Less than 10% of medical schools have more than four Native American students, according to the Association of American Medical Colleges. And while Native Americans make up 3% of the U.S. population, they only account for less than 1% of the physician workforce.

That enormous gap has consequences.

“Having role models allows you to see yourself in that that field,” said Victor Lopez-Carmen, a third-year medical student at Harvard Medical School recently named to the Forbes 30 under 30 list for his work in health equity. “A lot of people take for granted how often they see themselves in different positions: presidents, CEOs and doctors. Native Americans are the least represented minority in leadership positions, whether it be in medicine, Congress or in business. These disparities are due to systematic barriers.”

To help get more Native Americans and Alaskan Natives into medicine, Lopez-Carmen—an enrolled member of the Crow-Creek Sioux Tribe—co-founded the Ohiyesa Premedical Program. He did so in conjunction with the Front Line Indigenous Partnership Program, which is based at the Brigham and Women’s Hospital emergency medicine department and the Harvard T.H. Chan School of Public Health Department of Global Health and Population’s Harvard Humanitarian Initiative.

The deadline to apply for the program is Jan. 31. Participants who are selected will be notified Feb. 28.

Getting exposure

The Ohiyesa Premedical Program is named after a Mdewakanton Dakota man named Ohiyesa, who also was called Dr. Charles A. Eastman. In 1890, Ohiyesa became the first Native American practicing
male physician in the U.S.

The program is a yearlong longitudinal learning course, but the highlight is a three week clinical immersion experience on campus in Boston at the Brigham and Women’s Hospital. That portion of the learning will include shadowing, interactive panel discussions and lectures on Native American health, and a health op-ed writing workshop with the Boston Globe, among several other opportunities.

After the three-week immersion, the program will also equip participants with laptops for quarterly virtual experiences in a variety of specialties, one-on-one sessions with a mentor, and guidance on successfully applying to medical school. At the end of the year, participants will be provided a letter of recommendation from a Harvard Medical School faculty member.

Learn about the AMA’s strategic plan to embed racial justice and advance health equity.

Looking to community, tribal colleges

The program will enroll eight Native American or Alaskan Native students from tribal or community colleges.

“Native American and Alaska Native students, especially those coming from tribal colleges, face systemic disparities that lead to higher rates of poverty, access to underfunded schooling, and bias in terms of their access to social capital in academia,” said Lopez-Carmen, an AMA member. “We wanted to create a program that emphasizes real, reliable measures of potential beyond transcripts, test scores, and who writes your recommendation letter.”

Lopez-Carmen is one of two Native American students in his medical school class, but he is the first member of the Crow Creek Sioux Tribe to ever attend Harvard Medical School or an Ivy League University. He works to help such figures go up.

“Having more Natives in medicine will help change the field and open more doors for future generations to become health professionals,” he said. “If you are coming from a Native community, you know what the issues are that effect the health of your community, and you can come up with uniquely effective solutions.”

“When you look at the doctors who go to Indigenous communities to practice, Native Americans are most likely to go back,” he said. That there are so few Native American medical students due to systemic barriers “means it’s a huge loss for our communities.”

Learn why trauma-informed caring for Native American patients and communities prioritizes healing, not management.