

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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HELD AT: REMOTE HEARING (VIRTUAL ROOM 2)

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

COUNCIL MEMBERS:

Laurie A. Cumbo
Alan N. Maisel
Ydanis A. Rodriguez
Eric A. Ulrich

COMMITTEE ON HIGHER EDUCATION

A P P E A R A N C E S

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

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

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COMMITTEE ON HIGHER EDUCATION

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1 SERGEANT LUGO: Pc recording done.

2 SERGEANT MARTINEZ: Cloud recording underway.

3 SERGEANT PEREZ: Back up is rolling.

4 SERGEANT LEONARDO: Thank you.

5 Good morning everyone, welcome to today's remote
6 New York City Council hearing of the Committee on
7 Higher Education.
8

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

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

13 If you wish to submit testimony, you may do so at
14 testimony@council.nyc.gov , again, that's
15 testimony@council.nyc.gov.

16 Thank you for your cooperation.

17 Chair Barron, we are ready to begin.

18 CHAIRPERSON BARRON: Thank you.

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

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

1
2 The committee last conducted a hearing on the
3 CUNY School of Medicine, or CSOM, in June of 2017
4 Almost a year after it was founded as part of the
5 Sophie Davis Center for Biomedical Education.

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

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

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

19 A 2016 study published in the proceedings of The
20 National Academy of Sciences found that half of
21 trainees surveyed held one or more of the following
22 false beliefs: Black peoples nerve endings are less
23 sensitive than white peoples; Black peoples blood
24 coagulates more quickly than whites; Black peoples
25

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

3
4 These false beliefs about Black people's
5 experiences of pain have led to treatment
6 disparities. In the same study, for example,
7 trainees who believed that Black people are not as
8 sensitive to pain as white people, were less likely
9 to treat Black peoples pains appropriately.

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

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

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

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

1 ultra sound of her legs, which revealed nothing.
2 Finally, she was sent for a CT and several small
3 blood clots were found in her lungs. Once again,
4 despite being a world class athlete, meaning that she
5 was more attune to her body and her body needs than
6 the average person, being Black impacted her
7 healthcare.
8

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

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

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

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

1
2 Assistant programs. The school works to expand
3 access to medical education to individuals who are of
4 underserved communities, of limited financial
5 resources, and of ethnic racial ethnic backgrounds
6 historically underrepresented in the medical
7 profession and commits to increasing primary care
8 practitioners in historically underserved
9 communities.

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

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

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

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

1
2 climate, in its curriculum, and via
3 faculty/staff/student development.

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

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

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

17 And, since this is my last hearing as a council
18 member serving in the capacity of Chair of The
19 Committee on Higher Education, I want to say that I
20 have been extremely pleased and privileged to have
21 served in this capacity, to have learned so much more
22 about CUNY and about the systems and the programs,
23 and the challenges that it faces. And, hopefully
24 we've offered some insight as we've looked at the
25

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

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

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

16 Thank you.

17 COMMITTEE COUNSEL: Thank you, Chair Barron.

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

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

23 Before we begin, please remember that everyone
24 will be on mute until I call on you to testify.
25

1
2 After you're called on, you will be unmuted by the
3 host. Note that there will be a few second delay
4 before you are unmuted and we can hear you.

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

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

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

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

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

22 I will now administer The Oath of the
23 Administration. When you hear your name, please
24 respond once a member of our staff unmutes you.
25

1
2 Do you affirm to tell the truth, the whole truth,
3 and nothing by the truth, before this committee, and
4 to respond honestly to council member questions?

5 President Vincent Boudreau?

6 PRESIDENT BOUDREAU: I do.

7 COMMITTEE COUNSEL: Thank you.

8 And, Dr. Carmen Green?

9 DEAN GREEN: I do.

10 COMMITTEE COUNSEL: Thank you.

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

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

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

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

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

1
2 led by a dean who also served the college as provost—
3 thus dividing his attention and energy. For this
4 reason, I think of Dr. Green as almost the founding
5 dean of the school, or at least the first dean who
6 has had the attention and authority to enact a
7 founding vision for the school. She will shortly
8 describe the mission and accomplishments of the
9 school, and we are proud of them.

10 I would like to leave you with two concerns.

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

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

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

21 So, it is now my great pleasure to get out of the
22 way and yield to Dr. Carmen Green, who is a
23 nationally renowned specialist in pain and
24 disparities in pain across different a community --
25

1
2 so addressing specifically, uh, Chair Barron, some of
3 the concerns you raised in your introducing.

4 Thank you.

5 COMMITTEE COUNSEL: Thank you.

6 Dr. Green, you may begin.

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

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

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

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

1
2 CUNY School of Medicine's students intrinsically
3 understand the social determinants of health and they
4 deeply care about underserved communities. They bring
5 this knowledge to their patients and the communities
6 they serve, often in communities where they were
7 raised. We select exceptional high school students
8 from each of the five boroughs across New York State.

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

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

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

1
2 Unfortunately, 84% of our graduates also carry a
3 large and unequal debt burden at almost \$200,000 upon
4 graduation.

5 Our goal is to be both MCAT AND DEBT free.

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

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

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

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

23 We are also a national leader in graduating
24 Hispanic and Latinx physicians. Our Black Male
25

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

3
4 Over seven years we create doctors. And, the CUNY
5 School of Medicine pass rate on the licensure exam is
6 similar and slightly better than the national
7 average.

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

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

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

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

1
2 are thankful for like-minded hospital partners, who
3 embrace our mission, value our students' community
4 roots, and understand our students willingly stay and
5 serve in New York. Nonetheless, we could use more
6 partners.

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

14 Our research footprint is small and additional
15 investment is needed.

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

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

1
2 outcomes for minority, vulnerable, and marginalized
3 populations.

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

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

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

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

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

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

1
2 And, I am happy to address your questions, thank
3 you.

4 COMMITTEE COUNSEL: Thank you for your testimony.

5 We will now turn to Chair Barron for questions.

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

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

8 DR. GREEN, DEAN: Thank you.

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

13 DR. GREEN, DEAN: Thank you.

14 CHAIRPERSON BARRON: in your position.

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

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

20 DR. GREEN, DEAN: Perfect.

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

23 DR. GREEN, DEAN: Perfect, thank you.

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

1
2 you know, can you share with us what is the
3 student/teacher ratio for the BSMD portion of the
4 program?

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

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

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

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

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

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

1
2 DR. GREEN, DEAN: Well, since we've had this
3 before, uhm... Well, let me be clear, Chair. We
4 have been functioning on an ultra-lean faculty ratio.

5 CHAIRPERSON BARRON: Mm-hmm

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

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

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

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

1
2 DR. GREEN, DEAN: We have approximately 50
3 faculty, uhm, 75 staff -- and that's 50 fulltime
4 faculty. We have some adjuncts, uhm, as well. I'd
5 have to look at our numbers here. Uhm, let me see
6 here.... But, we have fulltime faculty at 50, which
7 enough to do the work. We do employ, you know, when
8 we need to have additional resources, we do employ
9 adjunct faculty. We're also recruiting some actually
10 some and I know that President Boudreau is also
11 excited about some of the people that we're hiring,
12 to sort of enhance the work that we're doing. We do
13 not want our students to be impacted in any type of
14 negative way. So, we're adding to the curriculum.
15 (BACKGROUND NOISE) (INAUDIBLE 00:28:02) the community
16 at large to really think about healthcare quality
17 particularly as it relates to racial and ethnic
18 minorities.

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

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

1
2 for the BS component, which is a bargain, uhm, as you
3 would know.

4 But, if you don't have... If it's \$7.00 or
5 \$70,000, if you don't have \$7.00, it doesn't make a
6 difference. So, most of the students in the BSMD
7 program, uhm, qualify for financial aid. And, so,
8 they would qualify for PELL Grants, they would
9 qualify for the New York State program. In fact,
10 uhm, almost 50% of our students come with expected
11 family contribution of no... of zero. So, this makes
12 this the in the lowest income of the lowest income.
13 So, they qualify for SNAP. Uhm, and the other...
14 About another 30%, so we're almost up to 90% of
15 students who qualify for financial aid.

16 Now, that's the Bachelor's component. The MD
17 component, tuition is \$41,600, which is the lowest in
18 New York State. With that being said, our
19 students... So, the same students who matriculate as
20 Bachelor's prepared students now going in to the MD
21 program, without the MCAT, are no longer eligible for
22 those federal funds. So, now, they transition into
23 the loan system. And, so, they graduate with a
24 disproportionate amount of debt. And, \$178,000, so
25

1
2 less debt in the first few years, more debt in the
3 last few years.

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

12 CHAIRPERSON BARRON: Thank you. How did the
13 pandemic impact CUNY School of Medicine? And, how did
14 it impact your partnership with the Saint Barnabas
15 (BACKGROUND NOISE) (INAUDIBLE 00:30:44)

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

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

1
2 Uhm, our buildings were closed, which is a
3 problem sometimes for the students who come from, you
4 know, multigenerational families. Uhm, they depend
5 on us as a place to study. Uhm, and the
6 transportation becomes problematic. They don't
7 generally have their own vehicles.

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

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

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

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

1
2 may have suffered from COVID, died from COVID, and
3 then go into the hospitals where, uh, Saint Barnabas
4 was, again the epicenter. And, you know, watching...
5 doing the best we would to save lives, but watching
6 people die. So, there's also been an emotional toll.

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

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

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

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

1
2 easier than some of the faculty. But, we were able
3 to do it. And, you know, again, it shows up in their
4 exams, uhm, our exams as far as our (INAUDIBLE
5 00:33:57) are similar to rest of the national
6 average.

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

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

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

24 DR. BARRON: Thank you.

25 Uhm, moving to the area of admissions...

1 DR. GREEN, DEAN: Mm-hmm?

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

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

11 (Cross-Talk)

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

13 (Cross-Talk)

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

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

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

4 (Cross-Talk)

5 CHAIRPERSON BARRON: Yes, you did.

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

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

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

18 CHAIRPERSON BARRON: Mm-hmm

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

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

1 DR. GREEN, DEAN: Mm-hmm

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

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

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

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

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

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

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

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

1
2 accepted. And, I hope that that will apply in the
3 future to Hunter College High School. I think that
4 it's abominable that in this day and age, Hunter
5 College High School still requires one test as the
6 major determinate for students coming in. And,
7 because of that, there has been a significant decline
8 in the number of Black and Latinx and people of color
9 at Hunter. And, until CUNY addresses that and
10 corrects that, we're going to continue to see that
11 same problem increase... diminishing. And, you can
12 hear my passion in this. Because, I feel about...
13 very strongly about it.

14 So, here on one hand, you have CSOM, which
15 understands that the totality of what should be
16 considered and selecting students, and on the other
17 hand, a school that insists, even during this time of
18 a pandemic, and an opportunity to say, hey, listen,
19 we can shift gears, we can do something different,
20 that refuse to do that. So, I had to put that in.

21 Uh, my next question, according to City College,
22 candidates for the BSMD program, graduating class are
23 from backgrounds underrepresented in medicine. And -
24 - it's URiM, U R i M -- and they are defined as
25 students from Black, Latinx, and mixed-race

1
2 backgrounds, the highest ever for the program and
3 76%. So, currently, 57% of CSOM students are URiM,
4 and 62% identify as female, and 38% identify as male.

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

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

21 CHAIRPERSON BARRON: Mm-hmm?

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

24 CHAIRPERSON BARRON: Mm-hmm.
25

1
2 DR. GREEN, DEAN: We do that. You know, we take
3 care of... These... So, we see people talk about
4 resilience and grit. Our students have resilience
5 and grit. And, my grandfather always talked about,
6 you know, there's 300 million people in this world,
7 and it takes only one person to make a difference.
8 And, that's what we're doing. We're trying to make
9 that difference. We're also making certain that
10 their resilience doesn't break. Uhm, and, so this is
11 hard work.

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

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

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

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

20 CHAIRPERSON BARRON: Yes?

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

1
2 CHAIRPERSON BARRON: Mm-hmm

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

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

24 (Cross-Talk)

25

1
2 DR. GREEN, DEAN: And, Chair if I may add one more
3 comment...

4 CHAIRPERSON BARRON: Yes.

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

7 You know we are not... We're taking exceptional
8 students across New York's five boroughs. Right?
9 Uhm, we're not cherry-picking. Right?

10 CHAIRPERSON BARRON: Mm-hmm.

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

1
2 medical schools, uhm, are kids like ours, who've
3 been... They've got... They're not first
4 generation. They're second or third generation.
5 Their parents in... Disproportionately in medicine.
6 Their parents are physicians. That's not the case
7 here.

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

17 CHAIRPERSON BARRON: Yes.

18 DR. GREEN, DEAN: I'm not mad at them, are tuition
19 free -- okay? -- regardless whether or not they, you
20 know, a student needs to have their tuition waived.
21 And, they walk out with no debt. And, they go and
22 serve at other places in specialty care. So, I think
23 that's a fundamental issue of fairness. Now, with
24 that being said, we need, you know, people of color,
25 uhm, need neurosurgeons as well. Uhm, and people

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

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

16 So, CUNY is a significant part of my training and
17 preparation to be where I am. And, just for your
18 information, prior to being a legislator, I was a
19 teacher in the New York City Board of Education.
20 And, that's my great love. And, that's my passion.
21 And, that's what I do best. I met... I went to the
22 post office yesterday to mail a letter, and the clerk
23 said, "Barron! You're my daughter's teacher! We
24 were talking about you last week!" So, that's the
25

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

2 If you have someone that you've interacted with, and
3 years later they can have some kind of acknowledgment
4 of the positive impact that you had in their life,
5 that's the reward.
6

7 DR. GREEN, DEAN: Mm-hmm

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

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

22 CHAIRPERSON BARRON: They do.

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

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

1
2 makeup by gender, by residency in terms of those who
3 came from New York City High Schools, and (BACKGROUND
4 NOISE)... (Cross-Talk)

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

6 CHAIRPERSON BARRON: (Background Noise) (INAUDIBLE
7 00:49:29) individual (INAUDIBLE 00:49:30) self-
8 identified, if you don't have it now... (Cross-Talk)

9 DR. GREEN, DEAN: I do have it.

10 CHAIRPERSON BARRON: Okay, great.

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

22 CHAIRPERSON BARRON: Thank you.

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

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

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

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

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

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

1 levels of preparedness to care for LGBTQ patients.

2 How is CSOM working to address such gender inequities
3 in its admissions process?
4

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

16 (Cross-Talk)

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

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

1 and pray, uhm , their sexual orientation. So, all of
2 that comes out in the curriculum throughout the seven
3 years. And, we have... They get taught about health
4 disparities, and one of the health disparities as you
5 mentioned is about, uhm, people who are LGBTQ.
6

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

24 DR. GREEN, DEAN: Mm-hmm

25 CHAIRPERSON BARRON: Thank you

1
2 Uh, and we also have questions also related to
3 the demographics, uh, the ones that I first asked
4 were the class of 2028, and we'd like to have that
5 same information race, ethnicity, gender, New York
6 City residency, and any who might identify as having
7 a disability for particularly the entire program of
8 BSMD, as well as for the Physician Assistant Program?
9 So...

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

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

16 PRESIDENT BOUDREAU: as part of her testimony.

17 DR. GREEN, DEAN: (BACKGROUND NOISE) (INAUDIBLE
18 00:54:54)

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

21 CHAIRPERSON BARRON: Okay.

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

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

1
2 How many students are currently in each cohort of
3 the seven years BSMD program?

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

13 CHAIRPERSON BARRON: Yes.

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

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

1
2 opportunities to, you know, maybe get a master's,
3 uhm, along the way, or get an MDPHD. As you know,
4 the number of people who have MDs and Ph.D.s who are
5 Black, Latinx is woefully low.

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

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

13 CHAIRPERSON BARRON: Mm-hmm

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

18 CHAIRPERSON BARRON: What supports, uh, academic
19 or other kinds (STATIC/CONNECTION LOST) (INAUDIBLE
20 00:56:59) in your program (INAUDIBLE 57:02)

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

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

1
2 programs, the BSMD Program, as well as the Physician
3 Assistant Program?

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

1
2 really exposing them to research. We think we can
3 actually change, uhm, the pipeline as it relates to
4 the Biomedical PhD, Master's, prepared person.

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

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

24 CHAIRPERSON BARRON: Thank you.

1
2 Can you describe the process, I'm sure you can...
3 Can you just... Can you just please describe for us
4 the process by which students transfer from the BS
5 portion of the program to the MD portions. And, the
6 students, are they automatically accepted, is there a
7 rate of acceptance that's than a 100%? What accounts
8 for that?

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

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

1
2 expect a student to have gained before going in to
3 the MD?

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

6 CHAIRPERSON BARRON: Okay, so pass/fail?

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

12 CHAIRPERSON BARRON: Mm-hmm

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

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

1
2 the second one before they can... I don't know, is
3 it to graduate, Carmen, or... Or... (Cross-Talk)

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

13 PRESIDENT BOUDREAU: Right.

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

15 PRESIDENT BOUDREAU: Right.

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

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

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

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

9 CHAIRPERSON BARRON: Yes.

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

17 CHAIRPERSON BARRON: Thank you.

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

20 DR. GREEN, DEAN: Mm-hmm?

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

1
2 dollars in interest free loans for the inaugural BSMD
3 class.

4 What is the status of this campaign?

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

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

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

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

1
2 So, I imagine a huge part of the work that we
3 will be doing, in collaboration, and I'll say it's
4 already started, is to get a, uh, the kind
5 philanthropic operation, uhm, that is worthy of this
6 school's potential going. Uh, and I think we've got,
7 uh, we've got a great, uhm, fundraiser in the person
8 of the new dean.

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

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

22 CHAIRPERSON BARRON: Uh, thank you.

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

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

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

15 CHAIRPERSON BARRON: Yes.

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

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

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

8 CHAIRPERSON BARRON: Mm-hmm.

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

12 CHAIRPERSON BARRON: Thank you!

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

22 PRESIDENT BOUDREAU: But, I will say, we will
23 still be... We will still be pleased to engage you
24 on anything you're curious about... (Cross-Talk)
25

1
2 CHAIRPERSON BARRON: Okay, thank you.

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

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

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

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

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

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

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

2 So, again, that dean came and is gone.

3 CHAIRPERSON BARRON: Mm-hmm.

4 DR. GREEN, DEAN: Uhm, there was a survey that was
5 administered. I... My understanding, it was, uhm,
6 very low response rate. So, it makes its validity
7 problematic.
8

9 CHAIRPERSON BARRON: Mm-hmm

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

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

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

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

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

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

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

12
13 So, those are things that are key components of
14 how I'd move forward. I have given you in your
15 appendices, some key talking points that I have used
16 to start thinking what the vision is. And, those
17 come from when I was interviewing, which is a little
18 bit refined, uhm, once I've been here, recognize I've
19 only been here two months, but I've been doing a lot
20 of thinking. Uhm, it's always a little dangerous to
21 put some things out when you haven't really at least
22 been here, but I have started working on a vision
23 statement and a strategic planning process. Uhm, the
24 key thing is to get to the point where it's actually
25 the holiday season, where I can have a little bit of

1
2 uninterrupted time. You know, I thought we were
3 going to be able to get this done on Thanksgiving.
4 And, then you know what? Uh, Chair Barron called me,
5 I don't know if you know here, uhm, said, uhm, we
6 would like for you to come and spend a little quality
7 time, uh, with the New York City Council. And, we
8 welcomed that.

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

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

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

24 Three, really thinking about... Are you with me?
25

1
2 CHAIRPERSON BARRON: Yes, I am. I'm listening to
3 you. I don't have it in front of me.

4 DR. GREEN, DEAN: Okay.

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

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

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

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

21 And, then, I talk a little bit about, you know,
22 my first priority is to increase our impact and
23 footprint. And, so, our branding, you know, I, Chair
24 Barron, you know when I first came to this community,
25

1
2 I asked people about the CUNY School of Medicine, and
3 people didn't know it existed.

4 CHAIRPERSON BARRON: Mm-hmm

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

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

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

1 thinking about, how do we create an environment where
2 everyone can be successful. And, I talked to you
3 about research.
4

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

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

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

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

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

1
2 Uhm, we... We just can't, without passing that on to
3 students who already have an unequal burden.

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

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

24

25

1
2 PRESIDENT BOUDREAU: Mm-hmm?

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

10 And, that's my final question.

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

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

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

1
2 medical education that's put us on... on really
3 different footing than the rest of this group.

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

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

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

9 CHAIRPERSON BARRON: Yes.

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

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

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

25 CHAIRPERSON BARRON: Mm-hmm

1
2 DR. GREEN, DEAN: And, so, uhm, our revenue, it...
3 the, uhm, accrediting body says we have to have a
4 certain amount of dollars in reserves. Uhm, and so
5 we can't utilize some of those dollars, uhm, that we
6 could potentially use... That we would use for
7 infrastructure.

8 Now, I also will take us back to the conversation
9 where we began, and you... This medical school, I
10 would say, was started... I've never seen this
11 before; they usually are started on like a 50 million
12 - 100 million dollar endowment. Maybe there was a 5
13 million dollar endowment, maybe? So, it was an
14 experiment at some level. And, I use the analogy of,
15 you know, there was a baby that was left on
16 somebody's, uhm, in front of a church, and lo and
17 behold the baby survived. Uhm, I would like to for
18 the baby to be able to thrive. And, so it means to
19 me, that the school was supposed to survive. But, now
20 it's time for it thrive.

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

1
2 how much each of the state schools received. And,
3 I'm... I'm not comparing us to Einstein or NYU or
4 Columbia or Weill, uhm, how much they receive per
5 head, uhm, in comparison to the need, uhm, for our
6 students.

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

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

3
4 CHAIRPERSON BARRON: Thank you so much. Uhm, I
5 am going to turn it now back to our counsel.

6 COMMITTEE COUNSEL: Mm-hmm

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

10 COMMITTEE COUNSEL: Thank you, Chair Barron.

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

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

18 Testimony@council.nyc.gov .

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

23 CHAIRPERSON BARRON: Yes, thank you so much.

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

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

17 DR. GREEN, DEAN: Thank you.

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

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

1
2 who may not know, that right here in New York City,
3 we've got an excellent medical school.

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

11 DR. GREEN, DEAN: Mm-hmm

12 CHAIRPERSON BARRON: And, I support that
13 wholeheartedly.

14 DR. GREEN, DEAN: Thank you.

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

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

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

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

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

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

14 Thank you so much.

15 **[GAVEL]**

16 PRESIDENT BOUDREAU: Thank you, thank you, Chair.

17 CHAIRPERSON BARRON: Thank you.

18 COMMITTEE COUNSEL: Thank you, Chair,
19 congratulations!

20 CHAIRPERSON BARRON: Thank you.

21 UNKNOWN: Congratulations.

22 CHAIRPERSON BARRON: Thank you.

23 UNKNOWN: Brava, Brava.

24 CHAIRPERSON BARRON: Thank you.
25

C E R T I F I C A T E

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



Date January 25, 2022