serve in New York. Nonetheless, we could use more partners.

I firmly believe this is the most important medical school in New York and it is a national treasure. However, both our philanthropic support and physical footprint are constrained. We lack scholarships for students and funds to recruit additional faculty who are master teachers, distinguished scholars, and master clinicians.

Our research footprint is small and additional investment is needed.

The plan is to change this paradigm. We will continue to identify mission congruent partners who want to invest in a public medical education and research enterprise that is relevant to and benefits New York and its diverse communities.

Now, a few brief comments on implicit bias. I have published on the topic and how it impacts learners and patients. Specifically, it contributes to clinician variability in decision making leading to health and healthcare disparities, and worse

outcomes for minority, vulnerable, and marginalized populations.

Beginning in the freshman year, all CUNY School of Medicine students receive an annual lecture on implicit bias and narrative medicine.

We also provide education on micro-aggressions, bystander training, health and healthcare disparities, cultural competence, as well as the intersection of the social determinants of health including race, gender, and sexual orientation.

We also provide information on these topics to faculty and staff, including a lecture on implicit bias every year for the admissions committee beginning its work.

Recently we performed a full curricular review to insert content regarding power, privilege, inequality, and social justice to enhance our students' learning.

In sum, we have a wonderful triumphant story to tell about CUNY School of Medicine about our amazing students and alumni.

It is an honor to appear before this committee and to tell our story.

And, I am happy to address your questions, thank you.

COMMITTEE COUNSEL: Thank you for your testimony.

We will now turn to Chair Barron for questions.

CHAIRPERSON BARRON: Uh, thank you, Dr. Green.

Welcome to New York City... (Cross-Talk)

DR. GREEN, DEAN: Thank you.

CHAIRPERSON BARRON: And, we're so pleased that you are joining the CUNY University, the CUNY world, the CUNY lifestyle. We wish you well... (Cross-Talk)

DR. GREEN, DEAN: Thank you.

CHAIRPERSON BARRON: in your position.

Uhm, and for this being your first, we are... We're going to have you baptized by fire. (LAUGHING) We don't believe in easing in. We jump right in.

So, it's generally the way that we work, so just (INAUDIBLE 00:24:43)... (Cross-Talk)

DR. GREEN, DEAN: Perfect.

CHAIRPERSON BARRON: (INAUDIBLE 00:24:44) thank you.

DR. GREEN, DEAN: Perfect, thank you.

CHAIRPERSON BARRON: And, of course we have some just general data questions. And, uh, what... Do

you know, can you share with us what is the student/teacher ratio for the BSMD portion of the program?

And, how will the student/teacher ration be impacted for the class of 2028, which had 15 more students than was originally anticipated?

DR. GREEN, DEAN: Great, thank you for the question.

Uhm, (BACKGROUND NOISE) (INAUDIBLE 00:25:14) had a robust class. And, we're excited about this class; they're amazing.

Uhm, our current studio ratio is 13 to one. In the past, we have had, uhm, numbers that have approached 90 of an entering class. It stretches the system, uhm, but it didn't break the system then. I don't see it breaking the system now.

Uhm, currently, there is always going to be need for investments. But, we're comfortable with where we are. And, we can continue to provide, you know, a top-flight education for our students.

CHAIRPERSON BARRON: Do you anticipate that they'll be a need to hire additional staff based on the fact that there are 15 more students?

DR. GREEN, DEAN: Well, since we've had this before, uhm... Well, let me be clear, Chair. We have been functioning on an ultra-lean faculty ratio.

CHAIRPERSON BARRON: Mm-hmm

DR. GREEN, DEAN: And we get the job done.

Uhm, we probably will continue to need to make investments. This is a new medical school as you know, as we thank you again for your support. Uhm, and so, we'll need to make some investments, but we are comfortable with the fact that we can teach the students who have come in to our class.

Now, I will mention to you that some schools over subscribe. They purposely over subscribe. And, what they'll do is offer students a gap year to get a Master's in Public Health. Uhm, they pay them for that experience. Uhm, we don't have the ability to do that. We take in what we can handle. Certainly, we would like to grow, but we can take of the students, and I am committed to doing that.

CHAIRPERSON BARRON: Thank you. Uh, what is... How many faculty members and staff are employed by CSOM? And, what is the total disaggregated by part and fulltime?



DR. GREEN, DEAN: We have approximately 50 faculty, uhm, 75 staff -- and that's 50 fulltime faculty. We have some adjuncts, uhm, as well. I'd have to look at our numbers here. Uhm, let me see here.... But, we have fulltime faculty at 50, which enough to do the work. We do employ, you know, when we need to have additional resources, we do employ adjunct faculty. We're also recruiting some actually some and I know that President Boudreau is also excited about some of the people that we're hiring, to sort of enhance the work that we're doing. We do not want our students to be impacted in any type of negative way. So, we're adding to the curriculum.

(BACKGROUND NOISE) (INAUDIBLE 00:28:02) the community at large to really think about healthcare quality particularly as it relates to racial and ethnic minorities.

CHAIRPERSON BARRON: What is the annual cost of attending a CSOM BSMD program? And, do you have it proportional to the MD program compared to the BS program?

DR. GREEN, DEAN: Oh, great question. So, they are... Uhm, it costs about \$6,700, almost \$7,000,

for the BS component, which is a bargain, uhm, as you would know.

But, if you don't have... If it's \$7.00 or \$70,000, if you don't have \$7.00, it doesn't make a difference. So, most of the students in the BSMD program, uhm, qualify for financial aid. And, so, they would qualify for PELL Grants, they would qualify for the New York State program. In fact, uhm, almost 50% of our students come with expected family contribution of no... of zero. So, this makes this the in the lowest income of the lowest income. So, they qualify for SNAP. Uhm, and the other... About another 30%, so we're almost up to 90% of students who qualify for financial aid.

Now, that's the Bachelor's component. The MD component, tuition is \$41,600, which is the lowest in New York State. With that being said, our students... So, the same students who matriculate as Bachelor's prepared students now going in to the MD program, without the MCAT, are no longer eligible for those federal funds. So, now, they transition into the loan system. And, so, they graduate with a disproportionate amount of debt. And, \$178,000, so

less debt in the first few years, more debt in the last few years.

I'll also remind, and I don't... You probably already know this, but even though you're covering tuition costs, there are other costs of attending, and our students are unlike some of the other students who are in private schools, where we can't just pick up phone and call Mom or Dad, and say put a little bit more money into my account and get it out of the ATM. So, uhm, it's covering basic needs.

CHAIRPERSON BARRON: Thank you. How did the pandemic impact CUNY School of Medicine? And, how did it impact your partnership with the Saint Barnabas

(BACKGROUND NOISE) (INAUDIBLE 00:30:44)

DR. GREEN, DEAN: So, uhm, there are several components to that question.

The first part is that, Saint Barnabas is one of our partners. And, it was disproportionately impacted. As you know, New York City is... has been the epicenter. Uhm, we did get some stimulus dollars as The City College of New York. Uhm, which made certain that we could certain... Uh, our students, uh, received laptops so that they could study remotely.

Uhm, our buildings were closed, which is a problem sometimes for the students who come from, you know, multigenerational families. Uhm, they depend on us as a place to study. Uhm, and the transportation becomes problematic. They don't generally have their own vehicles.

Uhm, Saint Barnabas, because of their, you know, the whole conversation about PPE, and I've written about that topic as well, we were... A very generous donor took care the PPE for our students. And, so we're thankful to that particular donor.

Saint Barnabas didn't have extra PPE to give our students, so there became a point in time with which some of students were removed from the courses. Uhm, I think... so, that's one part.

We also graduated students early in order to help with this pandemic.

I'd like to talk a little bit about the wellness side as well. You know, as you know, some of our students come from areas where disparities exist and persist. Some of our students come from areas where they've also... or family members who suffered disproportionality due to the COVID. Uhm, and then they would go from there, uh, from their families who

may have suffered from COVID, died from COVID, and then go into the hospitals where, uh, Saint Barnabas was, again the epicenter. And, you know, watching... doing the best we would to save lives, but watching people die. So, there's also been an emotional toll.

CHAIRPERSON BARRON: How did it impact the course offerings or the delivery of those classes that students needed?

DR. GREEN, DEAN: Yeah, a lot of the classes went to... (Cross-Talk)

CHAIRPERSON BARRON: (INAUDIBLE 00:33:12) some of the hands-on or laboratory work that might have been, uh, required, that might have had an impact on that as well?

DR. GREEN, DEAN: Yeah, so, uhm, we, like every medical school in the country, we pivoted. I think only the California schools, uhm, I'm not... didn't pivot as much, because they were used to having the HIV crisis there. Uhm, but... And, they certainly didn't have the numbers until later. They learned from New York how to sort of address some of these issues. So, we pivoted. We had to do thing on Zoom. And, everybody had to become... learn how to be Zoom friendly. And, uh, the students were acclimated much

easier than some of the faculty. But, we were able to do it. And, you know, again, it shows up in their exams, uhm, our exams as far as our (INAUDIBLE 00:33:57) are similar to rest of the national average.

PRESIDENT BOUDREAU: And, if I may, Chair Barron, uhm, the CSOM on campus, when we started bringing students back in person, CSOM was the very first school to bring the lion's share of their classes back in person. So, throughout the pandemic, a disproportionate amount of the in person instruction was, uh, for CSOM students, partly the delay was we needed outfit rooms -- study rooms -- and rooms for them to accommodate the COVID protocols. But, long before science or engineering or the humanities and arts were teaching in person, the medical students were back in the classroom.

CHAIRPERSON BARRON: Thank you... (Cross-Talk)

DR. GREEN, DEAN: Let me just add to that. All of our students are vaccinated. So, that also made it easier for President Boudreau to make some of those decisions.

DR. BARRON: Thank you.

Uhm, moving to the area of admissions...

DR. GREEN, DEAN: Mm-hmm?

CHAIRPERSON BARRON: According to City College, there were 908 applicants to the CSOM 7-year BSMD program class for 2028. How does that number of applicants compare to previous years, and how do you account for the increase in applicants?

DR. GREEN, DEAN: Thank you for the question. And, I hate to point out, Chair, the number actually is... We, uhm, took in 13... Yeah, 1,399, uhm...

(Cross-Talk)

CHAIRPERSON BARRON: 1,399 applicants? Okay...

(Cross-Talk)

DR. GREEN, DEAN: And, that number is increasing across the country. Right? The number of people who are applying to medical school has increased.

We've always had a large number of people who've applied to our students. Now, this is where, again, one of those little stress points, because when I (BACKGROUND NOISE) (INAUDIBLE 00:35:46) an appendix that showed that we are... We have six FTEs working on admissions. Uhm, and then we have an admissions committee. Uhm, this year the number may go up. I mean, our number at date was, uhm, 750. Uhm, Jerrold was telling me that. So, we could approach 2,000

1 applicants. It's unclear right now, and we'll  
2 certainly update you. And, I want to make certain I  
3 answered, uh, your question (INAUDIBLE 00:36:17)...  
4 (Cross-Talk)  
5

6 CHAIRPERSON BARRON: Yes, you did.

7 DR. GREEN, DEAN: Okay... (Cross-Talk)

8 CHAIRPERSON BARRON: And, just the second part,  
9 uh, what do you think accounts for that increase?

10 DR. GREEN, DEAN: Hmm, well, I think, uhm, our  
11 admissions team, Jerrold Erves... And, Leonie, they  
12 have been just terrific. Uhm, they had been, you  
13 know, going... doing a lot of outreach. We  
14 certainly could always do more. But, they're doing a  
15 lot of outreach. They've got relationships with high  
16 school counselors, uhm, our products. So, you know,  
17 one of the things that when I came here, uhm, is that  
18 a colleague said, "That schools a national treasure."

19 CHAIRPERSON BARRON: Mm-hmm

20 DR. GREEN, DEAN: And they aren't from New York.  
21 And, so people know about the Sophie Davis model.  
22 They know about the CUNY School of Medicine. So,  
23 uhm, you know, let your work be your resume.

24 CHAIRPERSON BARRON: Uh, of those who apply, which  
25 you told us the correction is 1,399... (Cross-Talk)



1 DR. GREEN, DEAN: Mm-hmm

2 CHAIRPERSON BARRON: Uh, how many received  
3 admission letters? My data says 102, but if that's  
4 not it, you can correct me.  
5

6 DR. GREEN, DEAN: Yeah, have... So, I don't have  
7 that number. So, we interviewed 341, and we admitted  
8 102, uhm, for a class that's of 90.

9 CHAIRPERSON BARRON: What made you accept 15 more  
10 than what you had originally targeted? What was the  
11 thinking behind that?

12 DR. GREEN, DEAN: I think that part of it was that  
13 they were exceptional. You know, we always send out  
14 these people... And, it's in our letters, and I  
15 think that people recognize the value of a CUNY  
16 education. Uhm, one, students come in knowing that  
17 they don't have to take the MCAT; they just have to  
18 excel.

19 Uhm, and when, I think people do the value  
20 equation, it makes good sense. "I don't have to take  
21 the MCAT", which is actually, uhm, where lots of  
22 Black and Brown students struggle. Right? We take  
23 the exam four or five times. So, to bypass that  
24 barrier and, you know, and again, that's where we  
25 have a story of triumph. We don't offer the MCAT,

1 which is actually a systematic institutional barrier.  
2 And, we're the only people who really do this. So,  
3 we... And, we've shown that in seven years, we can  
4 get the same results. So, there's a special sauce  
5 here, and we're still trying to figure out exactly  
6 what that sauce is. Uhm, but it's led to us getting  
7 more students. So, we don't turn people away. We...  
8 We sort of budget for that, uhm, we planned on 70;  
9 we're taking in 90, and we can handle it.

11 PRESIDENT BOUDREAU: And... And, if I can, uh,  
12 add as well, if you look at the number of admissions,  
13 uh, over the course of the five or six years, we...  
14 You know, the last years admit letters were  
15 significantly lower than some of the admissions over  
16 the past several years. What's changing is the  
17 percentage of students who take that admission letter  
18 and choose CSOM over other options that they have.  
19 So, I mean, I... I think one of the... One of the  
20 elements of this, is that we've worked really hard to  
21 tell the story of CSOM, and that's starting to  
22 resonate, you know, with student applicants as well.

23 CHAIRPERSON BARRON: I am glad to hear you and the  
24 dean talk about the systematic barrier of a test that  
25 keeps perhaps some of your most talented from being



backgrounds, the highest ever for the program and 76%. So, currently, 57% of CSOM students are URiM, and 62% identify as female, and 38% identify as male.

So, how does CUNY CSOM account for this increase in URiM applications?

DR. GREEN, DEAN: Well, I... I think that one is the number... Is, uhm, over the total class -- right? -- all classes. So, that's one. Two, I think we, you know, there... As I mentioned before, there's a special sauce. And, I think people are now really sort of seeing us valued. And, the admissions team has really done a great job, uhm, in regards to it. Certainly, you know, we would like to be out there more. You know, I always have a bit of a growth mindset. Uhm, but we also have to be thoughtfully about what that looks like, because what we do is not easy. It's not easy. It... You know. When... So, if I were to tell you a story of young people who are in foster care....

CHAIRPERSON BARRON: Mm-hmm?

DR. GREEN, DEAN: and graduating them. Uhm, that's a game changer -- right? -- for generations.

CHAIRPERSON BARRON: Mm-hmm.

DR. GREEN, DEAN: We do that. You know, we take care of... These... So, we see people talk about resilience and grit. Our students have resilience and grit. And, my grandfather always talked about, you know, there's 300 million people in this world, and it takes only one person to make a difference. And, that's what we're doing. We're trying to make that difference. We're also making certain that their resilience doesn't break. Uhm, and, so this is hard work.

CHAIRPERSON BARRON: So, I'll just... (Cross-Talk)

PRESIDENT BOUDREAU: And, and... (Cross-Talk)

CHAIRPERSON BARRON: Yes? Go ahead... (Cross-Talk)

PRESIDENT BOUDREAU: Oh, and... And, I will go back to the topic that you just raised about the standardized tests. You know... (Cross-Talk)

CHAIRPERSON BARRON: Yes?

PRESIDENT BOUDREAU: We are... As The Dean said, we are the least expensive medical school in New York State. However, we're in a city where Columbia, NYU, and Cornell has, you know, a pipeline for a free medical education.

CHAIRPERSON BARRON: Mm-hmm

PRESIDENT BOUDREAU: Uhm, we are getting... In that context, in the context of options at these three schools for a free education, every year our applications are going up. And, it's because, you know, we can't underestimate the extent to which the series of standardized tests pulls out young people with potential. And, so the special sauce that The Dean was talking about, is the ability to identify and cultivate talent that gets screened out in these tests. So, there's... There's also, I will say, there is an issue of justice here. Where why is it that the most diverse medical school, certainly in New York State, uhm, the school that has figured out how to not screen out students of color, who are exactly the response we need to some of the health disparities you're talking about. Why is it that they are burdened with this kind of tuition burden, while surrounded by schools with... with very different demographics in their student bodies and very different debt burden when they graduate?

CHAIRPERSON BARRON: (INAUDIBLE 00:44:35)...

(Cross-Talk)

DR. GREEN, DEAN: And, Chair if I may add one more comment...

CHAIRPERSON BARRON: Yes.

DR. GREEN, DEAN: about this, uhm, and, thanks, President Boudreau.

You know we are not... We're taking exceptional students across New York's five boroughs. Right?

Uhm, we're not cherry-picking. Right?

CHAIRPERSON BARRON: Mm-hmm.

DR. GREEN, DEAN: Uhm, we are taking students from where they are saying, "You have the potential to be a doctor," we're not waiting until they've gotten their head bumped and gotten through the MCAT, and now everybody wants you. Right? So, I talk about our students as being undervalued, uhm, with high return on investment. They're high potential students. With that being said, we are 20 blocks from Columbia. Right? I'm new here, so, uhm, it's 20 blocks, right? And, you know, I come from the University of Michigan, which is very much a private looking public... We call it a public/private. I am very aware, I've sat on admissions committees there and other places, quite frankly, uhm, the students who are being admitted to many of the other majority

And, so again, we have a really special sort. But, with that being said, for me, personally, Carmen Green, it's problematic that my students take the bus two hours -- one way -- or public transportation to get an education, and then have to pay for that... go disproportionately, serve in the community that they came from -- New York -- and then in physician shortage areas. Whereas other schools... (Cross-Talk)

DR. GREEN, DEAN: I'm not mad at them, are tuition  
e -- okay? -- regardless whether or not they, you  
w, a student needs to have their tuition waived.  
, they walk out with no debt. And, they go and  
ve at other places in specialty care. So, I think  
t's a fundamental issue of fairness. Now, with  
t being said, we need, you know, people of color,  
, need neurosurgeons as well. Uhm, and people



understand those principles. So, but we are disproportionately serving the people, and I'm proud of that. It's an honor to be The Dean.

CHAIRPERSON BARRON: Yes, it is. And, CUNY is my great love, because, uh, as I said in my introduction, I am a CUNY alumni. I did go to Hunter, class of January 1967. And, had I not had that opportunity to get an education, I would have had a different path obviously. But, I was able to have that education, because CUNY was free. I didn't have to pay any tuition. So, years back, CUNY was free if you had B or better average. And, you only had to worry about your books, and transportation, and food only. But, you know, that's the only responsibilities you had of financial burdens.

So, CUNY is a significant part of my training and preparation to be where I am. And, just for your information, prior to being a legislator, I was a teacher in the New York City Board of Education. And, that's my great love. And, that's my passion. And, that's what I do best. I met... I went to the post office yesterday to mail a letter, and the clerk said, "Barron! You're my daughter's teacher! We were talking about you last week!" So, that's the

joy and the love and the reward for me of teaching.

If you have someone that you've interacted with, and years later they can have some kind of acknowledgment of the positive impact that you had in their life, that's the reward.

DR. GREEN, DEAN: Mm-hmm

CHAIRPERSON BARRON: So, uh, CUNY is a great love of mine. Uhm, I'm always touting it. I think that the opportunities that students can get are immeasurable in terms of what they can have to pay for in other settings. So, I have a great love for CUNY.

DR. GREEN, DEAN: So, I'll tell you, one of the things that our students do, I mean, and you don't see this other places (BACKGROUND NOISE 00:48:59) students in no... And, when I went to medical school, most medical schools you'll... you'll never see a medical student having a job outside of studying. And, so, they work really hard (BACKGROUND NOISE) (INAUDIBLE 00:49:09)... (CROSS-TALK)

CHAIRPERSON BARRON: They do.

DR. GREEN, DEAN: And, so, you're an example.

CHAIRPERSON BARRON: Uh, of the students in the class of 2028, can you disaggregate the demographic

makeup by gender, by residency in terms of those who came from New York City High Schools, and (BACKGROUND NOISE)... (Cross-Talk)

DR. GREEN, DEAN: Yes... (Cross-Talk)

CHAIRPERSON BARRON: (Background Noise) (INAUDIBLE 00:49:29) individual (INAUDIBLE 00:49:30) self-identified, if you don't have it now... (Cross-Talk)

DR. GREEN, DEAN: I do have it.

CHAIRPERSON BARRON: Okay, great.

DR. GREEN, DEAN: Yeah, so, uhm, you know, 62% of the class are women or identify as being female; almost 50% are Black, African-American; 27% are Hispanic - Latinx, uhm, almost 60% of them are sons and daughters of immigrants, and 11% are immigrants themselves. Uhm, 73% or almost 75% are from the five boroughs of New York City. And, I know that you'll particularly be interested in Brooklyn. So, 16% come from Brooklyn. Uhm, 26, which is the highest, come from Manhattan. And, then we're followed closely by Queens at 20%.

CHAIRPERSON BARRON: Thank you.

DR. GREEN, DEAN: Uhm, and then there's another... Students who are from Long Island, upstate New York, and Westchester. We have about 2%, we've opened to

1 out of state students, and 2% of the (INAUDIBLE  
2 00:50:45) are out of state students. So, that's  
3 actually pretty impressive. Which really speaks to  
4 our message getting out there.  
5

6 CHAIRPERSON BARRON: Thank you. Uh, and also, do  
7 you have any data on students who self-identify as  
8 having any disability?

9 DR. GREEN, DEAN: So, great question. I don't  
10 have that data. If they would have done that they  
11 would have claimed that through City College of New  
12 York. Uh, so we don't have it... We've not had  
13 people ask for accommodations, so we make the  
14 assumption, which are always a little dangerous, that  
15 there (BACKGROUND NOISE) (INAUDIBLE 00:51:17) anyone  
16 with disabilities. Uhm, I have actually... came in  
17 asking that question, and we'll be specifically  
18 looking, uhm, for that, uhm, data.

19 PRESIDENT BOUDREAU: And, we can follow up with  
20 that information.

21 CHAIRPERSON BARRON: Thank you. So, not unlike  
22 people of color, the LGBTQ+ individuals regularly  
23 face barriers accessing the appropriate and  
24 comprehensive healthcare, and moreover healthcare  
25 trainees report few training opportunities and low

levels of preparedness to care for LGBTQ patients.

How is CSOM working to address such gender inequities in its admissions process?

DR. GREEN, DEAN: Great, well, we don't ask about, uhm, sexual orientation. We just don't. Uhm, we, as I mentioned in my earlier testimony, we... Prior to the admissions committee making... doing its work, their first meeting, we have a lecture on implicit bias -- unconscious bias. Uhm, we also have a robust conflict of interest policy as well. Uhm, so, we don't... We don't look at that issue. We don't discriminate against that issue of LGBTQ. We try to create an inclusive and welcoming environment for all. It's... am I answering your question...

(Cross-Talk)

CHAIRPERSON BARRON: Yes, additionally, how is it reflected in the training that you give to your students?

DR. GREEN, DEAN: Yeah, so, we have implicit... From the very first year that they come in, they have... students are taught about implicit bias. They have a robust... And, ,you know, I think that's one place that we're a leader in the social determinants of health where people work, live, play

and pray, uhm , their sexual orientation. So, all of that comes out in the curriculum throughout the seven years. And, we have... They get taught about health disparities, and one of the health disparities as you mentioned is about, uhm, people who are LGBTQ.

PRESIDENT BOUDREAU: And, I should also say that, uhm, you know, we call this the CUNY School of Medicine at City College, but in explicitly at the under graduate level, uhm, these are City College students. And, we think of the medical students as City College students as well. So, on the campus, we have a gender resource center, we also have an LGBTQ center that was recently cited by the university as one of the most advanced in the university system. And, this does, the whole range of support, including now for instance, uhm, the ability to link LGBTQ students to job opportunities and internships where they will be mentored by people from their community. So... So, there are robust resources. It doesn't speak to the curriculum, uh, in CSOM, but it does speak to the environment of support that a student can access on... on our campus.

DR. GREEN, DEAN: Mm-hmm

CHAIRPERSON BARRON: Thank you

Uh, and we also have questions also related to the demographics, uh, the ones that I first asked were the class of 2028, and we'd like to have that same information race, ethnicity, gender, New York City residency, and any who might identify as having a disability for particularly the entire program of BSMD, as well as for the Physician Assistant Program? So...

PRESIDENT BOUDREAU: And... And, you know, we can... We can talk you through it, but that's... That's also in the appendices that Dean Green submitted... (Cross-Talk)

CHAIRPERSON BARRON: Oh, okay, that's... (Cross-Talk)

PRESIDENT BOUDREAU: as part of her testimony.

DR. GREEN, DEAN: (BACKGROUND NOISE) (INAUDIBLE 00:54:54)

PRESIDENT BOUDREAU: There's really robust data there... (Cross-Talk)

CHAIRPERSON BARRON: Okay.

PRESIDENT BOUDREAU: If you have a chance to go through it.

CHAIRPERSON BARRON: I will, thank you, I certainly will.

How many students are currently in each cohort of the seven years BSMD program?

DR. GREEN, DEAN: Uh, it ranges from, you know, the 75 to the 90. You know, some students, uhm, I'm looking for that number here. Uhm, but it goes up and down. Some students will delay. Some people take a gap year. Uhm, you know, some people... So one of the things that we're working on, uhm, Chair, is, you know, how do we normalize... When... So, recognize, we're taking in 17 and 18-year-old students.

CHAIRPERSON BARRON: Yes.

DR. GREEN, DEAN: Thank you very much. Uhm, we they are amazing, but they're 17 and 18 years old. And, they will graduate, all things go well, by the time they're 24. They go through lots of developmental stages and developmental changes during that period of time.

And, so we also want to normalize the conversation about, you know, most places, it takes four years to get your Bachelor's Degree. But, we're five years, uhm, taking their victory lap. So, we're... We're thinking about, you know, how we can normalize it such that, one, students have other



opportunities to, you know, maybe get a master's, uhm, along the way, or get an MDPHD. As you know, the number of people who have MDs and Ph.D.s who are Black, Latinx is woefully low.

We also want to think about alternatives... So, we're... We're going to see some fluctuations up and down, uhm, depending where students are.

Some students, you know, uhm, people think, oh, well, it's academic. Well, some people actually do leave even though they're doing extremely well academically, uhm, because of finances.

CHAIRPERSON BARRON: Mm-hmm

DR. GREEN, DEAN: And, I met someone like that recently who... but, that student will be coming back. So, the financial... You know, family finances.

CHAIRPERSON BARRON: What supports, uh, academic or other kinds (STATIC/CONNECTION LOST) (INAUDIBLE 00:56:59) in your program (INAUDIBLE 57:02)

DR. GREEN, DEAN: I'm sorry, I didn't hear the last part of your question, Chair Green.

CHAIRPERSON BARRON: Yes, what supports, uh, other, uh, besides academic... Well, both academic and otherwise, are offered to students in your

programs, the BSMD Program, as well as the Physician Assistant Program?

DR. GREEN, DEAN: Okay, well, great, so one of the things that I'm really very proud of is our pre-matriculation program, which is ,you know, an opportunity for students to come, get oriented, uhm, learn some things prior to actually beginning their Bachelor's program. Uhm, I am excited about potentially adding some more things to that program. And, so that, uhm, only been here two months, but that's one of the things I would like to add to. It's been very successful, extremely successful. And, I think it can be a national model. Uhm, with that being said, I'd like to actually make that to a point where it really gets to be mandatory. Why? Because I think these... We live better in community. Uhm, I think it will give students an opportunity to be exposed to research. Uhm, it also gives them an opportunity to be exposed to wellness. Uhm, meaning, you know, our advisors can know a student better. And, when they get in to... have challenges, like a parent dies or something, that we know how to better help them. So, uhm, those are... That's one of the big programs. And, you know,

really exposing them to research. We think we can actually change, uhm, the pipeline as it relates to the Biomedical PhD, Master's, prepared person.

Uhm, wellness, we really focus... I have a firm, uhm, I have published on this topic as of last year, as it relates to wellness, as it relates to, uh, particularly, uhm, Black and Brown students. And, so that's an area that it might... One of my top priorities, or I would say my top priority is to make certain that my students are well, and healthy, and ready for duty, and then, secondly our faculty and stuff.

Uh, we have a learning resource that's robust. You know? All it takes is sometimes for the Dean to say, I want you to not wait. If you don't pass this exam, or you think you're having... Go to the Learning Resource Center. So, I said that, and now we've had run on the Learning Resource Center. And, we may have to make some changes there in regards to bringing in some additional people. Just because I said, it's okay to ask for help. Uhm, so those are some of the, uhm things that we're doing there.

CHAIRPERSON BARRON: Thank you.

Can you describe the process, I'm sure you can... Can you just... Can you just please describe for us the process by which students transfer from the BS portion of the program to the MD portions. And, the students, are they automatically accepted, is there a rate of acceptance that's than a 100%? What accounts for that?

DR. GREEN, DEAN: Yeah, so, uhm, once you're accepted in the BS Program, you're automatically accepted in to the MD Program, presuming that you've met the academic and criteria. So, there's not an exam. There's no MCAT. Some schools that accepted programs, have still students have to take an MCAT, they have to sit there and take it. Uhm, not that they have to pass it, they have to take it. Uhm, we don't require that. So, they actually... Our students actually start being introduced. They start going out in to the clinics in the third year of the undergraduate experience. They get a little white coat and start working in fairly qualified health centers. So, the... Some parts of our work is really seamless.

CHAIRPERSON BARRON: And, what is the, uh, grade -  
- GPA -- or what is the standard that you require or

expect a student to have gained before going in to the MD?

DR. GREEN, DEAN: We expect them to pass... The classes... (Cross-Talk)

CHAIRPERSON BARRON: Okay, so pass/fail?

DR. GREEN, DEAN: Yeah, well, some... Well, I... For the undergraduate component, there may be some grades associated. We expect people to pass. You know? Uhm, so, uh, I'll just reiterate, this is a professional school.

CHAIRPERSON BARRON: Mm-hmm

DR. GREEN, DEAN: And we're allowing people to go out and graduate who will be touching people, prescribing medications. So, we expect people to pass and to have the knowledge, you know, based upon our curriculum. And, then as they go through the national licensure exams.

PRESIDENT BOUDREAU: And, just... Just to clarify, you know, there are two national licensure exams that they take a step one and a step two. These are national exams, and like any other medical student in the country, our students pass the first one before they can go in to clinic. And, they pass

the second one before they can... I don't know, is it to graduate, Carmen, or... Or... (Cross-Talk)

DR. GREEN, DEAN: Well, no, it's not to graduate. So, they can... So, lots of schools do this a little bit differently, but they have to pass what we call the USMLE, uhm, prior to going to the clinical years. And, then they take another exam to make certain that they are proficient in the clinical ex... So, now that... Those exams have now gone to pass/fail. Prior to that, prior to this, as far as pass/fail, our numbers are the same as the national average.

PRESIDENT BOUDREAU: Right.

DR. GREEN, DEAN: In fact even a little better.

PRESIDENT BOUDREAU: Right.

DR. GREEN, DEAN: And our attrition rate, uhm, which I think you're probably... And, it's essentially the same as the national average.

CHAIRPERSON BARRON: And, do you keep... Do you do a survey, or do you have data on why it is that a student may not continue and go in to the MD portion?

DR. GREEN, DEAN: Yeah, so, uhm, I'm actually looking at trying to enhance some of our data collection. I mean, we can do a better job in that area. I mean, we've got some basic data, you know,

1 "I changed my mind; I don't like this," uhm,  
2 sometimes it could be financial. Uhm, we're going to  
3 do... I would like for us to have a better, uhm,  
4 knowledge base as it relates to who transitions in  
5 and or out. And, I think that... And, and, I'm...  
6 Let's also be clear, this is an accelerated  
7 Bachelor's program where you're... You know, our  
8 students are... (Cross-Talk)

9 CHAIRPERSON BARRON: Yes.

10 DR. GREEN, DEAN: You know, so, there's also just  
11 the stress. So, again, not every person is ready for  
12 an accelerated 7-year program. And, they may not  
13 find... Sometimes Mom, Dad says, "You should be a  
14 doctor," Granddad says, "You should be a doctor," but  
15 you find out, "Eh, I don't really want to be a  
16 doctor." So, those things come in to play. Right?

17 CHAIRPERSON BARRON: Thank you.

18 Uh, moving to the area of post-graduation...  
19 (Cross-Talk)

20 DR. GREEN, DEAN: Mm-hmm?

21 CHAIRPERSON BARRON: At the last hearing the  
22 committee had on CSOM, which was in 2017, CUNY had  
23 recently announced the campaign to raise 20 million  
24

dollars in interest free loans for the inaugural BSMD class.

What is the status of this campaign?

DR. GREEN, DEAN: Great question. I saw that, uhm, that was under, uh, Dean who is no longer here. And, so, uhm, we have not met that goal. There will be new goals that... (Cross-Talk)

CHAIRPERSON BARRON: Is that still something that you're aiming to do? Is it still something that.... that's live?

DR. GREEN, DEAN: Well, I... I'm putting together a complete strategic plan and vision as to what's needed for the school. Right? And, as also as it relates to diversity. And, so, uhm, we will be able to sort of say, these are the goals for raising dollars, uhm, help support, you know, our healers and leaders.

So, unfortunately, those goals were not met. And I think that's in part, because, you know, you had Dean who was here for a very short period. I don't know, how long he was here, but he was here. And, then you had an Interim Dean, and now you've got me. And, so, we're gonna be, uh, setting some goals. We're gonna... My goal is to, uhm, you know, Hunter



promised an over-deliver, because our students...

You know, our goal should be as high as the aspirations of our students.

PRESIDENT BOUDREAU: I... And, let me also say, and this is something that The Dean and I have had extensive conversations about. The medical school from the beginning had its own fundraising capacity. And... And... But, in my conversations with the old Dean, I always insisted in saying, you know, they are not... This is not an operation that's worthy of the medical school.

And, I believe there are a few things where we have, uhm, under performed... Not underperformed, where we have punched below our potential than fundraising... philanthropic fundraising for CSOM and for all the schools in CUNY. I mean, and... And, so, uhm, Dr. Green has already, in her first two months, with my full support, made some personnel changes on the development side. But, she is really... You know, there's other way to say this, the school was founded with not a dollar in the tank philanthropically. So, they were... They were, from the beginning, going from a standing start and haven't gotten off the line.

So, I imagine a huge part of the work that we will be doing, in collaboration, and I'll say it's already started, is to get a, uh, the kind philanthropic operation, uhm, that is worthy of this school's potential going. Uh, and I think we've got, uh, we've got a great, uhm, fundraiser in the person of the new dean.

CHAIRPERSON BARRON: Okay... (Cross-Talk)

DR. GREEN, DEAN: Thank you, uh, President Boudreau, and I would also just say, uh, Chair, you know, we, you, us, we need to invest in these students who will be investing their careers and their lives to this community. And, that s my godparent. So, you know, there's some infrastructure things that I am addressing, but my ,you know, I'm making certain my students are healthy and well, but then my next big priority is philanthropy. And, I think it... It really does come about by telling the story, and we're not asking people to give us money; we're asking people to invest in us. So...

CHAIRPERSON BARRON: Uh, thank you.

Uh, but, I would, if you could please summarize what... How much money, uh, and perhaps The President would be able to give that to us, how much

1 money was raised of that \$20 million? Were students  
2 given any loans from that amount? And, what was the  
3 criteria? Could they use it in any way that they  
4 wanted? And, just to, let us know, financially, what  
5 happened with that sum of money. We would appreciate  
6 it.  
7

8 PRESIDENT BOUDREAU: Yeah, no, very... Very  
9 little has been... Has been raised... Had been  
10 raised. I think... I think a million dollars is a  
11 recent gift. The other source of scholarship money  
12 that students have, you may be remember, Chair, that  
13 there was something that we called The Commitment  
14 Fund.

15 CHAIRPERSON BARRON: Yes.

16 PRESIDENT BOUDREAU: And, so that, you know, the  
17 CUNY Board of Trustees, several years ago, allowed us  
18 to use that (STATIC) (INAUDIBLE 01:08:34)  
19 scholarships. Uhm, that money, when they made that,  
20 uh, decision, we had about \$7 million dollars in  
21 commitment funds. And, so students were getting up  
22 to \$20 thousand scholarship grants. And, it was need  
23 based. But, as The Dean said, uhm, fully 50% of our  
24 students have uh, you know, no family contribution.  
25 So, the need is robust and extensive.

Uhm, I will say that we have had a number of... of people under Dr. Green's tenure, in the last two months, reach out, uhm, with a real interest in investing in the students. And, so, we're hopeful to move forward.

But, there has been virtually nothing raised against that goal.

CHAIRPERSON BARRON: Mm-hmm.

DR. GREEN, DEAN: So, next year when you ask us to come back, hopefully we'll have some good news for you.

CHAIRPERSON BARRON: Thank you!

Uh, unfortunately, I won't be in this position, because my term is ending in December. And, it's, uh, the end of what we restricted to two terms. So, this is the end of my second term. But, hopefully, they'll be a person coming behind me, you know, that's all political, who gets those chairs. But, hopefully, it'll be someone who's been there before as, uh, chair, and knows and has a background in CUNY, and will be able to follow up in that regard.

PRESIDENT BOUDREAU: But, I will say, we will still be... We will still be pleased to engage you on anything you're curious about... (Cross-Talk)

CHAIRPERSON BARRON: Okay, thank you.

PRESIDENT BOUDREAU: Where... Wherever you are.  
Whenever you want.

CHAIRPERSON BARRON: Thank you, I appreciate that.  
Thank you.

DR. GREEN, DEAN: We will send you a Zoom link if  
needed.

CHAIRPERSON BARRON: Okay, thank you, I'll do  
that.

Uhm, moving to the area of diversity and  
inclusion, according to The Dean's Initiative, which  
was last updated, uh, October 16th, 2018, on The City  
College's website, CSOM has undertaken a proactive  
approach to ensure that it quote, "Has an environment  
that celebrates diversity and is inclusive and  
welcoming. This includes a regular administration of  
a culture and climate survey for the committee to  
review, track, and report results with implementable  
recommendations for improvement.

Uh, how many surveys have been... How many such  
surveys as that have been administered, and what's  
the return rate, and what recommendations for  
improvement have come out of these surveys since they  
have been implemented?

DR. GREEN, DEAN: Well, another great question.

So, again, that dean came and is gone.

CHAIRPERSON BARRON: Mm-hmm.

DR. GREEN, DEAN: Uhm, there was a survey that was administered. I... My understanding, it was, uhm, very low response rate. So, it makes its validity problematic.

CHAIRPERSON BARRON: Mm-hmm

DR. GREEN, DEAN: Uhm, there are a number of initiatives that have, uh, things that have occurred in response to, as you know, I don't need to educate you on, uhm, the racial profiling of Black and Brown people. The, uhm, premature deaths of Black and Brown people. Uhm, there have been vigils, there have been protests. Our students are really very engaged and interested in the social determinates of health. Uhm, they, unlike, you know, I would say medicine had lacked advocacy. Right? As it relates to the whole conversation of racism as a virus. Our students don't lack that conversation. And, so, we embrace that.

With that being said, all of this diversity initiative needs to be reworked, uhm, and redone for a new generation. I will tell you, and you may not

1 have, uhm, known this, is that at Michigan, you know,  
2 the University of Michigan, I was the inaugural  
3 Associate Vice President and an Associate Dean for  
4 Health, Equity, and Inclusion. And, so, uhm, within  
5 that, I was also the Chief Diversity Officer. So, we  
6 will put together something that is extremely robust.

7 We did go through a process of hiring and  
8 Assistant Dean, uhm, who was just stolen away by  
9 another institution. Actually, her family is there,  
10 so it's not really a steal. But, we're still sad  
11 about it. But, we're now being... Uhm, we have Dr.  
12 Sandy Santone, in that, uhm, role as Assistant Dean  
13 for Diversity.

14 And, I really feel that as the dean of this  
15 medical school, and as any dean of a medical school,  
16 uhm, you know, we should be the person who is the  
17 Chief Diversity and Inclusion Officer, uhm, and  
18 making certain that our climate is welcoming and  
19 inclusive. So, we've got work to do just like every  
20 medical school.

21 CHAIRPERSON BARRON: Here are a list of questions  
22 that, actually, as I'm looking at them, do relate to  
23 The Dean's Initiative, and as we've indicated, that  
24 person is no longer there.  
25

So, I will, uhm, pass these questions, and just ask you generally, you did mention that your plan... You have a strategic plan, or that you're forming a strategic plan for this school.

DR. GREEN, DEAN: Mm-hmm

CHAIRPERSON BARRON: And, so we would just ask at what stage are... Is it completed or can we have (BACKGROUND NOISE) (INAUDIBLE 01:13:53) when can we expect it? And, of course, I know it will be an ongoing process.

DR. GREEN, DEAN: Yes.

CHAIRPERSON BARRON: But, just in terms of what your intentions or your expectations or plans or are in that regard?

DR. GREEN, DEAN: Yeah, so, great question. So, I would say that, uhm, I am really... I wouldn't have come here if I weren't excited. You know, I really do believe that this is the most important medical school. The story hasn't been told, and it is a national treasure. There are schools that are much... considered to be much more prestigious, uhm, have more NIH dollars, uhm, more federal funding. But, there is no school that is more important. And, I will say that's more relevant. And, uhm, most



1 schools... medical schools focus on, you know,  
2 their... how many NIH dollars can I get? That are  
3 not really thinking about their communities. In  
4 fact, no medical school -- no medical school -- has  
5 improved disparities in their communities. In fact,  
6 we aren't even ranked by that, uhm, by US News and  
7 World Report. They just started thinking about  
8 incorporating the conversation as it relates to  
9 diversity. If they were to do that, we'd probably be  
10 in the top five, uhm, in the country with regards to  
11 diversity.  
12

13 So, those are things that are key components of  
14 how I'd move forward. I have given you in your  
15 appendices, some key talking points that I have used  
16 to start thinking what the vision is. And, those  
17 come from when I was interviewing, which is a little  
18 bit refined, uhm, once I've been here, recognize I've  
19 only been here two months, but I've been doing a lot  
20 of thinking. Uhm, it's always a little dangerous to  
21 put some things out when you haven't really at least  
22 been here, but I have started working on a vision  
23 statement and a strategic planning process. Uhm, the  
24 key thing is to get to the point where it's actually  
25 the holiday season, where I can have a little bit of

uninterrupted time. You know, I thought we were going to be able to get this done on Thanksgiving. And, then you know what? Uh, Chair Barron called me, I don't know if you know here, uhm, said, uhm, we would like for you to come and spend a little quality time, uh, with the New York City Council. And, we welcomed that.

So, uhm, it's going to take a little bit. But, we, you know, those... Those slides that I've given you, uhm, really, uhm, do tell you, uhm, it's page 67 I think, which you're really... And, I can walk you through that if you would like. Uhm, you know, really tell you kind of how I'm thinking about this. You know, how are we the national exemplar? Where could we be the national exemplar?

I am focusing on a relevant type of leadership. Now what everybody else talks about, but how can we be the difference maker, and how can we be... And, I think you can do that as it relates to, one, creating a culture of wellness.

Uhm, two, by diversifying the pipeline; investing in our human capital.

Three, really thinking about... Are you with me?

CHAIRPERSON BARRON: Yes, I am. I'm listening to you. I don't have it in front of me.

DR. GREEN, DEAN: Okay.

CHAIRPERSON BARRON: That's (INAUDIBLE 01:16:57)

DR. GREEN, DEAN: So, uhm, yeah, so, how can we reduce disparities in our times? So, I talk about our mission. And, again, this has not been, you know, really to unlock and cultivate the full potential within our excellent, diverse, and inclusive community of healers and leaders, we refer to ourselves as the CUNY School of Medicine: Home of the Healers and Leaders. No one else thinks that way.

Uhm, and we leverage the transformative power of compassion and empathy to improve the human condition. And, we do this through our educational research scholarship initiatives.

Uhm, and that will have a lasting impact, uh, on the community in a cadre of physicians who are also healers and leaders.

And, then, I talk a little bit about, you know, my first priority is to increase our impact and footprint. And, so, our branding, you know, I, Chair Barron, you know when I first came to this community,

I asked people about the CUNY School of Medicine, and people didn't know it existed.

CHAIRPERSON BARRON: Mm-hmm

DR. GREEN, DEAN: It's time that that changes. And, it will change. Trust me on that.

Uhm, how can we be a leader in the educational, uhm, and research arenas? And, so, we'll be putting some infrastructures, starting to think strategically about where we will make... Uhm, we've got, you know, people say we're resource poor. I would say we're resource constrained. We got... We, you know, we don't have a lot excess. But, we can make a difference in NIH. And, we've been charging people with, uhm, our Associate Dean for Research to come up with that. We're going to be recruiting a couple of faculty, who can actually help with that to help generate, uhm, additional NIH dollars, or other federal dollars, but also... and, foundation dollars. And, also to, uhm, help develop junior faculty and, uh, student research.

So, we're excited about that. But, again, we need to have people who are willing to invest in us. Uhm, and then, you know, investing in human capital, you know, and I talk about this. You know, we're

1 thinking about, how do we create an environment where  
2 everyone can be successful. And, I talked to you  
3 about research.

4 Now, the only thing is the whole... Uhm, so,  
5 most people talk about a tripartite mission. I talk  
6 about the quadripartite mission: The clinical, the  
7 education, the research, and the social mission.

8 What good is research if it sits on the shelf?  
9 How do we disseminate research into policy that makes  
10 people healthier? So, part of that is the social  
11 mission.

12 And, so those are the things that I am thinking  
13 about as a future plan. Then it comes down to a  
14 conversation about what the infrastructure needs are,  
15 and you know, how do we make the operations efficient  
16 and effective?

17 I think if we become wealthy, ultra-wealthy, we  
18 lose sight of the goal. Right? Uhm, but we do need  
19 to have investments. We need to have clinical. Uhm,  
20 how do we grow those clinical spaces for clerkships?

21 Many, many, uhm, schools in this city pay for  
22 clerkships. And, then the Caribbean schools come in  
23 and pay for clerkships. We can't afford to do that.

Uhm, we... We just can't, without passing that on to students who already have an unequal burden.

So, uhm, you know, we're looking for likeminded partners who embrace the fact that we are here to serve the people. That we as healers and leaders are here to serve. And, so, embrace that. Recognize that our students will stay in this community. Will stay in New York, and they'll disproportionately serve in health, uhm, physical shortage areas. There are disproportionately going in to primary care. And, not by a little bit -- in a comparison to, uhm, you know, the other New York schools.

So, the vision will reflect that. And, it will reflect the resources we need to get there. And, we will become a national exemplar. You know, the question... The question is not if, it's just a matter of when. Okay? And, with the right resources, it becomes much sooner. And, you know, I told you, I mentioned to you, I have a growth mindset. You know, I think we can bigger and bolder. Uhm, and we can be known for what we do. And, to the extent that do that, we lift all boats.

Chair, we want you... You're a proud CUNY alum that shows, that really shows. And, it makes me... Gives me goosebumps.

With that being said, this is your medical school; this is our medical school; this is New York City's medical school. And, so, uhm, we want everyone to be proud of that. And, that's my job.

CHAIRPERSON BARRON: Thank you.

Uh, I do want to announce that we (Static) (INAUDIBLE 01:21:57) by Council Member Ydanis Rodriguez, uhm, and we're glad. He is a member of the committee, and we're glad that he had joined us.

You've been here for two hours. And, time flies! And, I just have one additional question, and it relates, uh, particularly, I think, to the area of finance. I believe President Boudreau, you talked about some financial burdens or hurdles when you made your remarks. And, we're hearing now about the, uh, resources -- the constrained resources.

So, my last question relates to finance. And, how is... How are city... What is the relationship between CUNY School of Medicine, which I heard The President said has its own funding? Its own financial plan?

PRESIDENT BOUDREAU: Mm-hmm?

CHAIRPERSON BARRON: But, what is that relationship, and who has authority over them, and given the pandemic and all of the needs that it has exposed, particularly as it relates to doctors and nurses shortages, how we are protecting the integrity of the funding essentially meant to increase the number of professional healthcare?

And, that's my final question.

PRESIDENT BOUDREAU: Okay, and I... I... I want to say, uh, if... If my laptop dies, I've got my phone all set to tap in. I'm in that three - four percent range.

So, a couple of things, a requirement for accreditation is the dean of a medical school must have control over her budget. And, so we have ensured that.

There is really no way to... to sugarcoat this. The medical school today is essentially a tuition driven institution. The annual contribution of the state to our medical school, I can get the exact number, but it's somewhere around three or four million dollars as opposed to the \$12 point-something million dollars that come in tuition.



1                   You know, when the other medical schools, in the  
2 public, uh, university system in the state of New  
3 York were founded, and they were founded decades  
4 before the CSOM was funded, there was something  
5 called a Capitation Program. And, what that meant  
6 was, dollar for dollar, tuition was matched by the  
7 state. So, if we had a 12 million dollar revenue  
8 from student tuition, there would be 12 million  
9 dollars from the state. That program ended before...  
10 You know, it ended actually in the 1990's. And,  
11 and... And, so, there was... And, none of us were  
12 involved in the plans to establish the medical  
13 school, but there was some hope that the program  
14 would be referenced in the state funding formula for  
15 the medical school. And, it just... It just never  
16 was.

17                   So, we are committed to trying to use  
18 philanthropic resources to take the... the financial  
19 burden off our students.

20                   The Dean has said any number of times, that she  
21 is running a lean operation, and she is, we'd like it  
22 to be less lean, uhm, and have a little bit more  
23 resources to invest in some of the initiatives, uh,  
24 she has, but it really was a change state funding for  
25

medical education that's put us on... on really different footing than the rest of this group.

But, I will say, you said at the start of this...  
(CONNECTION LOST)

DR. GREEN, DEAN: So, I'll just piggyback a little bit while he's flipping over.

So, this is, uhm, fundamentally an equity issue.

CHAIRPERSON BARRON: Yes.

DR. GREEN, DEAN: Uhm, and it is a significant, uhm, equity issue. First of all, our medical school, because we're so heavily tuition dependent, could actually be cited by the accrediting body, because our... of our deep tuition dependence.

Two, uhm, can also potentially be cited, because of the amount of debt our students go out, uhm, leave with.

So, that has... All of things have to change. And, I talk to you already, uhm, not at you, to you... with you, about the whole conversation of the, you know... This is an unequal burden. This is not a fairly distributed, uhm, dollars. It is not fairly, you know, our students are walking out with this debt while others aren't.

CHAIRPERSON BARRON: Mm-hmm

DR. GREEN, DEAN: And, so, uhm, our revenue, it... the, uhm, accrediting body says we have to have a certain amount of dollars in reserves. Uhm, and so we can't utilize some of those dollars, uhm, that we could potentially use... That we would use for infrastructure.

Now, I also will take us back to the conversation where we began, and you... This medical school, I would say, was started... I've never seen this before; they usually are started on like a 50 million - 100 million dollar endowment. Maybe there was a 5 million dollar endowment, maybe? So, it was an experiment at some level. And, I use the analogy of, you know, there was a baby that was left on somebody's, uhm, in front of a church, and lo and behold the baby survived. Uhm, I would like to for the baby to be able to thrive. And, so it means to me, that the school was supposed to survive. But, now it's time for it thrive.

And, I think our students, uhm, our faculty and staff deserve that. And, you know, we're really, uhm, as I said, all of these factors... and I don't know what promises were made or not made, uhm, and I've actually tried to look at the data to see, uhm,

So, I've been told that this may be an upstate/downstate issue. I'm not certain what that means. Uhm, but I think I know what it means. So, uhm, you'd have to... And, I'm certain you're quite capable of educating me on that, but, uhm, I can tell you that no other medical school -- and I would say in this state -- and probably nationwide, is as lean -- as ultra-lean -- running a budget off of this size of an endowment, which doesn't exist. Uhm, the commitment funds that you referred to, those go away in 2032. Uhm, you know, no one will be contributing dollars to that. And, so, uhm, you know, the finances, I wouldn't call as dire; we have enough money to pay the bills. Uhm, but, as far as to grow, to, uhm, give our students, uhm, what they deserve, you know, not just for what they need, what they deserve -- the opportunities to go to the National Institute of Health, to do a global medical education

track, uhm, to peruse a Master's Degree. Let the data speak for itself.

CHAIRPERSON BARRON: Thank you so much. Uhm, I am going to turn it now back to our counsel.

COMMITTEE COUNSEL: Mm-hmm

CHAIRPERSON BARRON: Counsel Emi Briggs. And, after that, if, uh, I'll return with my closing remarks. Thank you.

COMMITTEE COUNSEL: Thank you, Chair Barron.

Uh, we have now heard from everyone that is signed up to testify. So, we appreciate everyone's time and presence.

I would like to note that written testimony, which will be reviewed in full by committee staff, may be submitted to the record up to 72 hours after the closing of this hearing, by emailing it to:

[Testimony@council.nyc.gov](mailto:Testimony@council.nyc.gov) .

Chair Barron, we, unfortunately, don't have any other public witnesses registered. So, uh, if you would like to make your closing remarks now, I believe we can.

CHAIRPERSON BARRON: Yes, thank you so much.

I first of all want to thank the panel for coming. And, I want to, uh, say that I am going to

1 continue to be supportive of CUNY programs and  
2 advocate for all them. And, now that we've had this  
3 hearing, uh, certainly CSOM is going to be at the top  
4 of the list. And, I would invite you to reach out to  
5 the new council that's coming in, particularly the  
6 BLA, which is the Black, Latinx, and Asian Caucus.  
7 Because, usually during February - March - April, uh,  
8 we are asked to submit... And, actually January and  
9 February, and March, we are asked to submit our  
10 priorities to the state for areas that we think  
11 should be funded. And, I certainly want to encourage  
12 you to appeal, perhaps make a brief presentation, to  
13 the Black, Latino, and Asian Caucus and ask them to  
14 list you as one of the issues that they would like to  
15 see the state increase your funding.

17 DR. GREEN, DEAN: Thank you.

18 CHAIRPERSON BARRON: And, they apply also  
19 generally to the full council body, because it's  
20 important, I think that we, uhm, get the funding that  
21 we need, as you say to grow.

22 And, that's what's important. And, I agree with  
23 you, the branding is something that we want to make  
24 sure that people know about, and we'll certainly  
25 increase our opportunities to pull those students,

who may not know, that right here in New York City, we've got an excellent medical school.

I do want to thank you and President Boudreau for coming and spending this time with us, and educating us, and telling us about your ideas and your potential for the school. And, I want to encourage you to continue, I get a sense of energy, that this is really something you're excited about and committed to.

DR. GREEN, DEAN: Mm-hmm

CHAIRPERSON BARRON: And, I support that wholeheartedly.

DR. GREEN, DEAN: Thank you.

CHAIRPERSON BARRON: And, finally, this is my last hearing. During the time that I have been here, we have had ten hearings a month. We meet every month, except for July and August. So, for each of my... Each year it's been 10, and I've been here for eight years, so it's about 80 different hearings that we've had. And, the topics have been wonderful, and we learned a lot.

And, I just have to give a special shout out to my team. I have to commend my team, the council, the policy analyst, the finance person, all of them do

all of the legwork, the grunt work, the behind the scenes work, and just give it to me on a platter.

So, I just have to use that as a basis moving forward. So, I want to commend all of them publicly and tell them how much I appreciate all that you've done. I'm also adding, of course, uh, Ndigo Washington my CUNY liaison and my Chief of Staff. T

Thank you so much. It's been a pleasure. It's been an honor. And, I'm glad that this was the last one, because it's inspirational. It's inspirational.

So, thank you all, and with that I declare that this meeting is adjourned. And, I've got my shekere, so I am going to close it with my gavel.

Thank you so much.

**[GAVEL]**

PRESIDENT BOUDREAU: Thank you, thank you, Chair.

CHAIRPERSON BARRON: Thank you.

COMMITTEE COUNSEL: Thank you, Chair, congratulations!

CHAIRPERSON BARRON: Thank you.

UNKNOWN: Congratulations.

CHAIRPERSON BARRON: Thank you.

UNKNOWN: Brava, Brava.

CHAIRPERSON BARRON: Thank you.



C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.



Date January 25, 2022