

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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Thursday, January 30, 2025
Start: 10:16 a.m.
Recess: 12:11 p.m.

HELD AT: Committee Room - City Hall

B E F O R E: Hon. Eric Dinowitz, Chair

COUNCIL MEMBERS:

Erik D. Bottcher
Gale A. Brewer
Oswald Feliz
Christopher Marte

COMMITTEE ON HIGHER EDUCATION

A P P E A R A N C E S (CONTINUED)

Dr. Carmen Green,
Dean and President, CUNY School of Medicine,
The City University of New York (CUNY)

1
2 SERGEANT MESITI: This is a microphone check for
3 the Committee on Higher Education. Today's date is
4 January 30, 2025-located in the City Hall Committee
5 Room, recording is done by Rocco Mesiti.

6 (PAUSE)

7 SERGEANT AT ARMS: Good morning, and welcome to
8 today's New York City Council Hearing for the
9 Committee on Higher Education.

10 At this point, I would like to remind everyone to
11 minimize disruptions by placing all electronic
12 devices to vibrate or silent mode.

13 As a reminder, at no point is anyone to approach
14 the dais unless invited to testify.

15 If you wish to testify, please feel free to fill
16 out a witness slip with at the Sergeant at Arms desk
17 located at the back of the room.

18 Chair, we are ready to begin.

19 CHAIRPERSON DINOWITZ: (Gaveling in) Good morning,
20 I'm Council Member Eric Dinowitz, Chair of the
21 Committee on Higher Education and proud CUNY alum.

22 Welcome to our Oversight Hearing on the New CUNY
23 School of Medicine. I know CUNY School of Medicine is
24 not new. It is; however, newly independent. So
25

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2 congratulations. Congratulations to all the doctors
3 of various stripes in the back nodding their heads.

4 Last November 19th, Governor Hochul announced
5 that CUNY Medicine will become an independent
6 institution, moving from being a constituent school
7 of the City College of New York to being under the
8 auspices of the CUNY Graduate Center.

9 The move elevated the school to a graduate level
10 institution, adding master's, doctoral, and
11 postgraduate residency programs, and aligned it with
12 medical schools across the country.

13 The press release also noted that CUNY Medicine
14 will continue to use its holistic admissions process
15 with no medical college admission test or MCAT scores
16 being required, which will continue to widen the
17 scope of opportunities available for prospective
18 students.

19 CUNY chancellor, Félix V. Matos Rodríguez,
20 commented that Elevating the CUNY School of Medicine
21 to a standalone institution will ensure that medical
22 careers and health care services are available to
23 more people from all backgrounds and every community
24 in New York City.”

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2 Although total medical school enrollment in the
3 US is very slightly more diverse than it was seven
4 years ago, with Black and African American enrollment
5 up from about 8% to 10%, with Hispanic, Latino, and
6 Spanish origin enrollment up from about 10% to 12%,
7 this year's numbers of Black and Latino incoming
8 medical students in the US are down by about 10%.

9 Any downward trend is very concerning. However,
10 CUNY Medicine's enrollment numbers are quite
11 different from that picture. In fact, CUNY Medicine
12 is doing a lot to change that landscape, at least for
13 us New Yorkers. I'm sure we're going hear about those
14 numbers in today's testimony, which I look forward
15 to.

16 I want to acknowledge we've been joined by
17 Council Member Christopher Marte.

18 I would also like to thank, Adam Staropoli, my
19 Legislative and Budget Director; Jenna Klaus, my
20 Chief of Staff; Rachel Conte, the Committee's
21 Legislative Counsel; Regina Paul, the Committee's
22 Policy Analyst; and Sahar Moazami, the Committee's
23 outgoing counsel, which is, I guess, good news for
24 New York City and good news for the Council, but
25 selfishly terrible news for me. She's been, you've

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2 been my right hand at these hearings telling me what
3 I'm about to say is not legal (LAUGHTER) or not wise.
4 And I'm certainly gonna miss you being right by my
5 side at these meetings. So congratulations on your,
6 I'd say, a very lateral move, but others real people
7 would say a promotion. Congratulations.

8 I would like to remind everyone who wishes to
9 testify in person today, that you must fill out an
10 appearance card, which is located on the desk of the
11 Sergeant at Arms, near the entrance of this room.
12 Please fill it out even if you've already registered
13 to testify in advance.

14 To allow as many people as possible to testify,
15 public testimony will be limited to two minutes per
16 person.

17 I'm also going to ask my colleagues to limit
18 their questions to and comments to five minutes.

19 Please note that witnesses who are here in person
20 will testify before those who are on Zoom.

21 In accordance with the Rules of the Council, I
22 will administer the affirmation to the witness from
23 CUNY.

24 Please raise your right hand. Do you affirm to
25 tell the truth, the whole truth, and nothing but the

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2 truth, before this committee, and to respond honestly
3 to council member questions?

4 DR. GREEN: I do.

5 CHAIRPERSON DINOWITZ: Thank you. As a reminder to
6 our witness, please state your name prior to your
7 testimony for the record. You begin.

8 DR. GREEN: I'm Carmen Renee Green.

9 Good morning, Chairman Dinowitz, and members of
10 the Higher Education Committee. It is an honor to be
11 here before you today. I look forward to a wonderful
12 conversation.

13 As I mentioned, I am Dr. Carmen Renee Green, MD,
14 President and Dean of the City University of New York
15 School of Medicine, the home of healers, leaders, and
16 scholars. The timing of this hearing could not be
17 better, as this is the first chance we've had to
18 speak since the major mid November announcement that
19 we are now a free standing academic medical school
20 within CUNY. We value your oversight and welcome your
21 partnership.

22 Our medical school includes several degree
23 granting programs. One of the country's longest
24 established Physician Assistant Programs, yielding a
25 master's Science in Physician Assistant Studies. Our

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2 accelerated three-year BS, at the Sophie Davis School
3 of Biomedical Education, and our MD program. As well
4 as our iconic seven-year BS/MD program.

5 My first day at City University of New York was
6 on October 4, 2021. I arrived during a time of
7 tremendous turmoil. There were unprecedented changes
8 in K through 16 education, higher education, medical
9 education, and in healthcare.

10 I came in the midst of a national pandemic to the
11 epicenter, to lead a young medical school that since
12 2020 was on provisional probation.

13 My first meeting with the Liaison Commission on
14 Medical Education, my first meeting of the day of my
15 first day, was with the LCME Accreditors, they
16 accredit medical schools.

17 This is actually my second testimony before the
18 Council. Two months after my arrival on December 3,
19 2021, I provided testimony to this committee. At the
20 time, the Medical School was a division under the
21 auspices of City College. Today, I'm pleased to speak
22 to a council where many CUNY alumni lead.

23 I'm a board certified academic anesthesiologist,
24 fellowship trained pain medicine physician, and
25 physician scientist. I was a tenured professor of

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2 Anesthesiology, Obstetrics and Gynecology, and Health
3 Management Policy at the University of Michigan
4 Schools of Medicine and Public Health. And I'm now a
5 Professor Emerita there.

6 As its Chief Executive Officer, I've recruited a
7 seasoned, mission based executive leadership team,
8 with decades of experience honed at other New York
9 City Medical Schools, as well as one member who
10 brings a decade of service at the White House.
11 Several of them are here with me today.

12 This morning, I have three objectives:

13 The first, is to provide a brief history about
14 the origin of our school and students.

15 Second, to provide context for the critical
16 importance of CUNY School of Medicines, and its
17 unique role in New York City, in addressing
18 disparities in higher education and healthcare.

19 Third, to provide an overview of our priorities,
20 engage your support, and suggest ways that we can
21 work together to provide healthcare that is worthy of
22 all New Yorkers.

23 Members, this is a turnaround story of
24 persistence, grit, and resilience. Each day, this
25 scrappy school, along with our sensational students

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2 and amazing alumni, use their time, talent, and
3 treasure to care for New York City's most vulnerable
4 and marginalized people. Overall, I am very, very
5 proud to say that a great deal has been accomplished
6 in three years.

7 Let me start with background on our school and
8 students-as well as other medical schools.

9 There are 159 medical schools, MD-granting
10 medical schools in the United States-15 in New York
11 State, the most in the nation, and seven in New York
12 City. In the minority, approximately 20% are
13 community- based medical schools like Sophie Davis-
14 and now, the CUNY School of Medicine.

15 Schools like these were created to address the
16 needs of an underserved population and may be the
17 country's best hope to eliminate disparities in the
18 maldistribution of the physician work force. They
19 embrace the social determinants of health, that is
20 where people live, play, and pray, in an attempt to
21 improve individual, family and community health.

22 Founded in 1973, the original Sophie Davis
23 Biomedical Education Program was a five-year program
24 that included two preclinical years. But it was not
25 an MD-granting medical school.

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2 Upon successful completion, students transfer to
3 a cooperating medical school for their two remaining
4 clinical years, from which they receive their MD
5 degree. I would say we did most of the work, but
6 someone else got to stamp them. Yet, they remain
7 Sophies forever.

8 Clearly a change was needed, and in beginning in
9 2016, with visual accreditation from the LCME, the
10 original Sophie Davis program transitioned into a
11 seven-year BSMD program as part of CUNY School of
12 Medicine. This CUNY School of Medicine that we know
13 today. Over 50 years, the Sophie Davis School
14 continues to deliver an excellent undergraduate pre-
15 medical education.

16 In February 2022, the LCME lifted probation, and
17 in June 2023, we received full five-year LCME
18 accreditation. And after many stops and starts, CUNY
19 finally had a medical school.

20 In June 2024, the CUNY Board of Trustees declared
21 and resolved that the CUNY School of Medicine would
22 be an independent medical school-and CUNY's 26th
23 College. We are very thankful to the Board of
24 Trustees, as well as to the Chancellor for
25 highlighting our medical school.

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2 In contrast to other New York City medical
3 schools, we are a non-residential school. Most of our
4 students, 650-700, are based in the New York City
5 Greater Metropolitan area. And the majority commute
6 one to one and a half hours each way to attend class;
7 30%, three-zero, of our medical students hold down
8 jobs while attending school. While that's not
9 uncommon in undergraduate education, it is extremely
10 uncommon in medical education, and our rate is much
11 higher than the national average for medical schools.
12 In fact, I'd never heard of such until I arrived at
13 West 138 and Amsterdam Avenue.

14 A core value at CUNY School of Medicine is that
15 representation matter, yet medicine continues to lag
16 behind. Nearly 80% of medical school medical students
17 in this country come from the top two-quintiles of
18 household incomes, with almost 25% coming from the
19 top 5% of household incomes. This is not our
20 students.

21 In New York City, 50% of the City's population is
22 Black or Hispanic. But these groups represent only
23 16% of the City's physician workforce. The
24 traditional pipeline into medicine remains leaky,
25

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2 sometimes broken for minority and low income
3 students.

4 We firmly believe in pathway programs, and we
5 offer several ways to encourage New Yorkers to enter
6 the healthcare professions, including a middle school
7 program at the Dr. Richard Izquierdo School in the
8 Bronx-as well as summer as year long programs
9 directed at high school students.

10 Our highly selective and competitive seven-year,
11 barrier breaking BS/MD program streamlines and
12 shortens the path to medical school by providing
13 early admission from high school and facilitating
14 entry into the MD program for exceptional New
15 Yorkers.

16 CUNY School of Medicine students also differ
17 significantly from other medical students in the
18 country and in New York State. Approximately 85% of
19 our students are low income, qualifying for federal
20 need based financial aid. Approximately 75% are
21 underrepresented in medicine; 60% are first
22 generation; and 11% are immigrants.

23 The majority of our students, clearly 85%, are
24 multilingual, a rarity. This of course is a clear
25

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2 asset when caring for New York City's multi racial,
3 ethnic, cultural, and linguistic communities.

4 We are inclusion in action, and work assiduously
5 to ensure inclusive excellence across our
6 quadripartite mission. To that end, we look forward
7 to creating pathway programs for community colleges.

8 Members, the last public medical school at New
9 York City was established prior to the Civil War, in
10 1860, 165 years ago. CUNY School of Medicine becomes
11 the second of two.

12 As the only public MD-granting medical school in
13 Manhattan, CUNY School of Medicine exists within a
14 complex competitive academic ecosystem of private
15 medical schools. Sophie Davis began as a community
16 based medical school affiliated with Harlem Hospital.
17 We have remained true to those roots.

18 Compared to medical schools in New York State,
19 most CUNY School of Medicine graduates go into
20 primary care-52%. And nearly 37% serve in health
21 professional shortage areas. Health professional
22 shortage areas are designed as those areas without
23 adequate access to healthcare. Both of these numbers
24 represent a 2.5-fold difference compared to other New
25 York City and New York State Medical Schools.

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2 Another way to look at this is that CUNY School
3 of Medicine provides and maintains the building
4 blocks for a bi-directional bridge from New York
5 City's local neighborhood high schools to medical
6 school, to internship and residency programs, and
7 back again to the community to keep New Yorkers
8 healthy and New York City vital. Thus, many refer to
9 us as New York City's medical school.

10 Although the number of people applying to medical
11 schools, as you mentioned earlier, continues to be
12 steady, sadly applications from those historically
13 underrepresented in medicine decreased this year by
14 double digits. Despite these trends, applications to
15 CUNY School of Medicine are up 20%.

16 It's a fact that minorities in socioeconomically
17 disadvantaged groups often face colossal hurdles to
18 accessing medical education and to entering medical
19 profession. For example, fees for applications and
20 standardized exams such as the MCAT, the Medical
21 College Admissions Test, present significant
22 barriers. Unlike most medical schools, CUNY School of
23 Medicine uses a holistic process with excellent
24 results and has never used the Medical College
25 Admissions Test.

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2 Overall, we have successfully removed obstacles
3 and created on ramps to careers in medicine for those
4 who are typically marginalized and left behind.

5 Now that I've shared background about our school
6 and students, let me tell you about the state of
7 healthcare medical education in New York City.

8 A groundbreaking report, in 2024, *A Study of*
9 *Environmental Justice Issues In New York City*,
10 details the staggering environmental inequities faced
11 by almost half of New York City's residents.

12 Nearly the entirety of the Bronx is designated as
13 an environmental justice zone due in large part to
14 historic policies such as redlining, air pollution,
15 and the proximity to highways, diesel trucks,
16 diminished access to open green spaces, lead paint
17 violations, and coastal storm surges.

18 Chronic exposure to these environmental toxins,
19 wreak havoc on the body, our mental health and well-
20 being, as well as cause significant chronic diseases
21 such as asthma, cancer, and cardiovascular disease.

22 In an increasingly aging and diversifying
23 society, as exacerbated by the COVID-nineteen
24 pandemic, the US, New York State, and New York City
25 face a rapidly growing physician shortage, especially

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2 in primary care. With an outsized impact on New York
3 City, the Association of American Medical College
4 predicts New York State will experience a shortage of
5 nearly 3,000 physicians by 2028. The impact is more
6 pronounced on disadvantaged, under resourced, and
7 minoritized people who often have unheard voices and
8 also often carry an unequal burden of disease with
9 diminished quality of life while also dying before
10 their time.

11 Despite these troubling numbers, this is a
12 significant underestimation on what is needed to
13 achieve healthcare equity. We have an important
14 responsibility at CUNY School of Medicine, and the
15 opportunity to do more.

16 Where you live matters. Epidemiologic data
17 clearly shows your life expectancy in New York City
18 can change by a decade based where you live in just
19 one subway stop going from the Upper East Side to
20 Harlem traveling on the M-101 Crosstown.

21 As an example, there are deep and persistent
22 disparities in the prevalence of asthma in New York
23 City disproportionately impacting Black, Hispanic,
24 youth and low income people. Currently,
25 approximately 900,000 adults and 152,000 children in

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2 the five boroughs carry a diagnosis of asthma. By
3 far, the highest rates are in the Bronx where 21% of
4 both adults and children are impacted.

5 The literature clearly shows access to
6 preventative care is the most cost effective way to
7 address socioeconomic disparities. However, 65
8 million people in the United States, one-fifth of the
9 nation's population, and eight million people in New
10 York State live in a primary care health professional
11 shortage area, with two million of these people, or
12 25%, living in New York City.

13 Each borough has its own story. For the South
14 Bronx, reaching into Harlem, has the most people
15 living in poverty in health professional shortage
16 areas with Brooklyn a close second. The map you see
17 in the submitted testimony shows the extent of the
18 healthcare shortages in the City.

19 Our demonstrated commitment to the health of New
20 Yorkers is palpable in March 2020, when the global
21 pandemic descended on New York City. In April, with
22 the city on its knees, this school sprang into action
23 as our students wanted to serve their city. We
24 accelerated the graduation of our MD students, and
25 they went where they were the most needed to treat

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2 threatened New York City residents. For us, for them,
3 it was personal- their families, their friends, and
4 their neighbors.

5 Our doctors went into the communities, the most
6 underserved communities from which they came to serve
7 this city. Sadly, amid the pandemic, these graduates
8 did not have a commencement ceremony. One of our near
9 goals is a comeback graduation to properly recognize
10 them.

11 Calling attention to the map provided, in 2025,
12 one borough at a time, CUNY Medical School is
13 successfully and strategically caring for the
14 underserved, marginalized, and vulnerable
15 communities.

16 We are extremely proud to be awarded a \$19.3
17 million grant over five years from the National
18 Institutes of Health to create the New York Center
19 for Minority Health Equity and Social Justice at CUNY
20 School of Medicine; becoming the only Research
21 Centers in Minority Institutions in the entire
22 northern United States. This is the largest NIH
23 grants ever awarded to CUNY in its 175-year history,
24 and clearly we're proud.

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2 With a clear focus on Harlem and the South Bronx,
3 areas with troubling educational health disparities,
4 the Center will support research on the interrelated
5 problems of underserved communities in these areas,
6 build an integrated ecosystem to tackle healthcare
7 disparities, and foster partnerships with local and
8 national networks to improve population health and
9 healthcare outcomes.

10 One last point before I turn to how we can work
11 together. CUNY School of Medicine students
12 intrinsically understand the social determinants of
13 health, and they deeply care about vulnerable and
14 underserved populations and communities. They bring
15 this intrinsic knowledge to their patients in the
16 communities they serve-communities similar to where
17 they were raised.

18 I was recently checking in on our students
19 rotating at Jacobi/North Central Bronx. While meeting
20 with members of their executive leadership team, a
21 department chair pulled me aside to say, "Dr. Green,
22 I've taught a lot of medical students, but yours are
23 special." He highlighted their empathy, their
24 compassion, and their care, and how they provided
25 care for the person in the gown, in the bed, not the

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2 patient. He went on to tell me how many Sophie grads
3 were at the hospital, often speaking of them by name.

4 Essentially, CUNY School of Medicine is unlocking
5 potential. And upon graduation, as these students
6 walk across the stage, there's a huge return on
7 investment. These students are my *why*. And it gives
8 me pleasure to watch their impact grow and spread
9 across institutions and to their patients. Simply,
10 quite simply, we are producing the doctors that New
11 York needs and who New Yorkers want to see.

12 We believe talent is equally distributed and a
13 student should be able to go as far as their hard
14 work and talent can take them. However, resources are
15 not equally distributed contributing to educational
16 and health disparities. Thus, we at CUNY School of
17 Medicine are committed to addressing the social
18 determinants of medical education to enhance access
19 to careers in medicine and to enhance the outcomes of
20 medical education.

21 Now, let me turn to how CUNY School of Medicine
22 can work together with the City Council. We've
23 identified a few ways - from the modest to the
24 visionary that - that this Committee on Higher
25 Education can assist us with.

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2 Our important role as a public medical school:

3 We look to the Council as likeminded who want to
4 invest in public medical education and the research
5 enterprise that directly benefits New Yorkers and its
6 diverse communities.

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

10 Funding can help us build our scholarship
11 programs. As I mentioned earlier, and I reiterate,
12 that this is the only medical school that I'm aware
13 of where 30% of the medical students work while being
14 full time students. We need your help. Funding would
15 also continue to build out our Learning Resource
16 Center, Pathway programs, Student Wellness Center,
17 community health partnerships with local clinics, and
18 hospitals to provide hands on learning, while serving
19 underserved and vulnerable populations.

20 Let me provide one example of funding for student
21 programs: For our undergraduate students, we take the
22 responsibility for their support, services, advising,
23 tutoring, psychological counseling, and professional
24 development seriously. Two years ago, we began a
25 Bridge programs, including a required six-week pre

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2 matriculation program; six-week bridge to M-1, which
3 is the first year of medical school; and a Bridge to
4 Clerkship Program for second year medical students.
5 This is another CUNY School of Medicine value added
6 difference. It is critical the medicine's future to
7 not leave these activities to others.

8 Funding from the Council would be a strong signal
9 of support to encourage the philanthropic community
10 to invest in our school, and more importantly, in our
11 students. Call it C-Capital if you will.

12 In terms of the cost of attendance, CUNY and its
13 medical schools are value based propositions. Despite
14 the lowest tuition of all New York State MD-granting
15 medical schools, over 90% of our students graduate
16 with over, or nearly, \$200,000 worth of debt -one of
17 the highest in the state. Yet, they choose to
18 participate and practice in New York. They choose
19 primary care. And they serve disproportionately in
20 health professional shortage areas.

21 For a public medical school, I call this an
22 unequal burden of debt. And again, we need your help.

23 I now shift to the visionary. I've learned
24 throughout my career that great schools are active,
25 living, learning communities, with outstanding

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2 facilities, best in class teachers, and talented
3 students. Those talented students wish to learn from
4 the best teachers and scientists.

5 I also remind you that CUNY School of Medicine
6 exists within an extremely a competitive academic
7 marketplace. And we educate students on an ultra lean
8 and highly tuition dependent operating budget.

9 Upon visiting our campus, and I do hope you'll
10 come, you will see our current facilities are
11 constrained and contained with a nearly 200-year-old
12 high school. New community based medical schools,
13 which are coming online frequently, with similar
14 class sizes have beautiful new, state of the art
15 facilities. We work in a much smaller footprint of
16 about 87,000 square feet.

17 Yet, every day, this hometown medical school,
18 your hometown medical school, located in Harlem, does
19 really big and awesome things. It leverages its
20 competitive advantage to work in communities across
21 all of New York City's five boroughs.

22 In fact, our students' first clinical
23 interaction, while wearing their gifted white coats
24 and stethoscopes, is likely to occur with their
25 neighbors in safety net hospitals like St. Barnabas

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2 Hospital. Day after day, our students defy the odds
3 to address educational and healthcare disparities in
4 real time.

5 As we've outgrown our space, we are looking for a
6 building to house our dreams-which are big- with a
7 modern technology that sharpens minds and skills to
8 make real patients safer. With an ethos of student
9 success and excellence first, we could enhance
10 student outcomes if our students had a dorm near the
11 school, similar to other New York City medical
12 students. More than convenience is also a matter of
13 student safety, well-being, and academic success.

14 Before I conclude, I would like to give a few
15 brief remarks on bias.

16 In in challenging and changing times, this
17 country needs healers and leaders. At CUNY School of
18 Medicine, we come together as a community of healers,
19 leaders, and scholars who care for all New Yorkers.
20 As such, we will not tolerate hate-speak. We will not
21 tolerate bullying, or any of the "isms" that tend to
22 divide us. It is inconsistent with our oath, our
23 honor code, and professionalism. It's not acceptable.

24 So, I turn to why a freestanding academic medical
25 school?

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2 Our foundational purpose as a freestanding
3 academic medical school is to become the national
4 exemplar in providing access to a world class medical
5 education. As such, we work locally to lead
6 nationally. And it's this that we will be known for.
7 All of which is much more attainable as an
8 independent medical school that is fully integrated
9 within the broader CUNY system. Operation as a
10 standalone enables us to effectively and fully
11 implement our vision of advancing medical education,
12 to effectively and fully implement translational
13 community relevant research, as well as to enhance
14 scholarship.

15 Using a cells-to-society approach, this
16 facilitates the realization and optimization of
17 mission, while honoring the strengths, interests, and
18 responsibilities of all of our relevant constituents
19 to remain a coherent and coordinated expression of
20 our purpose and obligations. In doing so, the Medical
21 School will advance the goals to eliminate
22 educational health and healthcare disparities in our
23 time, thereby achieving inclusion within the medical
24 profession and equity within the healthcare
25 workforce.

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2 CUNY School of Medicine serves as a catalyst to
3 improve healthcare with a demonstrably positive
4 impact on individual and population health in New
5 York City and New York State.

6 Although I am not a native New Yorker, I've
7 learned to love this city where are beloved student
8 learners call home. I am privileged to be their dean
9 and to be their advocate.

10 We are thankful for like-minded partners like
11 yourself who embrace our mission, value our students'
12 sacrifice, and community roots. Working together, I
13 believe we can change the skyline of academic
14 medicine.

15 Members, there are 159 MD-granting medical
16 schools in the United States. And it only takes one
17 to make a difference and I'm betting on us.

18 On behalf of CUNY School of Medicine's healers,
19 leaders, and scholars, I thank you for this time
20 today and the opportunity to update you, as well as
21 your ongoing support. I'm happy to answer any
22 questions you may have. Thank you.

23 CHAIRPERSON DINOWITZ: Thank you, Doctor. And one
24 of the things I love about New York is that you may
25 not be a native New Yorker, but you're a New Yorker.

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2 (LAUGHTER)

3 DR. GREEN: Tell these guys.

4 CHAIRPERSON DINOWITZ: She's a New Yorker.

5 (LAUGHTER)

6 CHAIRPERSON DINOWITZ: All right?

7 So, I am going to start with something... I first
8 want to mention that we have been joined by Council
9 Member Gale Brewer.

10 DR. GREEN: Good morning.

11 CHAIRPERSON DINOWITZ: She usually gets a round of
12 applause.

13 (APPLAUSE) (LAUGHTER)

14 CHAIRPERSON DINOWITZ: Uhm, I want to start...

15 DR. GREEN: And we can see why.

16 CHAIRPERSON DINOWITZ: Yes. I want to start with
17 something you ended with, if you can go a little more
18 into just kind of the *why*. Why, like, what CUNY's
19 motivations were really for becoming an independent
20 institution, and perhaps some more examples of how
21 being independent would benefit not just the
22 institution, but what you can provide to our students
23 and our communities?

24 DR. GREEN: To begin with, you know, the
25 governance structure was unusual for medical school.

1 COMMITTEE ON HIGHER EDUCATION

2 You know, this is... provided a unique opportunity
3 and we, you know, we celebrate our roots. As all of
4 us who came from the CUNY, from City College roots.
5 But there comes a time, there's a time in which you
6 can do... you know that you can do more, right? And
7 one of the things that we look forward to doing more
8 is, to date, the only place that students could come
9 through is through City College of New York.

10 We know that there's talent out within the entire
11 CUNY. And we think that there should be an
12 opportunity for all students to have access to
13 becoming a CUNY School of Medicine doctor. So that's
14 first and foremost.

15 We will be increasing Pathways in, from
16 particularly areas where educational and healthcare
17 disparities really exist and persist. We've shown
18 that we can be excellent in that space.

19 This is important for our clinical partners in
20 regards to our being able to advocate for, you know,
21 additional clinical spaces. It's also important to
22 governmental agencies in regards to our ability to
23 advocate for ourselves. And to our philanthropic,
24 emerging philanthropic interest in this particular
25 school.

1 COMMITTEE ON HIGHER EDUCATION

2 It also just allows us to really go out and
3 recruit some extraordinary faculty and staff who
4 commit to mission every single day. So, that's the
5 major reason. I hope I answered your question.

6 CHAIRPERSON DINOWITZ: Yes, thank you. I certainly
7 want to talk about Pathways a little later.

8 DR. GREEN: Okay.

9 CHAIRPERSON DINOWITZ: I just want to get a, like,
10 a few questions about the school itself.

11 How many students does the CUNY School of
12 Medicine... are currently enrolled in CUNY Medicine's
13 BS/MD program, and then it's MS in Physician
14 Assistant Studies program?

15 DR. GREEN: Okay, there probably about 100 PA
16 students currently right now. We can go up to a class
17 size of 42. We're not there yet. Why? That will be
18 your next question, right? I don't want to read your
19 mind.

20 CHAIRPERSON DINOWITZ: You should, you should, a
21 good doctor is a mind reader, right?

22 (LAUGHTER)

23 DR. GREEN: We hope.

24 CHAIRPERSON DINOWITZ: I'm a little nervous for
25 the psychiatrists in the back who are...

1 COMMITTEE ON HIGHER EDUCATION

2 DR. GREEN: I come well-armed; it's not for you
3 it's for me...

4 CHAIRPERSON DINOWITZ: So tell me the why.

5 (LAUGHTER)

6 DR. GREEN: So we're constrained by space. For
7 just this week, we moved our PAs to a larger space.
8 But we still cannot accommodate really comfortably
9 more than 38-39 students.

10 The demand for PAs in this country is, if you
11 read anything, it's just booming. This is one of the
12 oldest PA programs in the country first. In fact,
13 it's the first or second public PA- the first was a
14 private, Duke. And if you look at our first
15 graduating class, probably the first Black PAs came
16 from this school. And one is Ms. Annie Brown, who
17 comes to graduation every year to inspire everyone,
18 and she's in her eighties. But don't tell her I told
19 you that.

20 We can do more in this space, but we don't have
21 the space. We could easily increase our numbers- the
22 demand is there. Our excellence has been assured over
23 time, but it's about the space and (INAUDIBLE) spots,
24 things of that nature. So, there's...

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COMMITTEE ON HIGHER EDUCATION

CHAIRPERSON DINOWITZ: And how far long is the School of Medicine in finding... How are along are you finding physical space?

DR. GREEN: Well, that's a great question.

(LAUGHTER)

DR. GREEN: Uh...

CHAIRPERSON DINOWITZ: I only ask great questions.

DR. GREEN: That's what I heard. You know, I heard that about you.

Yeah, some conversations have begun in regards to just whether or not we have the capacity in City College. And it's pretty clear to us, we do great things in a very constrained space- 87,000 square feet is really incredibly small.

When you guys come to visit, which I hope you will, I mean, Sahar, she's gonna help you get you here. You know, we've actually expanded into the... I know that you're leaving, but, you know, I know who runs this place. Anyway...

(LAUGHTER)

CHAIRPERSON DINOWITZ: Your last task is you're going to get me a visit to the School of Medicine.

(LAUGHTER)

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2 DR. GREEN: But we have actually, because we have
3 been challenged for student study spaces, our
4 students are always... in fact that's one of the
5 issues in which LCME ,you know, has concerns about.
6 But they have concerns across the country in that
7 space. We have actually created spaces in the
8 hallways. We have tried to be really creative. But,
9 yeah, no, we need the space, and limitations for both
10 PA and MD are the number of chairs. And it's about a
11 100 that we can get up to, probably 98 considering,
12 you know, if you has someone with a disability. We
13 cannot educate somebody who's in a wheelchair.

14 CHAIRPERSON DINOWITZ: Wow.

15 DR. GREEN: So that's really the major limitation.
16 And so we look forward to finding additional space in
17 place. Uh...

18 CHAIRPERSON DINOWITZ: That's ADA compliant.

19 DR. GREEN: Pardon?

20 CHAIRPERSON DINOWITZ: That's ADA compliant, I
21 would...

22 DR. GREEN: Well, right. So we're an old building.
23 Right?

24 CHAIRPERSON DINOWITZ: Yeah.

25

1 COMMITTEE ON HIGHER EDUCATION

2 DR. GREEN: So we don't have to... that doesn't
3 make it right.

4 CHAIRPERSON DINOWITZ: Yeah.

5 DR. GREEN: It doesn't make it right, but, you
6 can't retrofit it.

7 The other thing that I would say is that, our MD
8 school, our MD Program, BS/MD Program, we've
9 actually... When I got there, we were taking about 60
10 to 70 students a year. I've expanded that to 96 or 90
11 94 or 96 students. Which is pretty much the maximum
12 as an undergraduate you want. So there's about 300 of
13 those guys floating around. And then we have the MD
14 Program - so the combined between the BS and the MD
15 is about 600 to 650. We have students who often...
16 will go on, you know, leaves for research or research
17 or for other reasons. But it's a lot to accommodate
18 in a pretty small space.

19 CHAIRPERSON DINOWITZ: And, and the space you're
20 looking for, I... is... you want to remain in Harlem,
21 or how far out away from that original area are you
22 looking for your physical space?

23 DR. GREEN: So some of this is above my pay grade.
24 Okay?

25 (LAUGHTER)

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2 DR. GREEN: I'm not the architect, but I am the
3 dean. You know, we have 50 years of established
4 service and commitment to Harlem.

5 CHAIRPERSON DINOWITZ: Mm-hmm

6 DR. GREEN: But we've done it in a unique space
7 and we, you know, there's some value added to being
8 part of the Harlem Renaissance, the New York City
9 Renaissance. We are active in every single borough.
10 For instance, I'm gonna pick on you, the Bronx, I'm
11 that stupid woman. You know, the We have the Richard
12 Izquierdo School we're in the St. Barnabas Hospital,
13 you know, we're in Jacobi North Central Bronx. Rich
14 partnerships there. Working with Urban Health, which
15 I think you know, they're fairly qualified health
16 centers. That's the place and space we want. We want
17 to be in safety net spaces. So we create leaders who
18 know how to take care of the underserved.

19 CHAIRPERSON DINOWITZ: So I actually want to talk
20 about that because we know there are doctor
21 shortages. There are shortages of medical
22 professionals in areas like the Bronx...

23 DR. GREEN: Mm-hmm

24 CHAIRPERSON DINOWITZ: Especially the outer
25 boroughs. We have... you mentioned Jacobi.

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2 DR. GREEN: That's in that's in the Bronx,
3 correct?

4 CHAIRPERSON DINOWITZ: Yeah.

5 DR. GREEN: Okay, just checking.

6 CHAIRPERSON DINOWITZ: You got it. You got it.

7 (LAUGHTER)

8 CHAIRPERSON DINOWITZ: Good job.

9 DR. GREEN: I gotta check.

10 CHAIRPERSON DINOWITZ: In in the Bronx; although,
11 if, you know, there was a major contract dispute in
12 part due to staffing concerns. I met, you know, there
13 are staffing concerns at Montefiore Hospital, which
14 is in my district.

15 DR. GREEN: Mm-hmm

16 CHAIRPERSON DINOWITZ: So I'm interested to know
17 if CUNY Medicine has any role or any part or it's
18 part... whether it's part of your curriculum or part
19 of your Government Affairs team, that does any work
20 or makes any efforts to try to staff up in the doctor
21 shortage areas, both geographic locations and the
22 medical fields, where there are shortage areas?

23 DR. GREEN: Great question. So, let me begin with
24 the fact that, you know, our commitment yesterday,
25 today, and tomorrow is the underserved. And as the

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2 dean, when I came in, I said our primary area that
3 we're going to focus on are those where we they
4 really need us, right, where they need us the most,
5 where there are deep educational and healthcare
6 disparities because we believe that we're the
7 difference. And we can be the difference that
8 actually is the exemplar. So hence, why we're really
9 working at building pipelines into those communities.
10 Our limitation, quite frankly, has been clerkship
11 spots, spots where our students can train. And we've
12 been actively working on that. We've actually
13 increased that significantly in the three years that
14 I've been here. And we've gotten really wonderful
15 partners. So we kind of think of ourselves as the
16 people who educate the students, who will go into
17 these safety net hospitals like you've described, and
18 then, as far as further training, and then, come back
19 and stay in their communities. And actually, the data
20 is pretty clear that 75% of our students, in
21 comparison to the other New York City Schools, stay
22 in New York. It's almost a twofold difference - 52%
23 of our students go into primary care, which is the
24 area that is the most desperately needed, and almost
25 40% go into health professional shortage areas.

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Now, your question is provocative, right? It's provocative in the fact that, hey, well, there you go, it is provocative in that we can do more. How do we do more? We can do more by increasing our class size. We've done some economic assessments. And for instance, if we increased - doubled our class size or increased it by two and a half fold over time, you know, you can't just, you know, start, ramping it up, without being thoughtful about it, but that it can actually... We can actually decrease the physician deficit in New York City significantly, like, upwards to 20%. But we need to have the spots. And we need to have... we need to have the spots in regard... the infrastructure in place as it relates to the medical school and then the clinical clerkship spots if that makes sense.

CHAIRPERSON DINOWITZ: Just to clarify, so the reason I also didn't get the distribution. So 75% of students stay in New York. I do want to know if you know the distribution to what neighborhoods or boroughs, but it's... I just want to make sure I'm hearing you right that the students may want to go to work in the Bronx or in Queens, where the ratio of

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2 providers to residents is much lower than, let's say,
3 Manhattan.

4 (LAUGHTER)

5 CHAIRPERSON DINOWITZ: But that... you're saying
6 that there's even disparities within neighborhoods in
7 Manhattan.

8 DR. GREEN: Yeah.

9 CHAIRPERSON DINOWITZ: But you're saying that just
10 the spots don't exist, that the opportunities for
11 your students don't exist for them to work in the
12 hardship areas. Is that accurate?

13 DR. GREEN: Well, in the past, there have been
14 affiliation agreements where they work with one
15 medical school or another. And so we've slowly but
16 surely gotten a foothold into some of these areas. We
17 hope that there will be more to come.

18 I would like to tell you about a story of a
19 student who we were having interviews for our Gold
20 Humanism Honor Society and a student who's from New
21 York fell in love with the Bronx. Because of the fact
22 - Well, why wouldn't they? Anyway. So, wants to work
23 in the Bronx, wants to come back and work in the
24 Bronx because she saw those deep disparities where
25 she can make a difference.

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2 So we look forward to really enhancing our
3 pipeline programs because we think that's going to
4 make a difference from these areas that are most
5 underserved. But our limitation remains the number of
6 seats and then the clinical course partnership
7 partners. It would be not wise of me to take a class
8 of 300 when I only have a 100 spots, uh, 100, places
9 to put in the clerkships. So we're working actively
10 in that space to get more spots. And I would also say
11 that, you know, I'm not opposed to doing some things
12 more regionally if the spaces became available.

13 Did I answer your question?

14 CHAIRPERSON DINOWITZ: Yeah, thank you. I think at
15 some later point, I understand completely. I'm
16 interested in what those distribution numbers are.
17 Like, where do your students go off and make...
18 acquire medical jobs?

19 DR. GREEN: Yeah.

20 CHAIRPERSON DINOWITZ: Right? Where they end up
21 working?

22 DR. GREEN: They're down in New York City, but I
23 can get you a specific breakdown as to where they
24 are.

25

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2 CHAIRPERSON DINOWITZ: Because, you know, because
3 part of it is, you mentioned in your testimony, one
4 of the great things that the CUNY School of Medicine
5 does is there's such better admission rates and
6 outcomes for students of color, for immigrant
7 students than anywhere in the country? Is it fair to
8 say...

9 DR. GREEN: Well, I'm not... it's not bragging if
10 you can do it. Right? So, yeah, no, we've actually,
11 if you look at the numbers, as far as us putting out
12 underrepresented in medicine students, pure
13 underrepresented medicine...

14 CHAIRPERSON DINOWITZ: Mm-hmm

15 DR. GREEN: It's a fourfold difference compared to
16 the rest of the state. It's not insignificant.

17 CHAIRPERSON DINOWITZ: I want to talk for a few
18 minutes about the benefits of that and then go to my
19 colleagues if any of them have questions.

20 Also, we were joined by Council Member Oswald
21 Feliz from the Bronx.

22 DR. GREEN: Oh...

23 CHAIRPERSON DINOWITZ: That's right. Gale, don't
24 make that face.

25 (LAUGHTER)

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2 CHAIRPERSON DINOWITZ: Because, you know, I want
3 to talk about the work that CUNY Medicine does,
4 because we... more people from communities of color,
5 immigrant communities, are being educated, that is
6 incredible for those communities. And I want to talk
7 about the benefits for, uh, for those students, I
8 want to make sure we talk about the benefits to the
9 communities. So increasing Pathways, for example, is
10 one of those ways it's benefiting the entire
11 community.

12 I want to talk about institutional racism and
13 institutional sexism. Those are two components that
14 advocates argue plague the medical system, including
15 the medical school - including in medical school
16 education.

17 CUNY is home to a diverse range of students, as
18 we spoke about, many of whom will go on to serve
19 perhaps diverse communities. Can you talk a little
20 bit about, first, what is it when we talk about
21 institutional racism and sexism? Like, what does that
22 look like in the medical field, like, in in providing
23 care? And then what training is being put in place to
24 ensure that these future doctors are aware of
25 potential biases that may exist?

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2 DR. GREEN: Yeah. Well, that's a complicated
3 question.

4 CHAIRPERSON DINOWITZ: It's a complicated topic.

5 DR. GREEN: You bet. You bet.

6 So, institutional sexism, racism is the thing in
7 which you're talking about, and quite frankly when I
8 went to medical school, I was one of a few, right?
9 Black or brown people, women were not in the
10 majority. Currently women are in the majority of
11 people who are in medical school. And certainly in
12 our school, we actually lead the state in having a
13 representation of that. We also lead the state - we
14 actually are a leader in the country as it relates to
15 African American students.

16 Medicine has been an area where there haven't
17 been lots of women, lots of people of color. We've
18 helped to change that. One of the challenges for our
19 students, I would say, that they're... they've gotten
20 so accustomed to it. Okay? I mean, that when they go
21 back out to the world, sometimes there's a bit of a
22 conflict. Meaning when they do clerkships because,
23 they've been in a bubble where they've got the person
24 who's sitting next to them, prays on Sunday or the
25 other one prays on Saturday, the other one may not

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2 pray. Right? But with that being said, they learn
3 that they need to take care of all people.

4 Our students also, there's lots been written, you
5 know, that they don't know about, by the National
6 Academy of Sciences about the value of having
7 diversity in the healthcare workforce and in the
8 science and that people who have these backgrounds,
9 whether it be women or minorities, putting them
10 together allows for better questions to come forward
11 and better results. I think ,you know, as this is
12 something that we are grappling with on a national
13 level. But at our level, you know, our students, I
14 don't know if you know this, but I'm a person of
15 color. You may - and I am a woman. I'm just going to
16 get that out there.

17 UNKNOWN: (INAUDIBLE)

18 DR. GREEN: Thank you. You know, it's a unique
19 place and space. I mean, there aren't that many
20 women, African American women who are deans. And
21 certainly, I think I'm maybe the only one who's in
22 the northeast. Maybe in the top part of the United
23 States, north part of the United States.

24 We believe that representation matters. And these
25 young people and, you know, just a little thing like

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2 wearing a white coat and having your name on it,
3 which is they all get one with their name on it to
4 empower them representing who they are and who where
5 they come from - their people. And so, when I came,
6 they didn't have that. You know, they didn't have
7 they didn't see (INAUDIBLE) who walked around with
8 the white coats, they now see that. They also see the
9 power. They also learn what they should and should
10 not have to put up with. So, I hope that answers your
11 question.

12 CHAIRPERSON DINOWITZ: So I'm sure that your hard
13 work paved the way for a lot of my former students.

14 DR. GREEN: Uh-huh.

15 CHAIRPERSON DINOWITZ: To see someone in the field
16 that they can look up to and say, you know, this is a
17 profession that I can do, and I'm sure that there are
18 many more people, many more women, many more people
19 of color who are in the field because they had
20 leaders like you who are among the first in your
21 field to do it. So I thank you.

22 So you spoke very importantly about, you know,
23 representation, you know, what it means to have a
24 diverse workforce. Do you think that there is any
25 relationship between that representation and what

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2 medical care looks like? Having... you mentioned one
3 comment about, like, as asking certain questions. I
4 don't know if that was, like, in a room of doctors
5 with a with a patient, but does it does having a
6 diverse workforce impact the care that communities of
7 color, women, immigrant communities, any of the other
8 underserved communities your school is serving, the
9 the care they are receiving?

10 DR. GREEN: Well, that's a really important
11 question, particularly in these times. Right?

12 So I've spent my entire career focusing on
13 diversifying the workforce, as far as helping women
14 and people of color come up the academic race. I was,
15 you know, I'm pretty blessed. So my commitment to
16 that is real, as it is to my students in what, you
17 know, there's one particular student in particular
18 who just, he's a true introvert, but likes to just
19 come by the office, "Hi, Dean," and just sit and
20 watch me. Not certain what he's actually thinking,
21 like, "Wow, I could do that", or... but I do hope
22 he's saying, "I can do that". Right? Because this
23 country's going to need leaders, it's going need a
24 lot of healing.

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2 The literature is very clear about the role of
3 having a diverse workforce as it relates to
4 educational and health disparities. There's a recent
5 JAMA article which I can certainly make certain the
6 Council has in regards to this, if you have one Black
7 physician in a county, not that even that that
8 person's taking care of everyone, but the health care
9 of the whole community goes up, is improved.

10 So we can't go out and change our phenotypes,
11 right? What we look like on the outside. Okay. That's
12 genetic lottery. Right? But we can change how we act,
13 what we believe. And that is pretty clear that if you
14 are around people who think in a diverse way, that
15 you take better care of people. You hear differently.
16 And I think, you know, so I'm really proud. So I must
17 say that a few days ago -what day was it? Two days
18 ago, I had to go emergently to see my son who was
19 admitted to a hospital. And, you know, I sat there
20 watching people come in and out. And, there's nothing
21 like being a physician undercover, if you know what I
22 mean, and the dean. And they said, "Can you have a
23 student medical student come in?" And I said... he
24 looks at me and I said, "Let's not tell them I'm the
25 dean. Let's not tell them I'm a doctor." So the

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2 student comes in, asks a few questions about family
3 history, how did this happen? I was really proud of
4 my students on that day. Why? That doctor did not-
5 that student doctor, who's getting ready to graduate
6 now, didn't ask about who he was, where he comes
7 from. Right? What does he do for a living? You know,
8 does faith play a role in his life? And it's a
9 medical student, so they got plenty of time in some
10 of these spaces. That's the difference. Right? Nice
11 person. Perfectly I'm certain, probably fine... going
12 to be a fine doctor, but not the type of doctors that
13 we want in many ways. Did they look at his phenotype?
14 And those type of things are part of the reason why
15 we have these disparities. You gotta dig a little
16 deeper.

17 And then what we know is that those people who
18 come from a diversified workforce listen differently.
19 Those students who speak a language other than
20 English, like I said, 85% of my students speak a
21 language other than English, that you listen
22 differently. And patients get it if you're trying to
23 hear them. And we have to be willing to listen. So
24 that's what I would say.

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CHAIRPERSON DINOWITZ: Yeah. I think that's so important. Whether or not the doctor... that's really interesting, whether or not the doctor looks like or has the same background as the patient, the fact that they come from a diverse workforce means they listen differently.

I also want to congratulate you on being the first person ever to testify to use the word phenotype, and twice, no less.

(LAUGHTER)

DR. GREEN: You know, do have an MD I mean, behind me, great... So I just have to show that I went to medical school because...

(LAUGHTER)

CHAIRPERSON DINOWITZ: Yeah, I wasn't sure before...

DR. GREEN: I'm not talented as a teacher, but I have fantastic teachers, and thank you so very much for that. And that's one of the things we actually are working with, is seeing how we can work with teachers to help push students through this pathway. But, yeah...

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2 CHAIRPERSON DINOWITZ: Yeah, well, Well, I taught
3 phenotype/genotype, but they put they took Punnett
4 squares...

5 DR. GREEN: (UNINTELLIGIBLE)

6 CHAIRPERSON DINOWITZ: I didn't Google what it
7 meant.

8 (LAUGHTER)

9 CHAIRPERSON DINOWITZ: But they took Punnett
10 square off the regent years ago, which, big mistake.

11 I want to just... I want to turn it over to
12 Council Member Brewer for questions.

13 COUNCIL MEMBER BREWER: Thank you very much. he
14 primary care, which is so important, you said 52%.
15 Would that be mostly in New York City or it's just
16 hard to gauge?

17 DR. GREEN: It's a little harder to gauge, but
18 mostly New York City is where they I would say.

19 COUNCIL MEMBER BREWER: Okay.

20 DR. GREEN: Our students, like, unlike others,
21 tend to stay put. Meaning, they come from the cities
22 I mean, well, we actually have a highest of New York
23 State residents. Right?

24 COUNCIL MEMBER BREWER: Oh, great.

25

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2 DR. GREEN: A 100% of our students are New
3 Yorkers. Which, I they may have put that in the
4 packet, there's a paper that shows that, even the
5 next closest of the New York State schools is 90%.

6 So our students are New Yorkers and they tend to
7 stay in New York.

8 COUNCIL MEMBER BREWER: What about housing?

9 DR. GREEN: You've got apartment building?

10 (LAUGHTER)

11 COUNCIL MEMBER BREWER: I mean, I know it's... I'm
12 trying to actually in doing some ULURPs to try to get
13 some housing for Macauley students as an example.

14 But I would say for your students working long
15 hours, even housing, graduation. So I'm just, I don't
16 know how you're dealing with it. It's a big problem
17 for CUNY in general, but I would say for your
18 students, particularly hard.

19 DR. GREEN: Thank you for that question. One of
20 the things that deeply concerns me, first of all,
21 that they commute so far. And, you know, when you're
22 on the subway or the bus

23 COUNCIL MEMBER BREWER: With those big, heavy
24 books.

25

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2 DR. GREEN: Yeah, with big heavy books, can you
3 really study?

4 COUNCIL MEMBER BREWER: No.

5 DR. GREEN: One, two, medical students tend to
6 study for very long periods of time. We've tried to
7 make things nicer for them as we've come in. In
8 order... because we know that. They'll stay for 24
9 hours. So, this is a problem.

10 When I got there, they were running across the
11 street at midnight or the night before, or I mean,
12 after, getting cups of coffee, because there was no
13 coffee in the place. You know, this is a big city. I,
14 as a dean, worry. I'm a mother, I worry. That's our
15 job, to worry.

16 And so we've done things like when our students
17 have rotations and there's no nearby, you know, bus
18 stop or subway stop, you know, you're coming off
19 call, it's midnight or two o'clock, I'm concerned
20 about their personal health and safety. Right? Even
21 if we just have a car that takes them to the subway,
22 I'm still concerned.

23 So getting to your question, I would like for
24 you, I know you love Macaulay, but I'd like to see a
25 little love coming this way...

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COUNCIL MEMBER BREWER: Macaulay's in my district.

DR. GREEN: Well, you know, I understand that.

COUNCIL MEMBER BREWER: But you do need, you do need housing (INAUDIBLE)...

DR. GREEN: We absolutely need housing. And we need housing, there's no place where, that I know, where there isn't housing right next to it.

We believe that student success is intrinsically intertwined with housing. And, you know, we would You know, we're not talking about the Ritz Carlton. What we're talking about is a room that's clean. Just like when I was a medical student. I didn't come from a lot of money. Right? So, there was a room, a pull out bed, desk, we shared a bathroom. And that's what they need. And we would actually prioritize that in such a way that we would say after a certain year that you would have to live there, because we think that is so important.

And, you know, and then when you look at the fact that our students are working, we need housing. And some of the Macaulay kids, we understand that. And with our new Pathways programs, there's gonna be probably linkages to that.

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2 COUNCIL MEMBER BREWER: Right. So I would suggest
3 wherever you're looking for new space, that housing
4 should be part of it if possible.

5 DR. GREEN: So it's hard to disentangle which,
6 priority first. And we've decided that the medical
7 education building, our facilities are so challenged,
8 it's a beautiful building, don't get me wrong.

9 COUNCIL MEMBER BREWER: Right.

10 DR. GREEN: But it was designed for a high school
11 200 years ago. And we don't have state of the art
12 facilities in regards to, you know, they have to
13 travel even for that. So we - I believe my... our
14 students deserve the best that we can give them.
15 And...

16 COUNCIL MEMBER BREWER: Well, one suggestion is, I
17 mean, I won't belittle it, but as the migrants move,
18 some of these hotels and SROs are going to be
19 available. I'm working on some now to- just to keep
20 that in mind. So that would be something that CUNY
21 should pay more attention to, and also, Dormitory
22 Authority. The way it works, as you know, is CUNY has
23 to come up with the money, but Dormitory Authority
24 will assist, just FYI. So I don't know, I know
25 housing is a big problem for all CUNY students. But

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2 yours in particular because of the kind of hours they
3 have. (TIMER CHIMES)

4 DR. GREEN: Yeah.

5 COUNCIL MEMBER BREWER: Okay.

6 The other question I have, do you have Macaulay
7 students? Because I know you said earlier...

8 DR. GREEN: So...

9 COUNCIL MEMBER BREWER: there's a pipeline from
10 City College. So I just want to understand that.

11 DR. GREEN: It has not been a pipeline really from
12 Macaulay students. The good news about first this,
13 you know, the period of time that we're with the
14 Graduate Center is that we'll be able to work
15 closely. I've met your dean of the Macauley school.
16 Wonderful, young woman. And, you know, we look
17 forward to partnering with them.

18 But we, again, this standalone status allows us
19 to sort of expand new opportunities and new pathways
20 for our students. You know, for instance, our three-
21 year accelerated bachelor's program, I have no
22 problem with our students going four years. You know,
23 I mean, there are other things that they may be
24 interested in seeing and it makes them a better
25 doctor. We're just interested in getting kids

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2 through. And so, there's just a lot of we do, and
3 we're looking forward to these conversations. It's
4 really going to be an exciting time at this medical
5 school.

6 COUNCIL MEMBER BREWER: Okay.

7 And then the other question is as a public health
8 school, do you work with them at all?

9 DR. GREEN: So...

10 COUNCIL MEMBER BREWER: Grad? I love the dean
11 there, too, so I was just wondering if you work with
12 them?

13 DR. GREEN: So we again, those are opportunities
14 they're at the Graduate Center. And so during the
15 time that we're there, we're looking forward to
16 actually working with Ayman as well. As you know,
17 I've got a Public Health background myself. Our
18 Community Health And Social Medicine Department,
19 we're really interested in population health as well.
20 And so we look forward to, you know, we've had
21 preliminary conversations about what we might be able
22 to do together.

23 You know, clearly teamwork is so critical in
24 CUNY and places where it's a little bit under
25 resourced.

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2 COUNCIL MEMBER BREWER: Okay, thank you, Mr.
3 Chair.

4 (PAUSE)

5 CHAIRPERSON DINOWITZ: We have been joined by
6 Council Member Bottcher, who will be asking
7 questions.

8 DR. GREEN: Thank you.

9 COUNCIL MEMBER BOTTCHER: Hi, Dr. Green.

10 DR. GREEN: Good morning...

11 COUNCIL MEMBER BOTTCHER: Thank you so much. I
12 want to thank our chair, Eric Dinowitz, for today's
13 important hearing. And I want to congratulate you on
14 having my friend and constituent, Cara (phonetic)
15 Berkowitz, on your staff, whose daughter, Zella-
16 whose daughter Zella just, interviewed me for the PS
17 11 Post. Tough but fair interviewer.

18 (LAUGHTER)

19 DR. GREEN: She's a roving reporter.

20 COUNCIL MEMBER BOTTCHER: Yeah...

21 DR. GREEN: These 10 year olds?

22 COUNCIL MEMBER BOTTCHER: (LAUGHS) Yes. Uhm...

23 DR. GREEN: I have not met Zella yet, but I've
24 heard a lot about her. I know she's 10, and she likes
25 to travel and she's a quieter spirit.

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2 COUNCIL MEMBER BOTTCHEER: Yeah.

3 DR. GREEN: So, I'm glad that you took time out of
4 your busy day to interview with her.

5 COUNCIL MEMBER BOTTCHEER: Took lots of notes, very
6 serious.

7 I want to ask you about the cost of the
8 transition into a freestanding medical school. What
9 would you, uhm, what's the cost both in, expense and
10 capital in making this transition?

11 DR. GREEN: Well, currently, that's not an easy
12 question to answer. We've actually used our current
13 funding sources to do the work that we've needed to
14 do. There's some things that we need, there are
15 people we need to hire. Some of them are behind you
16 that we've used are, uhm, now becoming part of our
17 Operating Budget.

18 So, but we believe that we can do a lot of that
19 with our current funding. The challenge will be if we
20 need to make any, uhm, for instance, we're thankful
21 to the Council that gave us \$200,000 last year and
22 we've put that immediately towards the server and
23 into upgrading our IT. We're going to need to do some
24 of those types of things, particularly in an old
25 building.

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2 I'm pretty frugal with resources. We feel
3 strongly, that when we have... we need to be
4 investing in our students. It's about student success
5 and excellence first. And so we prioritize investment
6 in our students.

7 With that being said, uhm, and I would also say
8 that because of the student population that we have,
9 we know that there are students who struggle with
10 food insecurity, housing insecurity, and things of
11 that nature, uh, probably at a much higher level than
12 other schools. And so because of those things, we
13 have to put a lot of more wraparound services like
14 our mental health, well-being. Doctor Schwartz leads
15 that initiative and, you know, we've really got a
16 first class place.

17 To date, we were actually doing a lot of this out
18 of our budget because we felt so strongly about
19 making certain that our students were cared for, uh,
20 knowing the struggles that they have and the
21 struggles that their families have.

22 So we think that will be continuing costs. I
23 can't give you an actual number of what that will be.
24 Clearly, if we make a decision that we should move to
25 a different place, then there may be things that we

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2 would have a deeper conversation about. But right
3 now, as you know, we're in a pretty ultra lean
4 budget, so pretty frugal.

5 COUNCIL MEMBER BOTTCHER: So, it sounds like...

6 (CROSS-TALK)

7 DR. GREEN: But And also... I'd also add, you
8 know, the fact that I just want to make this point if
9 I may, you know, I mentioned working with best in the
10 class faculty, right? There is something called the
11 25th percentile, or the 50th percentile or 75th
12 percentile for the AAMC, Association of American
13 Medical Colleges, faculty salaries, we are not there
14 - for the national average and not to even think
15 about New York City.

16 So that is actually one of the areas where we
17 struggle. In order to keep high quality talent, I'm
18 so grateful for these people. You know, these are
19 mission based people who've come here to make a
20 difference. But when we were trying to recruit
21 somebody, somebody who might be a, you name a
22 private, who has faculty housing, pays them higher,
23 has faculty housing. And I, Carmen Green, have to go
24 there on my good looks. Now, I think you think I'd
25 win. But it's a challenge. It's a real challenge. And

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2 even, you know, we just don't have housing for
3 people, so we can't even put that as a as a
4 sweetener.

5 So that's going to be our probably our next
6 biggest hurdle, too. And that's part of the reason
7 why - we're a hungry, scrappy school, and, you know,
8 we went after this \$19.3 million grant. We're proud
9 to have it. There were some cuts to that grant, but
10 we're happy to have it. Because we know that medical
11 schools are built on a couple of things- now there's
12 the tuition, we don't want to be tuition dependent.
13 Because if you're tuition dependent, you're just sort
14 of cranking the kids in. Right? We want to not just
15 get kids in, we want to get them out. We want
16 supremely competent physicians going out there to
17 take care of New Yorkers (TIMER CHIMES) one, two, you
18 know, I would say that, from that perspective, you
19 know, medical schools are built on... so you have NIH
20 funding, federal funding, you have foundation
21 funding, you have governmental funding. When I got
22 here, we probably had \$3 million in NIH funding.
23 We've actually tripled that in three years. And this
24 \$19.3 million grant isn't included in that. And the
25 year to date is not over with.

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2 So we are doing great things and we're working
3 really hard. But investment is needed. You know, it's
4 unusual for a dean to be sitting down over the
5 holidays writing this type of grant to support their
6 students. And actually, this grant, the \$19.3 million
7 grant, is really focused in Harlem. You know, the
8 upper part of Harlem and the South Bronx, and areas
9 that are really in need. So, thank you for the
10 question.

11 COUNCIL MEMBER BOTTCHEER: I know you'll continue
12 to be in touch with your local City Council members
13 and the Speaker's Office about further needs. Thank
14 you so much.

15 DR. GREEN: And I also hope, if I may, you know, I
16 understand that you have friends. And, I heard does
17 he have friends? He does. Okay. So she says you have
18 friends. You know, if you have the opportunity to
19 advocate on our behalf with any of your other
20 friends, we would deeply appreciate that. I can't be
21 everywhere...

22 COUNCIL MEMBER BOTTCHEER: Do I have friends at the
23 City Council?

24

25

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2 CHAIRPERSON DINOWITZ: No, well, you have friends,
3 they're elementary schools interviewing you for
4 newspapers, those are, those are your friends.

5 (LAUGHTER)

6 CHAIRPERSON DINOWITZ: I was interviewed by a
7 middle schooler the other day, so those are my
8 friends. That's it.

9 Thank you, Council Member Bottcher. Council
10 Member Feliz?

11 COUNCIL MEMBER FELIZ: Thank you so much, Chair
12 Dinowitz. Good morning.

13 DR. GREEN: Good morning...

14 COUNCIL MEMBER FELIZ: Thank you so much for being
15 here and also for all the information and for all the
16 work that you do on the CUNY system.

17 DR. GREEN: Thank you.

18 COUNCIL MEMBER FELIZ: So I'm a big fan of CUNY.
19 I'm not exaggerating. I think it's the best public
20 higher education system in the entire country. Year
21 after year, we see CUNY accept so many students of
22 all backgrounds, all incomes. And within years, we
23 see these students become professionals, moving up
24 the economic ladder, very quickly. And I'm one of
25 those students, by the way. I didn't go to the CUNY

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2 School of Medicine, but I did go to the CUNY School
3 of Law and Lehman College, and Bronx Community
4 College as well.

5 So I have a few questions about access and also
6 about the spacing issues that you mentioned. Can you
7 talk to us a little bit more about the spacing
8 issues? Because I know you mentioned, you don't have
9 enough space for all the students that want to get
10 into the college. So...

11 DR. GREEN: Oh...

12 COUNCIL MEMBER FELIZ: talk to us about the
13 spacing issues, and also about steps that CUNY and
14 the School of Medicine have taken to, I guess, look
15 around for additional space.

16 DR. GREEN: Yeah. Great question. You know, from a
17 spacing issue, we know that we can do more. Right?

18 For every student that we take out of Brooklyn or
19 Queens, we know that there are two more students, at
20 least two more students who are equally as talented.
21 And it's heartbreaking for Doctor Wilson-Anstey to
22 say, You don't get in, but you're really qualified.

23 So we know that we can do more. From a spacing
24 issue, you know, just a physical structure. You know,
25 I had to tell our students, our undergraduates... so

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2 our undergraduate program, the Sophie Davis School,
3 is co administered by the Medical School. We actually
4 teach over 70% of the classes and City College, and
5 that's the way we'll be, we'll also be doing that as
6 we create these other new pathways in.

7 With that being said, there's lots of spaces over
8 at City College, but our students prefer to be home
9 with us. And so recently I had to tell our
10 undergrads, our U1s and U2s, they don't get to play
11 in Harris Hall, because the student, uh, the medical
12 students, are studying for this high stakes exam, the
13 USMLE (United States Medical Licensing Examination).

14 And, you know, there was a little bit of whining
15 because - but they also understood. And I said, you
16 know, there will come a time when you will need to
17 the same for others.

18 But the study spaces are just not... there's not
19 enough of them. And we've been trying to be creative
20 to do that.

21 In regards to looking at buildings and things of
22 that nature, you know, we're open to lots of
23 different possibilities. And some of this is above my
24 pay grade, right?

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2 I do know what a state of the art medical
3 education building looks like. I know what's in it. I
4 know who's in it. And I know what it does. And so
5 that's what we're looking for.

6 You know, I'm fond of saying that, my kids are
7 dreamers and so am I. Right? And I've got big, bold,
8 aspirational dreams. Sometimes I don't tell them
9 because it scares people.

10 (LAUGHTER)

11 COUNCIL MEMBER FELIZ: Okay. And I guess, a
12 followup question, would the School of Medicine be
13 open to having, let's say, part of the school at City
14 College, but also having a second part at another
15 CUNY? Do you think you need everything in one campus?

16 DR. GREEN: So this is our plan. You know, we are
17 going to really spend a lot of energy in Pathway
18 programs and led by Dr. Wilson-Anstey. Okay?

19 So our Pathway programs are even... So the data
20 is pretty clear right now that if you really want to
21 get a diverse group of people into the medical
22 profession, we now need to go further down the
23 pipeline. We need to go to middle schools. And we
24 started those types of conversations with several

25

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2 schools. She's starting a middle school program
3 that's going to occur on Saturdays.

4 Somebody else heard about it in a different
5 borough said, can we think about having conversation?
6 Each one of those programs that we do, there's a cost
7 associated. And so that's one of the places the
8 Council could potentially help.

9 With that being said, as we create those pathways
10 in... so that's the middle school, there's high
11 school programs, summer programs, there are year long
12 programs. We also want to create one that goes to
13 community colleges because we know that there's a lot
14 of talent in these community colleges. You know, the
15 kid who didn't know.

16 And it's really disappointing every year when we
17 find one student who said, I didn't know, one, that
18 there was such a program as a BS/MD program or I
19 would have applied. We're hearing frequently that
20 people say, I didn't know CUNY had a medical school.
21 Well, let me be clear, we have a medical school.

22 (TIMER CHIMES)

23 The pathway has been through City College. You
24 apply to City College and you have to go to City
25 College into the MD program.

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2 We recently applied and received permission to
3 open up direct admission to the medical school. We
4 are actually really very much more interested in
5 these Pathway programs because we think that there's
6 something special about what we do and how we do it
7 in the undergraduate experience.

8 So, we had a great conversation recently with a
9 couple of presidents. You may know who they are. I'm
10 going to call them out in public. They were CUNY
11 presidents. You know, they've always asked the
12 question, you know, why can't my kids go to the
13 medical school?

14 So we look forward to creating pathways in that
15 are similar to the one at City College, but there
16 will come a point in time in which what we do as
17 medical professionals, we are teaching students where
18 students will have to come together. If that makes
19 sense.

20 So we look forward to creating those pathways,
21 and through like minded partners, whether they be
22 Hunter or Brooklyn College, I can go through a list.
23 But people who have a high propensity, strong pre
24 medical programs. But we would take control of it,
25 because we think that what we do is special. Okay?

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2 So you believe that CUNY is the most important
3 institution? Let me be clear...

4 COUNCIL MEMBER FELIZ: Successful, too.

5 DR. GREEN: Yeah. Let me be clear, I think we are
6 the most important medical school. Okay?

7 Now, that's not because these others aren't
8 important, don't get me wrong. But because of what we
9 do for New York City, I think we're a jewel for this
10 country and certainly for this city.

11 COUNCIL MEMBER FELIZ: Right, right, okay, cool.

12 Well, I just want to put it out there, uh, Lehman
13 College, if you're looking for space, Lehman College
14 has a large, beautiful green campus. They have a lot
15 of space. So I'm sure they'll welcome a medical
16 school with open arms. But even more than that,
17 they're located in the Bronx, a historically
18 disadvantaged community. And we always talk about
19 making sure that...

20 DR. GREEN: Yeah.

21 COUNCIL MEMBER FELIZ: people have access. So we'd
22 welcome a tour and the conversation.

23 DR. GREEN: Yeah, well, I would welcome you to
24 come visit our school, see what we do. We have a very
25 strong presence in the Bronx and in Manhattan. I

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2 mean, those are areas where health disparities,
3 educational disparities are troubling. And that's the
4 space. So, you know, I have this quote, like Mother
5 Teresa, she, and why she went to Calcutta. That's
6 where the work was. And that's kind of how we're
7 focused, is where the work is.

8 COUNCIL MEMBER BREWER: (NO MIC) (INAUDIBLE)

9 DR. GREEN: And so, pardon?

10 COUNCIL MEMBER BREWER: I didn't like Mother
11 Teresa.

12 (LAUGHTER)

13 DR. GREEN: Well, you didn't like her? So, I get
14 it...

15 CHAIRPERSON DINOWITZ: (INAUDIBLE)

16 DR. GREEN: She's joking?

17 COUNCIL MEMBER BREWER: No, I'm not.

18 DR. GREEN: Okay. Well, you know, I never knew the
19 woman, but from my perspective, I'm just saying that
20 I'm talking about not her, I'm talking about the
21 work. I'm talking about the work, going into
22 communities where people are underserved and
23 troubled. Actually what I would say is that one of
24 the neat things about the school is that we see
25 potential.

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2 Now, when you come to the school, you'll see
3 kids, you'll say that person looks really young.
4 That's because they really are. And sometimes they
5 have a hole in their jeans. And I have to say, come
6 here, or they're showing... but it's about seeing
7 potential and the humanity and uplifting the human
8 spirit.

9 COUNCIL MEMBER FELIZ: Yeah, well, I will
10 interested in continuing that conversation of seeing
11 how we could potentially, uhm, bring the school of
12 medicine to the Bronx. And I think that's (INAUDIBLE)
13 that...

14 UNKNOWN: (NO MIC) (INAUDIBLE)

15 (LAUGHTER)

16 CHAIRPERSON DINOWITZ: Council Member Feliz, thank
17 you so much. You mentioned Lehman College, uhm, which
18 council district is that in? Oh, that's my district!

19 COUNCIL MEMBER FELIZ: I'm a graduate...

20 CHAIRPERSON DINOWITZ: You're a graduate. I took
21 some classes there. It's a good one. It's in my
22 district, and they have a beautiful new nursing
23 school, which the Council, uh, in part funded.
24 Beautiful facilities. We did a tour of it. We could

25

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2 add a couple floors there and then invite the medical
3 school in. That would be great.

4 DR. GREEN: Well, we'll see about that.

5 (LAUGHTER)

6 DR. GREEN: But, we...

7 CHAIRPERSON DINOWITZ: I like you nonanswer
8 answer...

9 DR. GREEN: love nurses, we think ,you know, we've
10 got a PA program, too. So ,you know, we will see what
11 happens. But I am not ruling out anything. I am
12 saying that we've got 50 years of excellence in
13 Harlem, and my understanding is about 10 blocks away
14 from Harlem is the Bronx. I mean, I could walk there.
15 But I'd hate to walk across that bridge. I'm not
16 certain which bridge it has... I'm not a native New
17 Yorker, you may not have heard that, so...

18 CHAIRPERSON DINOWITZ: All right, thank you
19 Council Member Feliz.

20 COUNCIL MEMBER BOTTCHER: I would just like to
21 note that I am receiving texts messages from another
22 consistent of mine, Cynthia Smith, who has been at
23 the school, uh, your school for six years, who says
24 that the "School's fantastic, and that Dean Green has
25

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2 a huge vision for the school." So, that's great to
3 hear in real time from some of your great faculty.

4 DR. GREEN: Yeah. Well, we love our students, we
5 really, we adore them. They are beloved, so thank you
6 for that.

7 CHAIRPERSON DINOWITZ: I want to just touch on
8 this National Institute of Health Grant and other
9 federal grants and federal policies.

10 I guess, big picture, we have now a president who
11 has threatened to cut or has attempted to cut,
12 funding, federal funding for various reasons. We have
13 a nominated right now, going through hearings,
14 Secretary for Health And Human Services, who may be
15 confirmed, who is trying to cast doubt on things like
16 vaccines, which work and save people's lives.

17 Whether related to the funding, is there any fear
18 of funding being cut off from the National Institute
19 of Health? And just to be clear, this is the National
20 Institute on Minority Health and Health Disparities,
21 and we know the president has already cut off funding
22 for DEI initiatives.

23 Is there any fear of that funding being cut,
24 being restricted in any way? And is there any fear
25 among the staff or the students of how you're going

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2 be approaching education when the Potential Secretary
3 of Health And Human Services is casting doubt on
4 things in the medical field?

5 DR. GREEN: Well, thank you. We're living in
6 challenging times, disturbing times in some respects.
7 We worked really hard for that grant. We earned it.
8 No one gave us anything. We earned it.

9 The science is pretty clear. What we're doing is,
10 is fantastic. We believe that we can deliver on that
11 potential. On behalf of these people, these New
12 Yorkers, on behalf of our students. And I we will
13 fight for our students. Our moral compass, our North
14 Star is pretty clear in which direction this school
15 is going.

16 So, you know, the people who have voted and
17 spoken, I respect that. I'm a military kid. With that
18 being said, we will advocate for the things that we
19 think are important. We will be taking guidance day
20 by day. We talk to our national and even our regional
21 colleagues about things that are sort of upcoming.

22 We have never, as it looks, you know, the fact
23 that we have such a diverse class, our class is
24 mission congruent with this city, right? Consistent
25 with our mission. We will stay that course. We don't

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2 look at race and ethnicity. We look at those who are
3 historically underrepresented in medicine and who
4 want to serve the underserved.

5 CHAIRPERSON DINOWITZ: But what is... So, I guess,
6 they're two separate parts, the actual funding and
7 then also the policy. And what does it look like for
8 a medical school to be teaching facts and science and
9 medicine about, let's say, the MMR vaccine, and
10 potentially having a Health and Human Services
11 secretary who may say, you know what? It's... we're
12 not gonna keep it on the schedule, or we're not gonna
13 provide funding, for research into these vaccines.

14 I mean, what position does that put a medical
15 school in when you want to teach science?

16 And I and I would just add, just to read two
17 things, a Pew Research poll, it says, many Black
18 Americans believe the US political system was
19 designed to hold them back; two-thirds say the
20 country's political system is designed to hold Black
21 people back.

22 And then from another study from NIH, it says
23 institutional distrust is more prevalent among racial
24 ethnic minority and low socioeconomic status
25 populations, especially African Americans.

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2 So we already, we saw during COVID, we are
3 already having... we're already in a time when
4 there's deep mistrust of the government of medicine,
5 and the results can lead to greater health
6 disparities among the very communities we need to
7 serve.

8 And so what does it look like for a medical
9 school such as yours, not just to address, you know,
10 racial disparities as we discussed earlier, but to
11 address it from a lens of the federal government
12 adding complications?

13 DR. GREEN: Yeah, so, like I said, we'll stay the
14 course. We will focus on evidence based. And where
15 there's not evidence, we'll help hopefully contribute
16 to creating that evidence. The data, the literature
17 is pretty clear about mistrust amongst people in
18 healthcare institutions. That's historical.

19 Lots of people say, well, it has to do with
20 Tuskegee. It actually has to do with more than
21 Tuskegee.

22 CHAIRPERSON DINOWITZ: (NO MIC) (INAUDIBLE)

23 DR. GREEN: I'm so sorry. I said people, mistrust
24 in medicine is longstanding. Lots of people think
25 it's Tuskegee. I would say it actually extends past

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2 Tuskegee. I do think that one of the best ways
3 forward, and the National Academies of Science has
4 talked about this in several peer reviewed books
5 about the role of a diverse workforce, an inclusive
6 workforce and breaking down some of these barriers of
7 mistrust. And so, we believe that in many ways, we're
8 the good news as it relates to that particular trust.

9 Now, I think, you know, there's a lot of things
10 going on. We've had our students focus on their work.
11 And we will continue to look for guidance and watch
12 what happens, advocate for our students, advocate for
13 the science.

14 CHAIRPERSON DINOWITZ: So beyond the sort of
15 literature about a diverse workforce, moving beyond
16 that, what does it look like for a school of medicine
17 when guidance may come down from the federal
18 government that may instruct doctors or may guide
19 doctors to do things that aren't based in science?

20 Does the School have its own approach that is
21 going come into conflict with the federal
22 government's guide... that could come into conflict
23 with federal government guidelines?

24 I mean, function, what I'm asking is
25 functionally. What does that look like for your

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2 school? What does it look like in the classroom? Are
3 you are you or other institutions, have there been
4 discussions about disagreeing with federal
5 guidelines?

6 DR. GREEN: There's conversations that go on at
7 the national level and certainly probably at the
8 regional level, in regards to, you know, how we're
9 going to deal with some of these types of mandates,
10 if there comes a mandate. We will combat that with
11 evidence. We will advocate on behalf of our patients
12 and on behalf of our students.

13 And I think right now, we're in a time in which
14 you're gonna have to take stuff day by day. You know,
15 the conversation about, we're not going to fund any
16 of these NIH grants and it was sort of reversed.

17 And then the question is, which ones will you
18 fund? And we will continue to advocate on behalf of
19 our school, on behalf of our students, and certainly,
20 half of our patients.

21 So I can't... I, you know, I can't what day is
22 this? January 20th? Day 11? What day is this? Today
23 is the 30th, the 10th day. You know, my feeling is
24 that, you know, right now we will, you know, this is
25 a time in which we will continue to do what we do

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that is right and best for patients and best for our students.

CHAIRPERSON DINOWITZ: But I think gender identity is, like, a really good example, because there's already been, you know, statements and guidance from the federal government, what certain forms will look like. But you spoke really beautifully about what it looks like to be a doctor who speaks to the patient and connects with the patient, makes the patient feel comfortable and understood, I get it. Your goal's healthcare, right? You want to make sure the patient is healthy.

And so what does it look like for you guys in the classroom, in your curriculum, in your guidance, when perhaps you know that the most important thing is to connect with that patient and make the patient be healthy, and the federal government is telling you the opposite?

I mean, are you giving different guidance to your kids...

DR. GREEN: No.

CHAIRPERSON DINOWITZ: to your students than the federal government?

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DR. GREEN: We take an oath. We take an oath. And I think of all the places, one of the most sacred spaces is that little floor where a patient comes into the room and they talk to their doctor. They tell the doctor things that they've never told anybody else. And we need to embrace the patient where they are to help them to be the most healthy, to live the most healthy life.

Clearly there is a lot of good discussion as it relates to some of the issues you're talking about. But it's our job to take care of the patient.

And, you know, an example that immediately comes to my head is, you know, my brother's a cop, and I've taken care of people who've murdered police officers. Right? Didn't like it very much. But that's okay because I acknowledged it. Right? And I actually think I took better care of them some. It is my job, it's my calling, I take an oath to give people the best quality care that we can, regardless of who, you know, it's about the person being able to determine their identity, right? So in this case, the murderer, you know, that person will be judged by a jury or their peers. It's my job to take care of them. And

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2 that's different from just about anything else, that
3 particular oath.

4 So we get to determine as physicians, some of
5 these questions. And, you know, there are people who
6 are appointed who are not physicians or will, I'm not
7 certain if they will or not. But the physician gets
8 to make some of these types of decisions. And, what
9 we need to do is preserve the patient/physician
10 relationship. That bond should be unbreakable,
11 regardless of who's in office.

12 CHAIRPERSON DINOWITZ: It should be. And I hope it
13 is. We are certainly living in a time when
14 ironically, right, counter to what some of the
15 talking points are, it seems that there's a
16 particular party that is more interested in
17 micromanaging what goes in that very special space
18 between the doctor and the patient - where doctors
19 across the country are afraid to provide abortion
20 care because of state regulations. I am fearful of a
21 time when you're gonna, where we are, your students,
22 who are going to go out into our underserved
23 communities, are going to be shackled by providing
24 care that is subpar because of that overreach of the
25 federal government- that isn't based in science, but

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2 is based on ideology. And what I am hoping is that
3 CUNY School of Medicine, without being political,
4 just states very clearly what we are going to
5 continue to ensure that our curriculum is based on
6 science, and is based on the health of the patients,
7 the health of the people we are here to serve - that
8 your curriculum, your guidance is all going to
9 reflect that, and not the whims of an ideological
10 driven administration - whatever side of the aisle
11 they may be on.

12 DR. GREEN: Yeah, and respecting the humanity of
13 the person.

14 CHAIRPERSON DINOWITZ: Yeah.

15 DR. GREEN: And that's where we are. And I don't
16 see that changing as long as I am the dean. I mean,
17 we care, I mean, as the man said, we care very deeply
18 for the person who is in the gown, who is in the bed.
19 And our job, regardless of sometimes of whether you
20 like the person or not, is to provide them the
21 highest quality care. Okay? So that's the space, and
22 we will do it in an evidence based fashion. And we
23 will do the best to try to actively hear them.

24 CHAIRPERSON DINOWITZ: Yeah. I just, yes, thank
25 you.

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2 I do want to ask, uh, again, going back to the
3 funding question, is there any fear or concern about
4 funding being cut off from the federal government,
5 including this grant via the National Institute via
6 on Minority Health and Health Disparities? Has there
7 been any concern or discussion about that?

8 DR. GREEN: Well, there's concern. There's always
9 concern. Right? And, I am choosing to not live in a
10 fear based place. We will fight for this grant. We
11 earned it. There are concerns about anything that
12 talks about minority health. But we will... There are
13 people who are working through these issues, who will
14 be advocating for us, and other organizations. This
15 grant for us is foundational. And so, we would ask
16 you, because I know you have friends, uhm...

17 CHAIRPERSON DINOWITZ: Just the... just the
18 reporters who are in elementary and middle school.

19 (LAUGHTER)

20 DR. GREEN: You gotta do better. You gotta get out
21 more. Anyway...

22 (LAUGHTER)

23 CHAIRPERSON DINOWITZ: Yeah.

24 DR. GREEN: You know, do you help us advocate for
25 that? And we'll keep you apprised if we think that

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2 there are challenges coming. I'm going to say that
3 I'm hopeful that we're, we become friends during this
4 period of time. You know, but we're gonna need your
5 advocacy. We take an oath; those people who are
6 electives take an oath and it's both on behalf of
7 people. And so, that's what I would say to you.

8 We are, you know, we're watching this space very
9 carefully and we'll continue to watch the space.

10 There's a point in time, as we get ready to the
11 (UNINTELLIGIBLE) football, you're on offense or
12 you're on defense. And sometimes when you're on
13 defense, you're not going back. The other part about
14 being on defense is that every once in a while you
15 get a turnover. Just.. but you gotta be ready for it.

16 And so, yeah. I come from a football family. But,
17 yeah, that's how we're sort of looking at this and we
18 will be vigilant.

19 CHAIRPERSON DINOWITZ: The first person to say
20 phenotype twice (LAUGHTER) but not the last of the...
21 but not the first person to make a football
22 reference, I think. I'm not sure about that.

23 (LAUGHTER)

24 See, I apparently have no friends, so I don't
25 watch football with anyone, I guess.

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DR. GREEN: It's okay. There are other sports and there's other things ways to spend your time. I just I learned very early, you know, my father played for the, semi professional football. And I've got family members who have Super Bowl rings. My brother, my beautiful Thaddeus, they're college, elite college, football players. And with that being said...

CHAIRPERSON DINOWITZ: Yeah, we come from... yeah... (CROSS-TALK)

DR. GREEN: I learned very early in my life that if you didn't know football, you did dishes, and I don't do dishes.

(LAUGHTER)

CHAIRPERSON DINOWITZ: I think we come from different families. My dad was always (LAUGHTER) my dad was on a debate team, so it's about as far away as you can get.

I lastly want to talk about recruitment and pipeline, because you've made references to this in the past, and I just want to, talk about it.

You said by being an independent school, you're better able to recruit from all of the CUNY's...

DR. GREEN: Mm-hmm.

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2 CHAIRPERSON DINOWITZ: medical students, and I
3 just want to ask ,you know, what that looks like,
4 what it looks like to advertise, are you...

5 DR. GREEN: Great question...

6 CHAIRPERSON DINOWITZ: coordinating with other
7 CUNY schools to, one, advertise, to, two, say ,you
8 know, give me your... who are the top 10% of
9 students, or who are the students who are in a pre
10 med or a biology program, and do targeted outreach? I
11 mean, what does it look like now that you're
12 independent, to recruit?

13 DR. GREEN: So, great, great question. So one of
14 the things that we plan on doing, and sticking with
15 the model, the Sophie Davis model that has worked, is
16 actually, you know, allowing students to come from
17 any place. So they could come from Brooklyn. And if
18 we have... they can come from the Bronx. Okay? I got
19 you. Okay. They could come from Queens. And a student
20 can choose where they're going to do some components
21 of that education before they get into the medical
22 school curriculum. So they we want to continue to
23 preserve what we know has worked for generations -
24 one. You know, we make, that's probably the easiest
25 lift right now. For instance, we've some students

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2 have come in from Brooklyn because the partnership
3 that they've had, that led to a BS/MD, program is,
4 you know, they've made some changes. And we're happy
5 because they're a CUNY school - CUNY, students. And
6 they're great students.

7 We will really work through the whole
8 conversation of pathways. We've got, Ms. Zimmerman
9 who is actually really expert in communications.
10 We've got... we're making enhancements in our, in our
11 recruiting of admissions people. So we probably need
12 to actually, as we think about doing more, you know,
13 need resources to do that.

14 But, you know, going out to like minded partners,
15 we can't be with everyone, right? So, but we can
16 think about which places and spaces we really should
17 be working in and using that concept of educational
18 and healthcare disparities, where those are the
19 deepest. And that's where we'll probably focus a lot
20 of our attention, but throughout the entire city.

21 So, we've got to do, I would say, a better job,
22 because many people don't know we exist and we will
23 do that job. So hopefully that answers your question.

24 CHAIRPERSON DINOWITZ: Well, sort of, yeah. I
25 mean, I wanna hear more. You're going, you mentioned

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2 a partnership with one high school, I believe, in
3 your opening testimony, is that right? Did I make
4 that up?

5 DR. GREEN: Izquierdo School?

6 CHAIRPERSON DINOWITZ: Uhm, yes.

7 DR. GREEN: That one? Okay, yeah, so, you know,
8 we've had a long serving, you know, partnership with
9 that particular school. We've had quite a few
10 students who've come from that. It's in the Bronx...

11 CHAIRPERSON DINOWITZ: That's a high school?

12 DR. GREEN: Right...

13 CHAIRPERSON DINOWITZ: I'm asking? Yes,
14 (INAUDIBLE)...

15 DR. GREEN: They go down to the middle school,
16 too.

17 CHAIRPERSON DINOWITZ: Mm-hmm

18 DR. GREEN: So, we're going to make that much more
19 robust partnerships with a few other high schools.
20 You know, again, we we've got limited resources and
21 regards to finances as well as people. But we're
22 committed to doing that type of work.

23 We want to create you know, even though middle
24 school, I'm sort of thinking about, will I be the
25 dean when that happens? Anyway, you know, but we are

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2 committed to bringing on this next generation of
3 students, preparing them well. And that's the reason
4 why we really wanna open up these kind of pathways.

5 CHAIRPERSON DINOWITZ: I mean, has the Department
6 of Education... I mean, are you in communication and
7 discussion with the Department of Education? And have
8 they provided any supports for these types of
9 programs?

10 DR. GREEN: Great question and great idea. Anyway,
11 I think that, you know, we had had conversation. They
12 wanted to talk about some other things. And, you
13 know, we look forward to those, you know, with any
14 like minded partner, we look forward to that.

15 CHAIRPERSON DINOWITZ: But it...so what I'm
16 hearing is, that's something you're interested in,
17 but it's not something that's, sort of, on the table
18 right now?

19 DR. GREEN: Well, we've only been we only... let's
20 see, you know, really been actively working being
21 able to do work as independent medical school since,
22 you know, November. I mean, even (INAUDIBLE) the
23 Board of Trustees, so that whole conversation
24 regarding transitions, people still don't know we
25 exist. You know, Ms. Cara Berkowitz is starting to

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2 have people introduce us to them. And so, we'll find
3 some like minded people who will want to invest in
4 our students and our school.

5 CHAIRPERSON DINOWITZ: I went to Lehman College,
6 has I think it's Lehman has CUNY on the Concourse,
7 and a few years ago, I went to one of their great
8 programs. It was a nursing program. And, they had
9 high school students who, I think, on the weekends
10 and during the summer were engaged in real practical
11 work in the nursing field. By the way, a field that
12 is needed in the Bronx. And it was amazing to see
13 these students have... they know where they wanted to
14 go to college and what their kind of career path was
15 - high schoolers.

16 DR. GREEN: Yeah.

17 CHAIRPERSON DINOWITZ: And I would love to see
18 that sort o, engagement for high schoolers and middle
19 schoolers in the other medical degrees...

20 DR. GREEN: Yeah.

21 CHAIRPERSON DINOWITZ: that are available through
22 CUNY School of Medicine.

23 DR. GREEN: Yeah, and we do that.

24 CHAIRPERSON DINOWITZ: Yeah, so there's...

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2 DR. GREEN: We have two programs, summer program
3 for high schoolers. We've got a year long program for
4 high schoolers. But would we like to expand those?
5 Absolutely. Would we like to have more students? Yes.

6 And you know, I'm happy to, you know, talk more
7 about, you know, how you might be helpful in helping
8 to support that. You know, again, we're working on
9 kind of an ultra lean budget here. But we know
10 there's a lot of talent out there and it needs to be
11 developed. You know, I call it sometimes undervalued
12 talent.

13 CHAIRPERSON DINOWITZ: Mm-hmm

14 DR. GREEN: Right? And I think you and I know a
15 little bit of investment, you get a huge return on
16 investment in undervalued stock.

17 CHAIRPERSON DINOWITZ: Yeah, that's right. I saw
18 it every day in the classroom. I'm sure you see it
19 every day. And I just, you know, I wish for my
20 students, you know, people like all these careers in
21 the abstract. Right? I want to be a doctor. I want to
22 be an astronaut. I want to be the president.

23 But to have a school, to have a CUNY system, to
24 have the Department of Education go in and actually
25 say, here's what it looks like. Here are your

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2 opportunities, you can get your summer internship
3 money. You can get these certifications.

4 DR. GREEN: Yeah.

5 CHAIRPERSON DINOWITZ: Go into college already
6 with credits.

7 I mean, that's a totally different approach than
8 putting an ad on the subway, which, nothing against
9 the CUNY School of Medicine, but every time - CUNY
10 comes, very often I ask about what does recruitment
11 look like? What is - and they say, oh, we put ads on
12 the subway. And...

13 DR. GREEN: Well...

14 CHAIRPERSON DINOWITZ: It's just what it is.

15 DR. GREEN: No. That's not our work. That's not
16 how... well, there may be... I'm not certain there's
17 a CUNY School of Medicine ad on the subway.

18 CHAIRPERSON DINOWITZ: So it's like a CUNY...

19 DR. GREEN: Yeah...

20 CHAIRPERSON DINOWITZ: Just CUNY...

21 DR. GREEN: But I think... Yeah, No. I'm... It's a
22 bit of a joke, but I think... But what I say is that
23 we have actually, we're doing it on the ground floor.
24 Right? We want to do more. We can do more with
25 additional resources.

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2 But we do really great things, big things with
3 the resources that we have. And so, that's how I
4 respond to you then on that one.

5 CHAIRPERSON DINOWITZ: I want to thank you for
6 coming and for the what feels like the entire School
7 of Medicine coming. All them different types of
8 doctors, by the way, in the back.

9 But I want to, Doctor, I wanna thank you for
10 coming today. I know you're in sort of, like, the
11 beginning stages of independence. I'm really excited
12 about what this means for our city, really excited
13 about what it means for our students, about the care
14 that can potentially be given, to underserved
15 communities, and certainly look forward to what that
16 pipeline looks like, what that outreach, what that
17 engagement with our younger students looks like, so
18 that they can go back to our communities and provide
19 better health care, both preventative and treatment
20 health care.

21 DR. GREEN: Yeah, and I would say to you, we thank
22 you for this time.

23 You know, we know there's a lot of dreamers out
24 there, and so is the dean. And, there are a lot of
25 parents who've always... unfortunately, we had a

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2 little video and now that Samara is gone, I don't
3 know if we can get it to you. But a little video that
4 just shows about how diverse, you know, our student
5 body is, how amazing their parents are. You know,
6 these are first generation kids in general. So I say
7 we're dreamers, and we're trying to make, you know,
8 dreams become reality for those who want to be... go
9 into medicine, whether it be, you know, a physician
10 or a PA.

11 We're looking at also thinking about how we put
12 together programs that enhance the City of New York.
13 And so, or where there's deficits.

14 And so, clearly nursing is a specialty that...
15 But we think about things in an interprofessional
16 way. Just to be clear, I'm Dean of the Medical
17 School. But we're looking forward to coming back and
18 sharing our progress. And we hope you invite us back.
19 And I also... (CROSS-TALK)

20 CHAIRPERSON DINOWITZ: Where we can talk about
21 phenotypes...

22 DR. GREEN: We can talk about phenotypes. Uhm,
23 and, then, we can talk variability. So, again, you
24 know, we're excited about this. So, we would invite
25 you to the school. I think we would love to have you

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2 come out, meet some of our young people, look at what
3 we're doing. But, I thank you for your ongoing
4 support.

5 CHAIRPERSON DINOWITZ: Thank you. I'd love to come
6 by and, you know, see firsthand the work you're
7 doing. Also, meet some of those students and the
8 parents, you know. It's you spoke about the parents.
9 That's you know, every parent, I think, works so they
10 can give a better life to their kids than they were
11 able to have for themselves. And in many cases,
12 that's what you're doing. You're, as a school, you're
13 giving a better life for our students so they can go
14 out and give a better life, a healthier life for
15 their community members.

16 So thank you very much for your testimony today
17 for everyone from CUNY School of Medicine who has
18 come. And I look forward to that visit, and to a
19 working relationship where we can provide the
20 support...

21 DR. GREEN: Thank you.

22 CHAIRPERSON DINOWITZ: that you need so you can
23 continue to provide for our city. Thank you.

24 DR. GREEN: Thank you very much.

25 (PAUSE)

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CHAIRPERSON DINOWITZ: For in person testimony, we have someone signed up, Christopher Leon Johnson? Are you in the room?

Okay. If there's anyone who wants to sign up to testify, you can see the Sergeant at Arms in the back and fill out the slip.

Okay, seeing no one...

(PAUSE)

CHAIRPERSON DINOWITZ: I would like to thank you again for coming today. As I mentioned, there's incredible work that you're doing and incredible work that we need to continue to do. And we in this council are gonna continue to support CUNY and fight for CUNY as we have done in every budget cycle - despite the challenges from the federal, state, or local government, this Council is committed to supporting CUNY, because we know that there's no better return on investment than an investment in our students.

I want to thank everyone for coming today. And with that, this hearing is adjourned. (Gaveling Out)

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 February 17, 2025