



## **#ActionsSpeakLouder Demands**

The Einstein **White Coats for Black Lives** chapter, in conjunction with the **Student Collective for Action on Diversity**, demand meaningful and timely action on the following 12 categories created to improve the climate of anti-racism at the **Albert Einstein College of Medicine**

- 1. OFFICE OF MEDICAL EDUCATION COMMITMENT TO ANTI-RACISM**
- 2. MEDICAL SCHOOL ADMISSIONS & RECRUITMENT**
- 3. GRADUATE SCHOOL ADMISSIONS & RECRUITMENT**
- 4. REPORTING BIAS & ACADEMIC MISCONDUCT IN GRADUATE & MEDICAL SCHOOLS**
- 5. SUPPORT FOR BLACK STUDENTS**
- 6. EXPANSION OF THE DIVERSITY "UMBRELLA"**
- 7. CURRICULUM REFORM**
- 8. DENOUNCEMENT & REMOVAL OF RACE-BASED MEDICINE**
- 9. FACULTY DEVELOPMENT IN HEALTH EQUITY INSTRUCTION**
- 10. FACULTY & ADMINISTRATION EVALUATION AND OVERSIGHT**
- 11. URM FACULTY RECRUITMENT**
- 12. COLLABORATION WITH BRONX COMMUNITY ACTIVISTS**

To Deans and Administration of Albert Einstein College of Medicine,

The events of the past several months have reinvigorated a collective reckoning on the malignant racism present at all levels of our society. Black Americans are dying because of prolonged and persistent racism, both in the streets at the hands of the police and in our hospitals at the hands of a society that systemically neglects the well-being of working-class Black and Indigenous People of Color (BIPOC); at times these issues surpass class. These problems have persisted over 400 years in this country. Over the last century, institutions and leaders have scrambled to assuage conflict with insincere condolences, minute policy changes, and *temporary* increase in BIPOC representation whenever racial tensions boil over. As we have seen time and time again, this has never been enough to undo the ever-present destructive nature of racism in America. We call on *our* institution to do better. This time must be different. After the protests wane and the pandemic ends, we must all remember our visceral reactions to this moment in history and uphold our commitments to fight for a more just and equitable society.

In December 2015, the National Working Group of White Coats for Black Lives (WC4BL) coordinated the #ActionsSpeakLouder Campaign. National silent protests took place in several cities to call on the administrations of medical schools to move past statements of support and take tangible actions. Demands included (1) ensuring that the next incoming medical school classes would be representative of the US population and include at least 13% African-American, 1% Native American, and 17% Latinx students and (2) ensuring that underrepresented minorities in the local communities had access to quality care without financial hardship. The Einstein WC4BL chapter participated in this action, assembling first at Main Street and then marching to the lobby of Weiler Hospital. Now, 5 years later, the campaign is occurring again to highlight how far medical schools still have to go to move from words to anti-racist actions.

The Einstein Office of Diversity has conducted multiple tests of campus climate surrounding race and ethnicity in a [general climate survey](#) given to the students, postdocs, staff, and faculty. The latest results from 2019 were analyzed by Ariel Fishman, Senior Director of Institutional Research and Assessment, and showed that the majority of Black, students/postdocs, and LGBTQIA+ participants lacked general trust in the administration of Albert Einstein College of Medicine. To assess this criterion the survey asked questions like “I trust my institution to be fair to all employees, and students.” and “If I raised a concern about discrimination, I am confident my institution would do what is right.” These survey questions received marks that were statistically significantly lower (less satisfactory) from members of the Einstein community who identified as students/postdocs, Black, and/or LGBTQIA+. These results, which can be viewed in a very detailed PowerPoint [here](#), show a **quantifiable issue with trust and communication between Einstein and its Black, student/postdoc, and LGBTQIA+ communities**. In addition to a lack of trust, these same communities responded negatively to the survey question: “I see people in leadership who share my identity/are from my background”, noting the severe lack of diversity among the higher-ups in the institutional framework. [To give context to these data, we](#)

[have collected personal accounts of how institutional, interpersonal, and internalized racism are experienced by current students.](#)

The Einstein administration has released statements describing commitments to fight racism, hosted town halls to hear our feedback and frustrations, and supported our demonstrations. However, words are not enough. The administration has yet to recognize or release a statement about the attempted lynching in Indiana, two recent lynchings that occurred in New York City, and the five others that occurred in [California, Oregon, Georgia, and Texas this past month](#). The administration has also failed to address the nooses found hanging in Van Cortlandt Park *of the Bronx* on the eve of Juneteenth. There are Black students here at Einstein fearing for their safety and second-guessing whether or not it is safe to leave the campus on their own. These students are literally experiencing their worst nightmares come to life as crosses are being burned in activists' yards with no word of support or comfort from the school. If there are reported acts of terrorism nationally, and especially locally, targeting Black people, or any group that is apart of the patient, student, staff, and faculty population, the institution is responsible for awareness of these events. Those charged with the privilege of supporting and protecting our Einstein community members are not afforded the space to simply not know, or worse, not acknowledge these acts of terror. The [Van Cortlandt Mansion](#) was the central structure of the plantation located in the park during the eighteenth century, further supporting the area's already established history of anti-Black racism and violence. Silence about these instances reinforces the administration's failure to understand the [traumatic implications](#) of these events (which historically function to ["restore racial hierarchy through terror and violence"](#)) for Black members of our community and its continued inability to support and build trust with Black students, faculty, and staff.

In order to put an end to the cyclic violence against Black Americans, we must now act to fundamentally transform the ways our society and institutions function. Our institutions need to become explicitly anti-racist. We include below a list of **tangible actions that fall under 12 major issue areas**. An overview of these demands and a direct link to this letter have been shared widely via social media as a part of the WC4BL #ActionsSpeakLouder campaign. We know that this administration is capable of organizing and executing expeditious change, as seen with changes to the curriculum for COVID-19. Any understanding of the health impact of racism on Black people in America other than *urgent* or *emergent* is devaluing to black life. Therefore, **we expect the work on these action items to begin immediately, and we request a progress report be made publicly available in 6 months**. We demand that the administration commits to implementing the following actions and be held accountable if they fail to do so.

## Office of Medical Education (OME) Commitment to Anti-Racism

In 2014, the founding members of the Student Collective for Action on Diversity sent a letter to the Deans of the Office of Student Affairs. This letter was in response to a tone-deaf email about student participation in protests that erupted in New York City after the lack of indictments of officers for the murders of Eric Garner and Michael Brown. We are grateful that several of our goals, including a diversity town hall and a larger presence of the Office of Diversity Enhancement in orientation, were met. However, specific requests that have **not** been met include the following:

- “We want our education to include the extremely important topics of implicit bias, economic justice, racial justice, and consideration of privilege. This training should happen before we have contact with patients whose lives our biases affect.
- To ensure standardization and mutual respect for sensitive topics that could potentially offend students and patients, we demand that all Einstein faculty receive training on implicit bias and racial justice.
- We want more oversight and discussions with guest lecturers and course leaders to prevent further misogynistic, racist, and homophobic comments from occurring while we are trying to learn medicine.
- We want clinicians and lecturers who speak of the privilege of serving patients in our community with great health care disparities to stop making off-hand derogatory comments about the Bronx and its population.”

Six years later, we are still waiting for Albert Einstein College of Medicine, an institution founded on principles of social justice that claims to produce socially conscious physicians, to commit to anti-racism. Still, we receive lackluster statements from deans who are not committed to awareness of instances of racial terrorism, and the school curriculum falls far short of this institution's stated mission. This is unacceptable. We are outraged, and we demand that you do better. Stating an institutional commitment to social justice without adopting an anti-racist mindset and practices is false advertising. Though curriculum reform, faculty development, and other issue areas are covered below, we aim to highlight here the continued lack of commitment to anti-racism of the Office of Medical Education (OME) and the Office of Student Affairs (OSA) and the ongoing harm to marginalized students that results.

Dr. Joshua Nosanchuk was previously a dean of the OSA and a recipient of our initial letter, and he graciously met with a small group of students shortly after the letter was sent. He also sat on the Diversity and Inclusion Strategic Planning Committee and currently sits on our Diversity and Inclusion Council. He is now our Senior Associate Dean of the Office of Medical Education, and he attended all of our recent Town Halls for a Discussion on Collective Action and Institutional Change. Despite his involvement and awareness, we have seen little change. Therefore, we demand that the OME, under Dr. Nosanchuk's leadership, commit to anti-racism both verbally and in practice.

**ACTION:**

- We demand that the OME and OSA leadership personally commit to introspection about their position on anti-racism and enacting changes based on an anti-racist worldview. If they do not feel equipped to do so, we demand that they actively seek out tools to develop the anti-racist mindset required of their positions. Please refer to the [Ally Toolkit](#). Einstein's leadership is responsible to model through their actions the Einstein competency of Physician As Lifetime Learner, and given the recent national reckoning with historic and ongoing racism, additional tools are readily available online. Educating our institution's leaders is **not** the responsibility of BIPOC students, and we cannot do this deeply personal work for you.
- A formal statement committing to anti-racism with a detailed plan for institutional change from the OME. If this cannot be done, we recommend the mission statement be changed as to not promote undeliverable promises.
- A redefined structure aimed at increasing OME and OSA awareness of both national and local racial violence should be developed and publicly available. All statements to the student body resulting from this increased awareness should be reviewed by Dr. Nerys Benfield, Senior Associate Dean of Diversity and Inclusion.
- Deans of the OME and the OSA must undergo faculty development in the concepts of holistic student affairs, and specific training on how to address the mental health and support issues of URM students.

### **TIME TO COMPLETION:**

A formal statement committing to anti-racism should be shared **immediately**, and a plan for increased awareness and faculty development should be shared within the next **6 months**.

## Medical School Admissions & Recruitment

Make deliberate efforts to admit underrepresented minority students. Albert Einstein College of Medicine serves the borough of the Bronx, a community that is predominantly inhabited by Black and Latinx people (35% of the population is Black). Numerous studies have shown that one of the best ways to combat the drastic health disparities experienced by these communities is to diversify healthcare-related fields. However, [according to the AAMC](#), Black students make up only 5.7% of the national medical school student body and experience lower acceptance rates (34%) compared to other groups (42-44%)<sup>1</sup>. [At Einstein specifically](#), Black students make up approximately 4% of the student population while White students make up 51% and Asian students make up 31%<sup>2</sup>. Not only is our institution lower than the percentage of Black students accepted on a national level, but it also completely fails to represent our patient population in the Bronx.

Admissions is a multi-step process that propagates this cycle of underrepresentation. Einstein must fully commit to the "holistic review" process that is advertised, incorporating the complex social factors that hinder the higher education of Black pre-medical students. After acceptance, it is imperative that Einstein Admissions demonstrates an understanding of the critical role that financial aid, specifically scholarships and grants, plays in the matriculation of Black students.

## **ACTION:**

- Publicly release a detailed plan about creating a first-year class in 2021 with over-representation of Black, Latinx, and Native American students.
- Ensure there is room in the budget for recruitment chairs to attend SACNAS, LMSA, and SNMA regional and/or national conferences every year.
- Expand HBCU and Hispanic-serving institution recruitment with dedicated recruitment events and increased availability of spots for these applicants in our pipeline programs.
- If recruitment committees do not have enough people to do this work, incentivize students to attend and recruit at these conferences.
- Establish an Admissions Committee with a racial composition that matches the demographics of the United States. Greater representation of Black and Latinx Admissions Committee members and interviewers will help recruit more URM prospective students and diversify perspectives on applicants. Information on the Admissions Committee's racial composition must be made publicly available. See the [Expansion of the Diversity and Enhancement Umbrella section](#) for potential mechanisms of ensuring that this initiative can be completed.
- Increase non-Office of Diversity Enhancement (ODE) funds for admissions targeted recruitment events such as Real Talk and the ODE Second Look Day. Second Look Day is imperative for Einstein URM recruitment. It not only allows pre-medical students to interact with current medical students and faculty members but also allows students to become familiar with the campus in a lower-stress environment than is experienced during their interview day. This day is currently funded entirely through a limited ODE budget and would greatly benefit from additional monetary support through the greater Einstein community.
- Publish demographics of people who apply, receive interviews, are accepted to the program as well as those that are retained.
  - Keeping track of this data will help identify issues that are affecting the retention of URM students and whether or not we are recruiting an adequate number of URM students.

## **TIME TO COMPLETION:**

In order to ensure that these changes are in effect for the class of 2025, we demand that work begin **immediately** and that a plan for improving medical school admissions be made publicly available in **6 months**.

## Graduate School Admissions & Recruitment

The graduate school must commit to increasing the enrollment and retention of URM students and postdocs at Einstein. Currently, Dr. Freedman is primarily responsible for student recruitment. We encourage the continuation of sending representatives to recruit from ABRCMS and SACNAS. We also propose the permanent establishment of a Diversity and Inclusion subcommittee focused on recruiting and supporting URM students. See the [Expansion of the Diversity and Enhancement Umbrella](#) section for initiatives to improve graduate school recruitment.

### **ACTION:**

- Allocate or increase the recruitment budget so that URM students from different departments can participate in the recruitment process. These student representatives will attend conferences (SACNAS, ABRCMS).
- Provide interviewers with a set of guidelines on topics to avoid during interviews to prevent bias from impacting an interviewer's decision and incorporate standardized behavioral interview questions to make interviews more uniform and less subjective and subject to bias.
- Increase transparency of the graduate school admissions committee and ensure that a holistic review of applications occurs also increasing the representation of faculty of color in the screening, interview, and selection process.
- Publish demographics of people that apply, receive interviews, are accepted to the program as well as those that are retained.
  - Keeping track of this data will help identify issues that are affecting the retention of URM students and whether or not we are recruiting an adequate number of URM students.
- Diversify the admissions committee; If qualified URM faculty are not present in the basic science departments, ensure that the current admissions committee is culturally competent.
- Refer to action items under [Medical School Recruitment/Admissions](#) for remaining action items.

### **TIME TO COMPLETION:**

In order to ensure that these changes are in effect for the selection of the entering class of 2021, we demand that work begin **immediately** a plan be made publicly available in **6 months**.

## Reporting Bias and Academic Misconduct in the Graduate and Medical Schools

The **graduate school** currently does not have a system to anonymously report bias incidents and academic misconduct. While graduate students are considered "employees" at Einstein, we are not afforded the same protections as other employees through human resources.

Without the existence of a reporting system for graduate students, students are often forced to endure triggers of previously inflicted traumas since they are required to continue communication with individuals that caused said traumas in their laboratory or departmental micro-environment. Students need a way to report anonymously and to also be protected from retaliation. There needs to be a detailed system of reporting that describes (i.) how the student's identity will be protected, (ii.) how the incident will be addressed, (iii.) what measures will be taken to protect the student in the event of retaliation, and (iv.) generation of an evaluation/documentation system for faculty that have multiple reports made against them. As graduate students, our success in this program relies on our ability to work in a specific lab; it is imperative that the logistics are fleshed out in-depth and also inspected by a third-party consultant before students utilize it.

Within the **medical school**, faculty evaluations contain vague language about sensitivity to diversity issues in the section on professionalism, which also includes punctuality. This results in ambiguous feedback and it is unclear how faculty receiving low scores and/or comments about their oppressive behavior are supported to grow as teachers of a diverse student body and/or clinicians caring for a patient population that is largely Black and Brown. Additionally, the bias reporting segment of classroom and clerkship evaluations includes a yes/no item that states "All faculty, staff, students, trainees, and patients were treated equitably and respectfully during this rotation no matter their race, ethnicity, country of origin, gender, sexual and gender identification, religion, and economic background". Without clear communication to students about microaggressions and other subtle ways that bias operates, the onus is on the student to justify their perceptions of classroom/clinic culture when bias does not escalate to the level of witnessed acts of interpersonal discrimination. In addition, the bias reporting process is difficult to locate on the intranet, and procedures for addressing bias within the clerkships are unclear. Finally, the school ombudsmen (two senior white faculty) are ill-equipped to address incidents of racial bias and treats the concerns of students of color dismissively. Recently, a student was brave enough to seek help from the ombudsman to address months of overtly racist and homophobic speech by two classmates who created a hostile learning environment for many marginalized students. This student was told that it is common to experience these "cultural differences" and that, in many cases, these individuals don't truly mean the things they say. While the ombudsman informed the student that they are free to move forward with the case in whatever way they feel most comfortable, these words invalidate the student's experience and discourage them from seeking further action. This institutional disregard not only introduces undue barriers to academic success for marginalized students. It also validates and protects students who engage in racist behavior and will go on to deploy this racism in their careers, contributing to health disparities for racial and sexual minority patients and creating a hostile work environment for their marginalized colleagues. This falls far short of Einstein's marketing as a leading institution training future physicians to provide excellent care for diverse patients.

**Graduate School ACTION:**



- **Hire third-party ombudsmen that are not affiliated with Einstein faculty.** Recent ombudsmen discussions have included appointing senior faculty members that are no longer mentoring students. This is a very dangerous route and offers the potential for protection and coddling of offending faculty. Many senior faculty members know other faculty members well or may have even mentored them at some point in time which makes them a conflicting party.
  - Ombudsmen typically do not need a professional level degree. For the protection of students and also faculty members, someone who is not already affiliated with Einstein is very much preferred. The newly constructed ombudsmen system must prioritize protections for the reporter and clearly state guidelines for actions that will be taken. Both [Columbia](#) and [Mt. Sinai](#) have examples of ombuds offices that adhere to the guidelines put forward by the [International Ombudsman Association \(IOA\)](#). In the attached link you will find their standards of practice document explicitly states in the first two bullets that independence from other offices and positions in the institution is necessary for a proper ombuds council.
- Contract a third-party consultant to thoroughly vet the system of reporting to further ensure the protection of the victim. Ensure this consultant is intimately familiar with the apprenticeship model of a PhD program.

#### **Medical School ACTION:**

- **Hire third-party ombudsmen that are not affiliated with Einstein faculty.** (See the second bullet in Graduate School Action Item).
- Edit faculty teaching evaluation forms for courses and clerkships to explicitly include a standalone diversity evaluation domain and change the evaluation scale so that “satisfactory” includes active engagement with diversity issues and openness to feedback when these issues are raised.
- Devote time in every course and clerkship orientation to affirmatively stating opposition to bias in healthcare, with a discussion of how this tends to manifest in the specific course or clerkship (based on student eval comments and bias reports), encouragement of students to report, and clear discussion of reporting options that are available.
- Given the unclear nature of bias reporting and training, all clerkship directors, evaluators, and main faculty must have bias training. All reports of the presence of bias must be reported to the division chief and chair for a faculty member and PD and chair/chief if the incident was perpetrated by a house officer. In addition, bias incidents by house staff must be tracked and monitored by the DIO of each of our training affiliates.

## **TIME TO COMPLETION:**

We demand that the updated teaching evaluation forms for courses and clerkships be implemented, and the hiring of a third-party ombudsman be completed by the **2021-2022 academic year**. To ensure that Einstein is training socially conscious and culturally competent physicians, we demand that the bias training for all clerkship directors, evaluators, and main faculty begin **immediately**.

## Support for Black Students

As noted, Black students at Einstein make up only 4% of the student body. The need for greatly expanded representation in medical/graduate schools and in the physician/STEM workforce is an urgent matter. Moreover, once Black students matriculate, they face challenges ranging from microaggressions to blatant racism, sexism, homophobia, and misogyny. In addition to the psychological consequences of this racial trauma, these students' work may directly suffer.

**Graduate students** may struggle in their courses, qualification exams, lab environment, and thesis defense. These instances often discourage [Black students from remaining in academia](#). Also, please refer to the following article on biases against Black scientists in [scientific presentations](#). The mental health of the average graduate student has already been deemed a "crisis". Adding the [burden of racial trauma](#), microaggressions, and perceived racism within a [student's](#) micro-environment, and perpetual racial discrimination outside of this college puts URM graduate and postdoctoral students at a much greater risk for mental health problems and [stress-related illnesses](#). It is imperative resources are set aside to ensure that URM graduate students receive adequate support.

**Medical student** performance is also impacted by racism. Starting in the preclinical years with [standardized patients](#), racial bias, and cultural differences result in lower clinical skills scores for Black students. Although the USMLE Step 1 is often heralded as "the great equalizer", [several socio-political factors](#) underscore the score disparities seen between Black students and other groups. In the clinical years, the subjective portion of clinical clerkship grades, which, at Einstein, accounts for 45% of the final grade in most rotations, [favor White students over underrepresented minorities \(URMs\)](#) and non-URM minorities. Given the importance of test scores and clerkship grades in successfully matching into competitive specialties, the medical school administration needs to acknowledge these challenges and make a concerted effort to provide direct and unwavering support to their Black and underrepresented minority students.

## **ACTION**

We endorse the [action items](#) suggested by the White Coats for Black Lives Working group. They include:

- Publicly release data on the clinical evaluation portion and final preclinical/clinical grades and rates of Alpha Omega Alpha (AOA) Honor Medical Society election for students of different races and develop a plan to immediately address any inequities. This plan would likely include the abolition of AOA.

- Increase by at least 50% the funding dedicated specifically to supporting Black, Indigenous, and people of color (BIPOC) students, including mentorship, scholarships, and dedicated support staff.
- As part of a broader project of reckoning with medicine's troubling history of racism, undertake research into the ideologies and activities of individuals featured on their campuses, and remove the names and images of those found to have supported eugenics or other white supremacist causes. This research must extend not only to historical figures, but also to contemporary donors who have engaged in practices such as weapons manufacturing, exploitation of low-wage workers, funding of racist political causes, and employment discrimination.

Action items more specific to the needs of Einstein include:

- Distribute grant and fellowship applications amongst the student body that are specific for both women and URMs. In the ODE listserv, applications for medical student internships and other programs are shared, but this does nothing for URM graduate students. The graduate school already has minimal support so at the very least, these announcements can be shared. [Harvard](#), [Duke](#), and [UCLA](#) have already amassed a wonderful database of women and URM grants and fellowship applications. These databases would be great references to find timely announcements to distribute amongst the student body and to even link on our website.
- Greatly expand on-campus student mental health services by hiring Black counselors and psychiatrists as well as creating a resource guide for accessing mental health services that specialize in working with URM students at local off-campus locations. URM-affirming teletherapy through services such as Talkspace should also be offered with cost subsidized by AECOM.
- Dedicate funding and a task force for improving retention of Black students and increasing their quality of life.
- [Tokenization](#) of the already unfairly taxed URM students on campus for the promotion of the perception of diversity beyond what is an accurate representation of the student body must stop. Consent for use of pictures resulting from 'diversity photo ops' must be obtained from students before the publication of images in promotional material with the explicit characterization of the purpose of such media.

### **TIME TO COMPLETION:**

We demand that improved support for Black students begins **immediately** and that a progress report be made publicly available within the next **3 months**.

### Expansion of the Diversity "Umbrella"

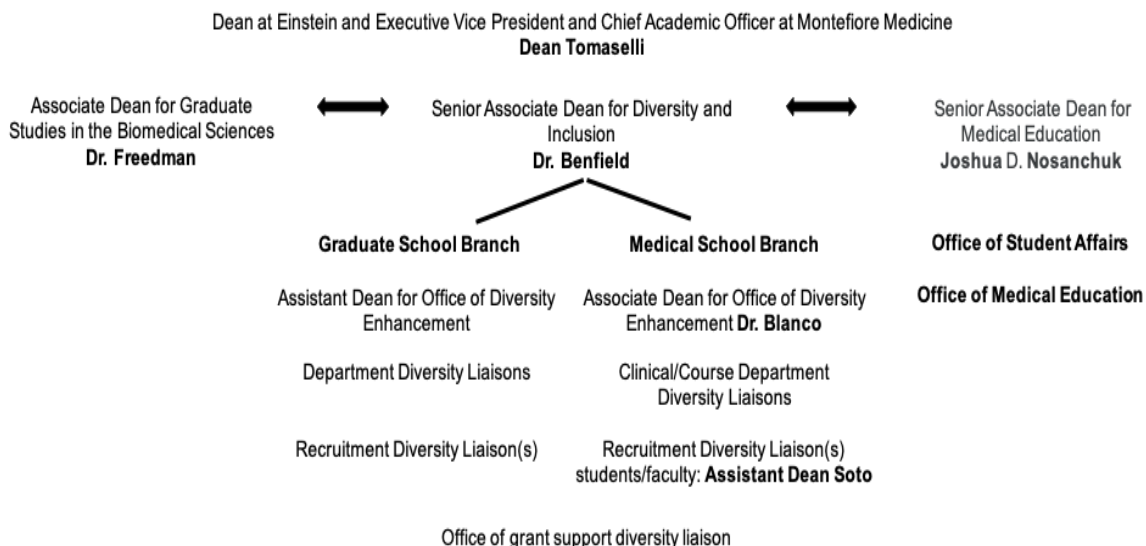
The first diversity retreat took place on March 8, 2015. It was organized by the Student Collective for Action on Diversity and the immediate past Dean of the Office of Diversity Enhancement (ODE), Dr. Yvette Calderon. Six issue areas were addressed: orientation, curriculum reform, admissions, defining the role of the ODE, student life, and feedback and

accountability. It became abundantly clear that the office was understaffed and did not provide support for some marginalized groups on campus. In July of the same year, the ODE was expanded to include LGBTQIA+ students, religious minorities, URM graduate students, and URM MSTP students. The recommendations from the retreat also included a call for a Chief Diversity Officer. Though we are happy to have Dr. Benfield as our diversity dean and Dean Blanco's percent time increased, the ODE remains woefully understaffed and fails to adequately support this expanded quantity of students.

#### **ACTION:**

- An explicit statement defining the power and purview of the Senior Associate Dean for Diversity and Inclusion position currently held by Dr. Nerys Benfield must be shared. Her office should be consulted on all diversity matters at Einstein and all diversity initiatives generated from her office should be supported by the Office of Medical Education and Office of Student Affairs.
- A dedicated Dean of Diversity and Inclusion for graduate students that is not at present affiliated with Einstein or Montefiore. This should be a full-time position.
- The appointment of Assistant Deans within the Office of Diversity Enhancement and the diversity "umbrella" who are **uniquely qualified and dedicated to supporting each group identified and represented in the ODE** (Black, LGBTQIA+, etc.)
- Diversify internal communications and public affairs department with more culturally competent staff. In both the past and very recent present, Einstein has published both delayed *and* offensive statements to the student body as well as subtly offensive posters. That can easily be avoided with a better-equipped staff that is purposefully aware of issues of concern to URM students.
- We are aware that the MSTP Director was not included in this umbrella. Even though he is overseeing the entire MSTP, Dr. Akabas's current status is Professor and Director of the MSTP. The Einstein MSTP is the most diverse and one of the most successful programs on campus. His inclusion on diversity committees was initiated by students and not by the administration. His peer, Dr. Paul Marantz oversees the ICTR and has an Associate Dean appointment. Due to the size of the MSTP program and the demands of overseeing students in both the medical and graduate schools, we believe that Dr. Akabas should be promoted to Senior Associate Dean of MD/PhD Education as other prestigious MSTPs have appointed their program directors with this title. A similarly sized MSTP at [Sinai](#) contains a Senior Associate Dean for MD/PhD Education with a senior advisor, associated directors, and a program manager.

## Diversity Umbrella Hierarchy



### Department/Course Liaison(s) Roles:

- Report any minority-related issues to their respective assistant/associate dean of the Office of Diversity Enhancement.
- Forward ODE emails to their respective department and ensure that diversity initiatives are being implemented within the department.
- Racist, sexist, homophobic, transphobic, ableist and culturally insensitive material should be reported to this person who should then report this to their respective dean of diversity. This person should keep a record of professors that have been reported and present these events to a subcommittee of the Diversity and Inclusion Council. The council should then decide how the offending professor/clinician can receive remedial implicit bias and cultural sensitivity training.

### Recruitment Diversity Liaison(s) Roles:

- To participate in the recruitment initiatives for medical students, graduate students, and faculty. This person(s) should be on the admissions committee for medical school/graduate school.
- To collect data on how many URM students and faculty received interviews and how many were accepted (students) or received a position (faculty). This information should be reported to the Diversity and Inclusion Committee at the end of each interview cycle for students and the end of each academic year for faculty recruitment. For faculty recruitment, this information should be organized by department.
- To collect data on where Einstein is recruiting from and to ensure that Einstein is expanding its recruitment pool.

### Office of Grant Support Diversity Liaison(s):

- To identify and compile grant opportunities for URM students and faculty.

- To compare grant application and award frequencies between URM and non-URM students and faculty to see if there are any differences. This data will be presented to Dr. Benfield and if differences are identified, the office of grant support can begin to address any issues.

### **TIME TO COMPLETION:**

We demand that work on expanding the diversity umbrella begin **immediately** and be completed within **one year**.

### Curriculum Reform

A major topic of the statements released and town halls hosted by the Einstein administration has been curricular reform. In 2015, the Curriculum Development Executive Committee (CDEC) was formed, as stated by former Dean Grayson, to design the curriculum “from scratch based on the needs of our students, the patients that they will serve, and our educational goals, without reference to the current educational structure”. After 2 years of countless meetings and many, many hours of unpaid effort from committee members researching best practices, creating curriculum, and developing evaluation measures, CDEC was scrapped. This decision meant that any hope of studying the impact of a longitudinal anti-bias curriculum, an opportunity for Einstein to shine as a national leader in medical education, was lost. This decision to scrap this work also highlights the undervaluing of the contributions of students and faculty belonging to marginalized groups committing hours of free labor to advocate for antiracist curricular elements while they themselves must work in an environment fraught with racism, sexism, etc. Members of the CDEC were told that the timing was not right to implement a new curriculum because of Einstein’s pursuit of accreditation.

The extensive curriculum changes that have been made in light of the current COVID-19 pandemic demonstrate just how quickly we can adapt when faced with an urgent need. The curriculum was swiftly shifted completely online, adding lectures for pre-clinical students focused on coronavirus and symptom management. Naming racism as a health crisis similar to that of COVID-19, as Einstein claims to have done, should lead to swift curriculum changes on a similar scale to those we have seen in the past 6 months. Black people are dying, and curriculum reform that highlights the purposeful design of a medical system that does not value Black life is an urgent need for medical students who treat the Bronx population. Education about structural racism contextualizes the so-called “difficult” or “non-compliant” patient and provides a framework for empathy, advocacy, and quality care. Moreover, the limited introduction to these concepts that exist in the implicit bias education during orientation is harmful since there is no appropriate follow-up. Rather than actively working to limit bias, students walk away feeling powerless to improve themselves because they are not given context or tools. As such, we demand the development and implementation of mandatory longitudinal coursework about racism for all medical, MSTP, and PhD students.

### **ACTION:**

We propose a new curriculum focused on racism in the scientific and medical fields that provide actionable ways for students to become anti-racist not only during their time at Einstein but as future professionals. This curriculum must specifically include:

### **Medical School Curriculum**

- The history of anti-Black racism in U.S. health care and research and how continued overt and covert racism drives health disparities among Black and Brown communities.
- The history of anti-Black racism in all aspects of academia (including education, admissions, evaluation, retention, and hiring) and how it continues to prevent access of Black and brown communities to STEM.
- A focused history of racism and oppression of Black people in America with a focus on the Bronx and New York City.
- The sociology and epidemiology of systemic racism upheld by white supremacy.
- Training for White and non-Black POC on how to de-center themselves and identify and leverage their privilege to be effective allies in the fight for racial justice.
- A summer reading list for all matriculating medical students that focuses on the topics of health inequities and racism in medicine. A graded evaluation of the summer reading will be given during the PPHM course for first years.
- DCRC must be mandatory for all second-year students.
- Mandatory modules for implicit bias training, and expansion of education about how to deliver trauma-informed care that specifically addresses racial trauma. The lecture in Family Medicine, which does not occur until 3rd year and is not required for all students, is nowhere near enough. All medical specialties have participated and contributed to racist practices that have led to health disparities within Black and Brown communities. Therefore, all rotations should deliver lectures on trauma-informed care.
- All rotations and Sub-internships should have specific OSCEs addressing issues such as the social determinants of health, bias, and racism in the clinical encounter so that students can be evaluated on how effectively they deliver patient-centered care. These OSCEs should count for a percentage of their grade.

### **Graduate School Curriculum**

- A summer reading list for all matriculating graduate students that focuses on decolonizing STEM and incorporation of publications by Black and brown scientists during coursework and journal clubs. A graded evaluation of the summer reading will be given during the RCR course in year 1.
- Incorporating race-based discussions and laboratory “etiquette”—in regards to what is and is not acceptable to discuss in the lab outside of these forums—in graduate school ethics training.
- Recruitment of local Black community members, racial justice activists, historians, etc. to paid consulting positions to assist with creating this curriculum and to facilitate the course.

The newly developed Population Health course may be a starting place to build out and enrich these curricular changes, but it must not be the stopping point for creating this crucial, longitudinal curricular change. Creating this curriculum will require a dedicated budget, a task force, and **must NOT** fall on the shoulders of URM students to develop and maintain and should be generated by the Diversity and Inclusion Council. The curriculum change should be monitored and the success and impact of this curriculum must be quantified by the Diversity and Inclusion Council. Furthermore, continuous improvement must be sought out.

### **TIME TO COMPLETION:**

We acknowledge that some curriculum reform is already underway. We, therefore, demand that the action items be incorporated **immediately** and for progress to be assessed publicly in **6 months**.

## Denouncement and Removal of Race-Based Medicine

As stated in a [2016 article published in Science](#) “biological concepts of race in human genetic research - so disputed and so mired in confusion - is problematic at best and harmful at worst”. The use of race as a proxy for genetics actively harms Black communities by placing the blame of racial disparities on the communities themselves - rather than correctly identifying the driver of these disparities as centuries of systemic and institutionalized racism. The medical and scientific communities continue to teach [race-based medicine](#) as a part of the standard curriculum.

### **ACTION:**

- Invest in the development and implementation of a system for screening all course content for these types of racial bias (Dr. Joo mentioned during a town hall a system in place at Mt. Sinai that is currently doing so).
- This will be used to ensure that patient cases are not written and presented in stereotypical ways that reinforce negative attitudes and that race is no longer used as a proxy for a genetic difference when racism is the root cause of a disease or disparity.

### **TIME TO COMPLETION:**

We acknowledge that some curriculum reform is already underway. We, therefore, demand that the action items be incorporated immediately and for progress to be assessed publicly in 6 months.

## Faculty Development in Health Equity Instruction

The ways in which the curriculum for medical students, MSTPs, and graduate students is delivered is crucial to becoming an anti-racist institution. There is currently no system for ensuring that faculty and staff are properly trained to deliver course content in a trauma-informed manner, or in a way that acknowledges the history and continuation of



anti-Black racism. Rather, a reporting system relies on the feedback of students to report prejudices, discrimination, and racist incidences in their coursework at the conclusion of a class.

#### **ACTION:**

We demand that this responsibility shift away from the students by promoting a more preventative approach to training. Faculty, staff, preceptors, residents, postdoctoral associates, research mentors, and administrators should provide education and mentor students in a way that is informed by:

- The history of and present-day reality of segregated care and differential treatment of marginalized communities
- The prejudice and racism that underlies the language and concepts used by many faculty and staff to refer to patients as “difficult” or a “typical Bronx patient”
- How to deliver, teach, and embody trauma-informed care
- Office of Student Affairs (OSA) and Office of Medical Education (OME) must undergo faculty development in the concepts of holistic student affairs, and specific training on how to address the mental health and support issues of URM students

#### **TIME TO COMPLETION:**

We demand that a plan for faculty, staff, preceptor, resident, postdoc, research mentor, and administrator development in health equity instruction be made publicly available within the next **3 months**.

### Faculty and Administration Evaluation and Oversight

A successfully anti-racist institution ensures that faculty and administrators are held to the highest standards. While this begins with the recruitment process that acknowledges the needs of minority representation (as detailed below), it is imperative that there is an established system of expectations, reviews, and consequences to uphold the institution’s values. Einstein brands itself as an institution committed to social justice and patient advocacy but fails to require its faculty and administrators to uphold those values in their respective positions.

#### **ACTION:**

- Create explicit job descriptions, yearly goals, and objectives that are publicly available for every faculty/administrative position. We cannot ensure that faculty and administration are meeting the requirements of their positions and satisfying students’ needs if no such system exists or is available.
- Deans within OME, OSA, and the Diversity “Umbrella” should undergo a formal annual review process. Evaluation from an external body should be taken into account when deciding if the dean should continue in the position for the following year. Cumulative evaluations should be considered when they are being considered for promotion. Mandatory, anonymous student evaluations of deans that interact with students and course directors should be taking place in addition to the lecture evaluations that currently exist. Also, faculty must address what they have done in the year prior to

address these issues within their patient panels and trainees when having their end of year review with their division chief/department chair. The results of these evaluations should also be taken into account for continuation in the current position and when in consideration for promotion.

### **TIME TO COMPLETION:**

We ask that explicit job descriptions, yearly goals, and objectives be developed **within the next month** and the first annual review takes place in **13 months**.

### URM Faculty Recruitment

Einstein does not employ enough faculty, both in medicine and basic science, who identify with underrepresented minority groups. Currently, there are no Black basic science faculty, and Einstein has a history of being unable to retain Black principal investigators. Moreso, it is incredibly important to acknowledge that accurate representation of Black individuals in science and medicine requires the recruitment of both women AND men, especially as [the number of Black men in these fields has been steadily decreasing since 1986](#). This in turn impacts the direct support and mentorship that URM students have access to. As mentioned in one of the town halls, Einstein must be committed to going out to meet and recruit URM faculty rather than waiting or expecting them to come to Einstein. Please refer to this [Nature article](#) on suggestions from Black scientists, globally, of how you should go about hiring faculty and ensuring their retention. Additionally, Einstein frequently fills open positions within the administration internally. In addition to robbing the institution of fresh, outside perspectives, this further perpetuates the lack of diversity among the leadership.

### **ACTION:**

- Deliberately send representatives to national conferences such as the National Medical Association and the National Diversity in STEM Conference to actively recruit underrepresented minority faculty.
- Each department at Einstein should have an Office of Diversity Liaison and this person should participate in the recruitment process for hiring new faculty that is going to engage with patients and/or students.
- Maintain email correspondence with Historically Black Colleges and University (HBCU) graduate and medical schools in order to build URM network
- Active participation, communication and promotion of Black scientific organizations such as National Organization of Black Chemists and Chemical Engineers ([NOBCCChE](#)), National Society of Black Physicists ([NSBP](#)), Society for Black Brain and Behavioral Scientists ([SB3S](#)), and [more](#).
- Solicit input from current URM faculty to determine how to improve institutional support and mentorship of junior URM faculty in order to promote retention. This is a vital aspect of creating an institution where URMs actually want to work.

- Make a commitment to recruit, retain, and promote Black junior faculty to increase diversity. The institution's inability to do this over the years coupled with the propensity to promote from within perpetuates the lack of URM leadership.
- More specifically, the available **Associate Dean of Medical Education** should be filled by a URM from outside the institution. We **do not** need more of the same (white, male, cisgender).
- Make funding for graduate school seminar series contingent on meeting a threshold of at least 15% representation of BIPOC speakers. Diverse speakers must be recruited and must accurately represent and reflect the diversity of our communities.

### **TIME TO COMPLETION:**

The selection of an outside URM for the Assistant Dean of Medical Education position is an **immediate** demand. A plan for implementation of other action items should be made available within the next **6 months**.

### Collaboration with Bronx Community Activists

In addition to hiring and collaborating with Bronx community activists on curriculum reform, Einstein must create and promote more opportunities for students and student organizations to engage with local leaders. Many schools have already put organizational actions in place to encourage engagement with the community. For example, [Harvard Medical School](#), [Stanford Medical School](#), and [University of California San Diego School of Medicine](#) (among many other medical schools) have each established offices of community engagement, whether independently or through their offices of diversity, that are equipped with at least one faculty member specializing in partnerships with the community. The optional CBSL program is a start, but we must go further in fostering meaningful collaborations between students and community members, rather than working within the silos of our medical institution to do community service. Organized efforts for community engagement, with the community as the central focus, are absolutely essential for the development of well-rounded, culturally-sensitive student-doctors.

Despite efforts from members of the community, the Bronx continues to bear a pervasive stigma of poverty and violence. Many students coming to Einstein fall victim to believing and propagating these stereotypes. As a pillar of the community, Einstein/Montefiore has an obligation to celebrate and promote the multiculturalism of the Bronx through more robust partnerships between students, faculty, and community leaders.

### **ACTION:**

- Creation of repository containing contact information of Bronx Community Leaders open to collaboration with Einstein for school-related events.
- Bring Bronx community activists to speak during orientation week, allowing students to learn about the community's needs from the people living here every day, rather than those who only come here to work.

- Require all student organizations to host at least one event per year that directly engages with a local community group or community activist
- Rent out spaces *in the Bronx* for student events (e.g. spring formal, ceremonies, etc) to ensure money goes into the community.

### **TIME TO COMPLETION:**

Plans for collaboration with community activists should begin **immediately**, and a finalized plan for continued collaboration should be available in the next **6 months**.

### Conclusion

The process of writing this letter has brought up many emotions. On the one hand, we are hopeful that you all will take this as a true call to action and create a better institution for Black students. We find some solace in that hope. On the other hand, the writing group consists of mostly Black students who felt compelled to write this while dealing with the emotional labor of a pandemic that is disproportionately affecting us, a race war in which we are literally fighting for our lives, and a new wave of recognition of racism among non-Black people that is downright exhausting. The fact that we feel compelled to do this, at this time in our lives, is further evidence of your failure to provide us with a system that can support us rather than one that we have to build. We dream of an Einstein where we do not have to fight to survive, but instead, are provided with tools to thrive. In a truly American fashion, this new Einstein is being built on the backs of unpaid Black people. In addition to not being compensated, we are taking time away from the academic work we came here to do. We are aware that most of these changes will not come to fruition until after we graduate, so this labor is of no personal benefit. Further, we risk conscious and unconscious retaliation from you all because we are speaking out. Therefore, we implore you to successfully incorporate our ideas without expecting us to do any more of the heavy lifting. We did not create this system, and it is up to you all to repair it.

As Dr. King wrote in his Letter from Birmingham Jail, "Shallow understanding from people of goodwill is more frustrating than absolute misunderstanding from people of ill will. Lukewarm acceptance is much more bewildering than outright rejection." As an institution dedicated to weaving social justice into medicine, we can and must do more to unwaveringly reject racism in all its forms and actively combat it in all of our institutional practices. To do anything less would be to perpetuate a system that has oppressed Black Americans for far too long.

Aaron Breslow, Center for Health Equity, Department of Psychiatry and Behavioral Sciences	Faculty	PRIME Center for Health Equity
Aaron Shapiro, MD, MPH, PGY2, Internal Medicine	Resident	
Abby Smith, Class of 2023	MD Student	Family and Social Medicine Interest Group
Adjoa Bucknor, MD Class of 2017	Alumni	
Aladdin Bhuiyan '24	MD Student	
Alejandro Hermida, MD, PGY-1 Pediatrics	Resident	
Alex Niculescu, PGY1, Primary Care/Social Internal Medicine, Montefiore Medical Center	Resident	
Alexandra Perez, Class of 2023, Medical Student	MD Student	
Alexandra Tse, MSTP, Class of 2027	MSTP Student	
Alexandria Debasitis, 2023, Medical Student	MD Student	
Alexis Knisel, 2024, MD Program	MD Student	
Alisha Cheung, Class of 2023	MD Student	
Allison	Staff	
Amanda Mengotto, Class of 2022	MD Student	
Amber Marsh, 2021, MS4	MD Student	
Andrea Jakubowski, MD, Internal Medicine	Faculty	
Angell Xiang, 2023,	MD Student	
Anh Huynh	MD Student	
Anna Lichtiger	MD Student	
Anthony Mitchell Jr.	Staff	
Aria Vitale, Class of 2023	MD Student	
Arianna Caradonna, Class of 2023	MD Student	
Ariyaneh Nikbin, Class of 2023	MD Student	
Ashley Castillo 2024	MD Student	
Ashley Guadalupe-Padgett, MD Class of 2018	Alumni	
Avinash Malaviya, MS3	MD Student	
Aydar Shaildayev	MD Student	
Benjamin Hayes, MD, Internal Medicine	Fellow in Internal Medicine, CRTP Student	
Benjamin Jadow, 2022	MD Student	
Bianca Ulloa, 2024, MSTP	MSTP Student	
Brooke Nosratian, 2023	MD Student	
C.Jobson	Resident	
Carly Moskowitz, Class of 2021	MD Student	
Carol A Bernstein, MD, Vice Chair for Faculty Development and Wellbeing, Psychiatry	Faculty	

Caryn Weiss ANP-BC, MSN, MPA, AAHIVS	Nurse Practitioner	
Chanelle Diaz, MD, MPH, Instructor of Medicine, Department of Medicine	Faculty	
Chantel Gordon, PGY1/2023, Family Medicine	Resident	
Charles Cash, MD Class of 2023, AECOM	MD Student	
Charles Moon, Class of 2020, Family and Social Medicine	Alumni	
Chelsea Alvarado, 2023, Family and Social Medicine	Resident	
Chihiro Okada, Class of 2024	MD Student	
Chinazo Cunningham, MD, MS; Professor of Medicine, Family and Social Medicine, Psychiatry and Behavioral Sciences	Faculty	
Christina Hwang, class of 2021	MD Student	
Christine Shen, Class of 2023, Medicine	MD Student	AI in Medicine
Clare Wynne PGY1 Pediatrics	Resident	
Cristian Escalera	MD Student	Latinx Medical Student Association
Dahlia Norry, 2018, Family Medicine	MD Student	
Dahlia Townsend, MD, 2016	Alumni	
Daniel Eguchi, 3rd year Medical Student	MD Student	
Daniel Huang	MD Student	MD Student Council
David Edelman, PC/SIM Resident	Resident	
Deepika Slawek, Department of Medicine	Faculty	
Dejauwne Young, 2026	MSTP Student	SNMA
Desiree Jordan LMSW Montefiore Psychiatry	Staff	
Destiney Kirby, 2023	MD Student	SNMA
Drury McAlarney, '23, MD student	MD Student	
Elise V. Mike, MS, Class of 2021	MSTP Student	WC4BL
Eliza Balazic, 2023	MD Student	
Elizabeth Clark, MD, Division of General Internal Medicine	Faculty	
Elizabeth Yakubova, 2023	MD Student	
Emilee Tu, MD Class of 2021	MD Student	
Emily Chen, 2023	MD Student	
Emily Kintzer, PGY4, OBGYN	Resident	
Emily Schwenger, 2025, Cell Biology	MSTP Student	
Emily Williams, 2023, MD student	MD Student	Jacobi Kids
Emma Chew Murphy MD, PGY-2 Ob/Gyn	Resident	
Eric D Acosta	MD Student	SNMA
Erin Goss, MD; Department of Medicine	Faculty	
Esther Kaunga Class 2023	MD Student	
Faraz Sewani, 2023, MS	MD Student	

Faye Zhang, Class of 2023	MD Student	
Frank DiRenno, 2021	MD Student	
Gabriella Peluso, MD Class of 2023	MD Student	
Gabrielle Jean-Baptiste, MS3, College of Medicine	MD Student	
Galit Benoni, 2020, Primary Care and Social Medicine	Resident	
Gayatri Nangia, 2023, Medical Student	MD Student	Ob/Gyn Interest Group
Giliane Joseph, MD (DGIM and Dept of Psychiatry)	Faculty	
Gloria Fung Chaw, MD (Department of Medicine)	Faculty	
Hadley Pfalzgraf, 2023, MD	MD Student	
Hajar Traiba, MD Class of 2023	MD Student	
Hannah Epstein, Class of 2023	MD Student	
Heather Buxton, class of 2017. Psychiatry Resident	Alumni	
Huda Yousuf, Class of 2024, College of Medicine	MD Student	
Hugo Ortega	Resident	
Iman Hassan MD, Internal Medicine	Faculty	
Iris Lin, MD 2020, Internal Medicine - PGY-1	Resident	
Isidra Rodriguez-Veve, MS2	MD Student	
Jacob Roth, M2	MSTP Student	
Jacqueline Labins, 2023, Student	MD Student	
James H Lee, 2024, MSTP	MSTP Student	
Jarrett Lopez-Scarim, 2025, Graduate Department	PhD Student	
Jay Louik, MSIV	MD Student	
Jeffrey Wu, 2023, MS1	MD Student	
Jennifer Hardell, MS2	MD Student	
Jesus Anampa, Department of Oncology	Faculty	
John McCarthy, '23	MD Student	
John Riggins Jr	Resident	
Jonathan Ross, MD, Medicine	Faculty	
Jose Fernandez, 2023	MD Student	Einstein Future Advocates in Medicine (EFAM), LMSA
Joseph Moreau, Class of 2024	MD Student	
Joseph Myrie	Alumni	
Joy Goldstein, MD Class of 2016	Alumni	
Julia Holber MS2	MD Student	
Julie List, LCSW	Faculty	
Kainaat Javed, MS4	MD Student	
Kaitlin DeWilde MD candidate class of 2021	MD Student	

Kara Stoever MD (2018)	Alumni	
Katherine Valles, Class of 2022	MD Student	
Kathryn Segal, MD 2023	MD Student	
Kemi Akinnola, Class of 2025	MSTP Student	
Kewa Jiang	MD Student	
Kimberly Whitney	MD Student	Adolescent Medicine Student Interest Group
Kristin Swedish, MD, MPH, Dept of Medicine	Faculty	
Kristin Williams, Class of 2021	MD Student	WC4BL, SNMA
Larisa Kamga, MD Candidate 2023	MD Student	
Laura Andaluz-Scher 2020	Alumni	
Laura Townsend, Class of 2023	MD Student	Medical Students for Choice
Lauren Sanchez, Class of 2021	MD Student	
Lawrence Gross	Alumni	
Lena Josephs, 2022, Medical Student	MD Student	
Leti Nunez, 2024, Anatomy & Structural Biology	MSTP Student	
Liane Hunter, MD, PhD, Class of 2020	Alumni	
Libby Wetterer, Department of Family and Social Medicine PGY1	Resident	
Lily Young, Class of 2023, Albert Einstein College of Medicine	MD Student	
Lindsay M. Pattison, MD Candidate Class of 2023	MD Student	MD Class Representative, Class of 2023
Livy Low, MD, Einstein Class of 2018	Alumni	
Lizzette Delgadillo, M1	MD Student	
Madeleine Lipshie-Williams, MD, class of 2018	Alumni	
Madeline DiLorenzo, MD	Alumni	
Marc Shi MD, Internal Medicine PGY-2	Resident	
Marcel Yotebieng	Faculty	
Margarette Mariano, 3rd yr PhD student, biochemistry	PhD Student	Einstein minority scientist association
Maria Duda, MD, DGIM	Faculty	
Marisa Vega, OBGYN	Resident	
Marla Renee Fisher, MD candidate, Class of 2021	MD Student	
Mary Gover, MD, DGIM	Faculty	
Matt Holm, PGY-2, Pediatrics	Resident	
Matt Muller, 2023, AECOM	MD Student	
Matthew Akiyama, MD, MSc	Faculty	
Mauricio Borda, 2025, Child Neurology	Resident	
Melissa Bhikham, MD. Class of 2017	Alumni	
Melissa E. Cintron-Arroyo, LMSW, Psychiatry	Staff	



Melissa Stein, MD	Faculty	
Mia Bates 2023	MD Student	
Michael Yang, Class of 2023	MD Student	
Michele Buonora, MD MS, Class of 2021, PC/SIM	Resident	
Michelle Schumacher, PhD Class of 2024, Radiation Oncology and Pathology	PhD Student	
Miriam Champer, MD, PGY-4, Ob/Gyn Resident	Resident	
Mollie Nisen MD, Class of 2018	Alumni	
Molly Charney, Class of 2023	MD Student	
Namal Seneviratne, Class of 2023	MD Student	
Nancy Olowo	Resident	
Natalie Ramsey, MSTP Year 8	MSTP Student	
Natan Vega Potler, 2020	Alumni	
Nicholas Moran, M.A., Ed.M., LMHC - Department of Psychiatry	Staff	
Nicholas Venturelli - Class of 2019	Alumni	
Nicole Massad, MD	Resident and alumni class of '19	
Nikunj Patel, MD Class of 2021	MD Student	
Niloo Sima, Einstein 2023	MD Student	
Niloy Jafar Iqbal	MSTP Student	
Patricia Rivera, MD Class of 2020	Alumni	
Patryk Kubiszewski, 2024	MD Student	
Rachel Clark, PGY-2, Medicine	Resident	
Rachel Cohen, MD, Class of 2018	Alumni	
Rachel Zolno, MD, Class of 2018	Alumni	
Rakin Muhtadi	MD Student	
Raphael Sherak, MD 2020	Alumni	
Reise Sample, Class of 2022	MD Student	
Richard Hunte, PhD	Staff	
Risha Khetarpal, PGY2, Medicine	Resident	
Robert Bryant, PGY5, Psychiatry	Fellow	
Ruchika Darapaneni, class of 2023, MD program	MD Student	
Samantha DiSalvo, MS2	MD Student	
Samantha George, Class of 2021	MD Student	
Sana Fujimura, Class of 2023	MD Student	
Sara Meyer, Class of 2023	MD Student	Gastroenterology Interest Group
Sarah Hill, Class of 2023	MD Student	Students for a National Health Program, Medical Students for Choice and Reproductive Justice

Sarah Marx, Class of 2019	Alumni	
Sarah Wang, c/o 2023	MD Student	Student Interest Group for Neurology (SIGN)
Sarah Watler, PGY-2, Family Medicine	Resident	
Sean Schnarr MD class of 2017	Alumni	
Sebastian G. Placide	Alumni	
Shadi Nahvi, MD, MS, Associate Professor, Medicine / Psychiatry	Faculty	
Shani R. Scott, MD Department of Medicine	Faculty	DGIM
Shanisha Gordon-Mitchell	Staff	
Shauna Phinazee, 2023	MD Student	
Shelby Adler, MS4	MD Student	
Shira Yellin, MS3	MD Student	
Shombit Roy Chaudhuri, 2021, Medical School	MD Student	
Shwetha Iyer, MD, Department of General Internal Medicine	Faculty	
Soaptarshi Paul, Class of 2023	MD Student	
Sophie Lieberman, MD, Class of 2020	Alumni	
Sriya Bhattacharyya	Faculty	
Stasha O'Callaghan	Alumni	
Steven Lundi	MD Student	
Taneisha Sinclair	MD Student	Student National Medical Association
Tara Herrera, MS4	MD Student	
Tauhid Mahmud, 2020	Alumni	
Taylor Thompson	MSTP Student	
Thammata Vorawandthanachai, Class of 2022	MD Student	
Thoran Gundala	MD Student	
Tina Jing, Class of 2023	MD Student	
Tonya Aaron, 2023, Pathology	MSTP Student	EMSA
Tori Aspir, Class of 2023	MD Student	
Travis Howlette (Class of 2017)	Alumni	
Vanessa K Ferrel, MD MPH	Resident	
Victoria Sedwick, 2023, Neuroscience	PhD Student	
Vindhya Rao, 2023, MD Student	MD Student	AMWA chapter at the Albert Einstein College of Medicine
Wenyuan Zhou, PGY-1, Pediatrics	Resident	
Xavier Quezada, MD 2021	MD Student	
Yakin Jaleta	MSTP Student	
York Chen, 2020	Alumni	
Yuliana Noah, 2020	Alumni	

Yuto Tobin Miyaji, M2

Zaki Masoud, 2023

Zoë Ginsburg

Zubair Khan Child Psychiatry

MD Student

MD Student

Alumni

Faculty