

American Diagnosis Podcast

Season 4, Episode 9: Two Paths, Two Future Physicians

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TRANSCRIPT

[Soft and intriguing music begins playing softly.]

Céline Gounder: Charles Eastman graduated from Boston University's School of Medicine. It was 1890, and he was one the first Indigenous people in the United States to earn a medical degree. We learned about Dr. Eastman through one of his descendants.

Victor Lopez-Carmen: My name is Victor Anthony Lopez-Carmen. My Dakota name is Waokiya Mani, and my Yaqui name is Machil.

Céline Gounder: Victor's a member of the Yaqui tribe and the Crow Creek Sioux Nation. He traces his lineage back to Dr. Eastman through his Sioux ancestry. In the Dakota language used by the Sioux, Eastman's name was ...

Victor Lopez-Carmen: ... Ohiyesa, which means, like, always victorious or the winner.

Céline Gounder: While Eastman was in school in Boston, conflict raged on the Plains.

Victor Lopez-Carmen: Our people were still at war with the U.S.

Céline Gounder: After Eastman graduated from medical school, he moved to the Pine Ridge reservation in South Dakota. There, he treated his people, the Sioux, including the Lakota and Dakota.

Not long after, in December 1890, the U.S. cavalry fired on hundreds of Lakota men, women, and children. It became known as the Massacre at Wounded Knee. The Bureau of Indian Affairs estimates at least 250 were killed. The attack took place less than 20 miles from where Eastman worked.

Eastman wrote about his experience caring for the wounded in his autobiography called “From the Deep Woods to Civilization.” The book is one of the ways Victor has come to know his ancestors' story.

Victor Lopez-Carmen: And so the survivors were rolling into the military camp at Pine Ridge, and so he was helping, treating these survivors at the military base, and he was speaking to them in their language. And, you know, I could imagine how heartbreaking it was for him as a physician to ride out and help bring back the survivors to the base.

Céline Gounder: What do you think that was like for the survivors, to be tended to by a Native physician?

Victor Lopez-Carmen: I feel like ... I feel like it was everything. I mean, you know, you just saw your whole family get murdered in front of you, and you're scared. And you don't trust the military doctors, and there's a Dakota physician, which they've never had before, who speaks their language. In that moment, I feel like that is everything. And it is an example — although, you know, a more extreme example — of why we do need Native physicians, where an Indigenous physician coming in from that community, from their tribe, I think could do so much good. You know, just like Dr. Charles Eastman did.

Céline Gounder: Today, Victor is in his third year at Harvard Medical School, on the road to becoming a physician himself. A hundred and thirty years after Eastman got his medical degree, Victor started medical school as one of only two Native students.

Victor Lopez-Carmen: So, for me, there's only one more Native in my class than my ancestor had over 100 years ago. And that's not much progress.

Céline Gounder: Less than 1% of medical students in the United States identify as American Indian or Alaska Native. The representation is just as low for doctors. Of the more than 700,000 active physicians in the United States, only 0.5% identify as American Indian or Alaska Native. Those numbers come from a 2018 report from the Association of American Medical Colleges and the Association of American Indian Physicians. The number of full-time medical school faculty who identify as American Indian or Alaska Native is even lower: just 0.4%.

What do you think he would've thought about the lack of progress since his time, that there's still this disparity?

Victor Lopez-Carmen: I think he would have been frustrated. He would be rightfully angry.

Céline Gounder: The lack of Indigenous physicians has implications for health.

Victor Lopez-Carmen: Studies do show that, No. 1, we're the most likely to return to our communities to practice. And, No. 2, that practice is usually more effective because we know the culture.

[‘American Diagnosis’ theme music begins.]

Céline Gounder: In this episode, we're going to hear some of the reasons behind the push to train more Indigenous health care workers and improve cultural competency. We'll see how the lack of Indigenous physicians exacerbates health disparities in Indigenous communities and what people like Victor and others are doing to get more Indigenous people into medicine.

We'll hear about some of the factors keeping these students out of medical school.

Mary Owen: We're weaning down significantly by not having our students start high at the beginning of this pathway, you know, the K-12.

Céline Gounder: What awaits these students when they do make it to med school?

Victor Lopez-Carmen: I did feel alone. There wasn't any Native person around me I could turn to.

Céline Gounder: And how one tribal medical school is changing that experience.

Ashton Glover Gatewood: Feeling like you belong in that community is actually starting to show really ... makes a big impact on student success and prevention of burnout.

Céline Gounder: I'm Dr. Céline Gounder, and this is *American Diagnosis*.

[‘American Diagnosis’ theme music fades.]

Céline Gounder: Victor Lopez-Carmen grew up in Tucson, Arizona, near one of his tribes, the Yaqui. Back then, money was tight.

Victor Lopez-Carmen: I mean, our electricity and stuff was getting shut off all the time. There were times where we were about to be homeless.

Céline Gounder: Gangs were active in Victor's school. He remembers there being a lot of pressure to join one.

Victor Lopez-Carmen: It seemed cool at the time. And it was a very tricky balance to stay away from that. And I had one teacher who really changed my life.

Céline Gounder: He invited Victor to join an after-school science club.

Victor Lopez-Carmen: It really captivated my mind, and I feel like it really helped me to be able to transcend all the hurdles around me. At the same time, I look back, and since I've been on that path and I know a lot of the barriers that prevent Native kids from getting to the place where they need to be.

Céline Gounder: Dr. Mary Owen has also been thinking about the barriers Indigenous students face. She says it starts with high school graduation.

Mary Owen: We're weaning down significantly by not having our students start high at the beginning of this pathway, you know, the K-12.

Céline Gounder: Mary's the president of the Association of American Indian Physicians

Mary Owen: Dloodash yóo xát duwasáakw. Wooshketaan naax̌ xát sitee. Xeitl hítdáx̌ áyá xát . Auk kwáandáx̌ áyá xát.

Mary Owen: I said, "My Tlingit name is Dloodash. I'm named after my grandmother. I'm from the Thunderbird house of the shark clan of the Áak'w Ǩwáan tribe of the Tlingit people from Southeast Alaska."

Céline Gounder: Mary's also the director of the Center of American Indian and Minority Health at the University of Minnesota. Mary says where she lives in Duluth, high school graduation rates for Native students can be low.

Mary Owen: So if we are recruiting and trying to get... fill the vacancy needs for the Bemidji area, which I live in, or the Northern Plains, where are those students going to come from who are likely to stay here and serve? They're going to come from these schools where we don't have high graduation rates.

Céline Gounder: When we were talking, Mary played out a dismal hypothetical scenario: Imagine a school with 2,000 Indigenous students, but only half graduate.

Mary Owen: It might be down to less than 1,000, right? And if 25% of those students go on to college, then maybe you've got 250. Of those, maybe a quarter go into STEM and are successful. So maybe 125, right?

Céline Gounder: She says the young people who go into medicine would be even fewer. At this point, she says, maybe there's only 75 students from that hypothetical class of 2,000 who have the education to get into medical school.

Mary Owen: But in actuality, when you talk about getting entry into those schools, the numbers are far less. The students can't meet the GPA standards. They can't meet the MCAT standards.

[Soft guitar music plays.]

Céline Gounder: When Victor Lopez-Carmen was an undergrad, he had support many don't. At Ithaca College, he heard about a program for Indigenous students interested in medicine. Students would do a summer of research at Harvard med school and Brigham and Women's Hospital. It was called Four Directions.

Victor Lopez-Carmen: So I went there. I'm landing in Boston, and it was really the first time that I was surrounded by Native people who were wanting to go into medicine.

Céline Gounder: Before Four Directions, Victor says, he was often the only Indigenous student in his science courses.

Victor Lopez-Carmen: And then when I met the founder of that, the person who created that program, Dr. Tom Sequist, I was like, "Wow." Like, I was so mind-blown. He was the first Native physician that I ever met. Then it made me feel like I could do it too.

[Soft guitar music continues and fades.]

Céline Gounder: Victor started at Harvard Medical School in 2019. After he arrived, though, he was troubled by some of the conversations he had about Indigenous people and their health.

Victor Lopez-Carmen: One of the first things that people talk about is always, well, alcoholism.

Céline Gounder: According to the Indian Health Service, American Indians and Alaska Natives are significantly more likely to report alcohol and substance use disorders than any other race in the U.S.

Victor doesn't dispute that substance use is a challenge, but what he doesn't like is how stats like this are presented. Just the numbers, with no conversation about why they are the way they are.

Victor Lopez-Carmen: And what I believe is hurtful is that the context is often left out, the context of why. Why do we have the alcoholism? Because that context leaves room for us to say, “That is not inherent to us.” And when you really dig deep into it, you realize alcoholism is a symptom of the trauma that we have faced.

Céline Gounder: Mary Owen, president of the Association of American Indian Physicians agrees.

Mary Owen: That's my biggest beef with our curriculum right now, is to stop talking about all these things without talking about the way that our society is impacting populations and keeping them from good health — that if we only will stop eating the bad foods, if we'll only stop smoking, if only stop drinking, if we'll only behave ourselves, then we'll have better health outcomes.

Céline Gounder: Mary says these are symptoms of problems that are bigger than any one person.

Mary Owen: People are suffering from all these factors, like unemployment, lower educational achievement, homelessness, or inadequate housing. All these factors are getting in the way of their ability to engage in positive health behaviors.

Céline Gounder: That includes federal policies.

Victor Lopez-Carmen: A lot of health issues that Native people and Indigenous peoples have do relate back to underfunding from the U.S. government or policies that are still hurting our people.

Céline Gounder: Dr. Charles Eastman wrote about facing similar issues in his autobiography when he was working at the Pine Ridge Reservation over 100 years ago.

Victor Lopez-Carmen: He knew that the funding that was coming in for health care was actually lower than it was originally agreed upon in treaties and agreements between the tribal leaders and the U.S. government. And he began pushing. He went to his higher officers, saying, “Hey, this isn't right. Like, we were promised way more than this.” And he began advocating, and he was fired for that. They let him go because he was pushing for more funding.

Céline Gounder: Today, Oglala county, South Dakota, which overlaps with the Pine Ridge Reservation has one of the lowest life expectancies in the United States.

[Soft guitar music fades.]

Céline Gounder: Dr. Eastman wrote in his autobiography about the challenges of being the only Native person in a medical school. Victor says it can still be difficult today. Insensitive or thoughtless comments, microaggressions, have made him feel like he doesn't belong.

One day, he was in the hospital doing a rotation with a group of medical students, physicians, and nurses. Outside one of the patient rooms, someone made a joke.

Victor Lopez-Carmen: He said that we should do a Native American rain dance around the patient, and everyone started laughing, the whole team. And I didn't laugh, and I just shook my head. And it really hit me deep. I don't know if it was because he knew I was Native or not. And we didn't know if the patient was Native either. But knowing the sacrifices that my people had to go through to protect our ceremonies and knowing how important they are to us, and to have that be made fun of in patient care was really jarring for me.

Céline Gounder: Victor spoke up and challenged the man who made the comment. He said he was offended by the joke.

Victor Lopez-Carmen: We had, you know, a nice conversation. I thought it was fine. And then I noticed that things got weird, and I felt like when I brought it up, I was sort of ostracized from the team. I was getting less opportunities.

Celine Gounder: Victor filed a complaint with the medical school about the joke and the way he was treated afterward. He says one result was that the medical school implemented Indigenous-specific training for staff, but the exchange left Victor in an uncomfortable position.

Victor Lopez-Carmen: One microaggression can really make an impact because it is difficult for us to bring them up. Unfortunately, I feel like it can change team dynamics in a way that falls against you.

[‘American Diagnosis’ theme music begins.]

Céline Gounder: So what would it look like to learn to be a doctor in a place where you're surrounded by other Native students? Coming up after the break, we'll hear what it's like to go to a tribally affiliated medical school.

[‘American Diagnosis’ theme music fades and intriguing music begins.]

Céline Gounder: Ashton Gatewood is a third-year student at the Oklahoma State University College of Osteopathic Medicine at the Cherokee Nation.

Ashton Glover Gatewood: And to introduce myself in Choctaw, which is one of my tribes, I would say, “Halito, chim achukma? Sv hohchifo yvt Ashton. Chahta sia?” And that just says, “Hello. My name is Ashton. How are you today? I’m Choctaw.”

Céline Gounder: She’s also a descendant of the Chickasaw nation. Ashton grew up outside Oklahoma City, in a town called Mustang. As a kid, she was fascinated with caring for animals and plants.

Ashton Glover Gatewood: One time my parents took us to get plants for the garden, and there was like a broken plant. And my parents were like, “No, you can’t have that one. Pick one that’s not broken.” And I just like wanted this broken plant because I wanted to take it home and fix it.

Céline Gounder: Ashton thought about being a veterinarian, but in the end she decided to become a doctor. Then, she was accepted at the University of Missouri School of Medicine.

Ashton Glover Gatewood: I just remember the day I found out — every single person I saw that day, I was just like, “I’m going to be a doctor.” And, then, it didn’t matter what we were meeting for or what the conversation was. I think I probably told like 100 people that day.

Céline Gounder: When Ashton arrived in Columbia, Missouri, she was excited. But it was a big change. She’d never been so far away from family.

Ashton Glover Gatewood: I think what was really hard for me was my first test block. We took a nine-hour, 200-question Scantron test, and it was a very difficult, very draining week. And I couldn’t just go home or have family to go, like, get lunch and talk with. It was really stressful.

Céline Gounder: Ashton says moments like this were when she started to feel alone as an Indigenous student. Medical school in Missouri was starkly different from her experience as an undergrad.

Ashton Glover Gatewood: At Oklahoma City University, we had the American Indian Society. My sister was an American Indian Society Scholar. I was Miss Indian OCU. So there wasn’t that kind of home base.

Céline Gounder: Ashton got a scholarship from the Indian Health Service when she was at the University of Missouri. Her plan was to return to Oklahoma and treat Indigenous patients, but she didn't see her people in the coursework.

Ashton Glover Gatewood: Occasionally, we would talk about the Black community, and we would talk about how these patients might have higher rates of heart disease or diabetes. But I remember during the diabetes lecture, I was sitting there and thinking American Indians have the highest rate of diabetes. The Black community also has ... but American Indians have the highest rate. So I just felt like I wasn't getting the information that I would need to go back and serve my community.

[Soft music begins.]

Céline Gounder: The homesickness, lack of social support, and doubts about how well she would be prepared to serve her community started to pile up. After her second year, Ashton withdrew from the program.

Céline Gounder: Ashton left medical school and moved back to Oklahoma. She became a nurse and started working at the Oklahoma City Indian Clinic. Later, she also got a master's in public health, but she never stopped thinking about becoming a physician.

Ashton Glover Gatewood: It was always kind of there. I was always kind of thinking about it. And I heard about Cherokee Nation partnering with Oklahoma State to make the first tribally affiliated medical school. So I told my husband about it, and he said: "That sounds like they're building you a medical school. You have to go."

Céline Gounder: In 2020, the Oklahoma State University College of Osteopathic Medicine at the Cherokee Nation opened in Tahlequah, Oklahoma, the capital of the Cherokee Nation. Ashton was in the first class of future physicians. From the start, she says it was a very different experience.

Ashton Glover Gatewood: I've been in classes with other Native students, but to have this many people you know, from my tribe, that's a whole different thing I haven't really gotten to experience before.

Céline Gounder: Remember when we said at the top that less than 1% of medical students in the United States are Indigenous? At Oklahoma State University College of Osteopathic Medicine at Cherokee Nation, nearly 1 in 4 students identify as American Indian or Alaska Native. Another big difference is the number of Indigenous faculty at the school.

Ashton Glover Gatewood: We have such a large number. Dr. Nolan, Dr. Bailey, Dr. Beck, Dr. Janel Johnson — she's a family medicine Cherokee physician. Dr. Johnson was the first faculty who wore traditional clothes or beadwork and spoke Cherokee with us. She's also printed around this school skeletons where she's, like, labeled the body parts in Cherokee and English.

Céline Gounder: Ashton's on the tribal medical track. It's a focus on primary care for Indigenous people in Oklahoma.

Ashton Glover Gatewood: So we do a lot of our electives and our core clinical rotations at tribal hospitals and tribal clinics.

Céline Gounder: The coordinator of the program, Xan Bryant, gave all the women she advises a set of earrings. They're orange, black, and white, the school's colors. The pattern is inspired by Cherokee regalia dresses.

Ashton Glover Gatewood: So we all wear them to business dress-up kind of events. And so it's really cool to be able to look up across the room and see the other students that are on the tribal medical track wearing their beadwork.

Céline Gounder: Ashton is studying how this sense of belonging affects Indigenous students' success in school.

Ashton Glover Gatewood: Students have said things like it's brought them culturally closer to their community, that it's inspired them to come back and work in their community. And students have even said that they don't think they could have been as academically successful as they have been if they were not at this type of program.

[Soft guitar music begins.]

Céline Gounder: The College of Osteopathic Medicine at the Cherokee Nation has been open two years. It's still too early to know how many of its graduates will go on to serve Indigenous communities, but Ashton is encouraged. Before the College of Osteopathic Medicine opened, Oklahoma State already had a program focused on placing physicians in tribal and rural communities. More than half of those graduates, 25, are currently working for the Cherokee, Choctaw, or Chickasaw nations.

Ashton Glover Gatewood: I think that if we can kind of continue the momentum we have, we might actually be able to solve some of the issues we see with the gaps in our health care provider shortage areas and our lack of Native physicians.

Céline Gounder: When Ashton graduates, she says she wants to return to the Urban Indian Clinic in Oklahoma City, where she first worked as a nurse. Working there, she saw firsthand how important it can be to have Indigenous health care staff.

Céline Gounder: She remembers one day a Muskogee family brought in their child for an appointment with a dietician. The staff noticed the child had marks on their arm that looked like light scratches.

Ashton Glover Gatewood: And one of the dieticians was concerned: “Is this child abuse? Like, what do I do?” So the dietician called me, and I was her supervisor at the time, and asked me. And this family was not my tribe.

Céline Gounder: Ashton called another nurse, who was Muskogee. She explained that the marks were part of a healing ceremony. The family finished their appointment with the dietician and got advice on how to make sure the scratches didn't get infected.

Ashton Glover Gatewood: And I think, you know, if that family had gone to a non-tribal clinic and seen a non-tribal provider, that could have come around into, like, a child abuse report. It could have triggered a whole chain of adverse experiences that could have had long-term impacts as far as influencing when and how that family accessed health care.

Céline Gounder: Victor Lopez-Carmen — the Yaqui, Crow Creek Sioux medical student at Harvard — has met many Indigenous doctors over the years, but he's never been treated by one. A while back, he was at an IHS clinic getting an X-ray. The technician was Lakota, one of the Sioux tribes.

Victor Lopez-Carmen: And as he was taking my films, in between, he would speak Lakota to me and teach me things in Lakota and be like, “You know, we're so proud of you. Keep doing what you're doing.” And just talking to me about our culture. And I had never experienced that before while I was getting an X-ray. Like, I feel like it made a big difference for me.

Céline Gounder: Victor wants to be that welcoming presence for his own patients one day.

Victor Lopez-Carmen: Having a Lakota X-ray technician be able to just talk to them, doing all that, I think, you know, could tangibly make a big difference knowing that he is there. And every time there's a ... that I have a first in medicine with a Native provider, I do feel really inspired and really good.

Céline Gounder: When Victor graduates, he wants to go into pediatrics and work with both his tribes, the Yaqui in Arizona and the Crow Creek Sioux in South Dakota.

Victor Lopez-Carmen: I have big goals for what I want to do at the community level.

Céline Gounder: Things like improving trust, exploring new ways to deliver health care, and helping people access traditional foods.

Céline Gounder: Victor has also been working to create more pathways for Indigenous students to get into medical school. He wanted to create something in honor of his ancestor Dr. Charles Eastman. Eastman's Dakota name was Ohiyesa.

Victor Lopez-Carmen: I created the Ohiyesa Premedical Program. It brings in eight Native American pre-med students, but specifically coming from tribal colleges and community colleges, for a summer program and then yearlong mentorship.

Céline Gounder: In a world where Indigenous physicians are too rare, Victor found himself looking to figures in the past for guidance, people like his ancestor Dr. Charles Eastman.

Victor Lopez-Carmen: I just get emotional, like, thinking about that because I feel like he has been my mentor, and a lot of people who aren't alive have been my mentor, like my ancestors. Reading and hearing their stories, I feel like, has provided me a lot of mentoring that I can't get in the medical field today because there aren't that many Native physicians.

I think he would be really proud. I think he would be really happy and we'd probably be working together on many different things.

[“American Diagnosis” theme plays in the background.]

Céline Gounder: This episode was corrected on July 27, 2022, to accurately characterize the academic milestone that Dr. Charles Eastman achieved. We regret the error.

Céline Gounder: This season of “American Diagnosis” is a co-production of Kaiser Health News and Just Human Productions. Additional support provided by the Burroughs Wellcome Fund and Open Society Foundations.

This episode of American diagnosis was produced by Zach Dyer and me. It was engineered by Jim Briggs. Special thanks to Alec Calac, Dr. Natasha Bray, and Diane Webber.

Our editorial advisory board includes Jourdan Bennett-Begaye, Alastair Bitsóí, and Bryan Pollard. Taunya English is our managing editor. Oona Tempest does original illustrations for each of our episodes. Our theme music is by Alan Vest. Additional music from the Blue Dot Sessions. We're powered and distributed by Simplecast.

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I'm Dr. Céline Gounder. Thanks for listening to “American Diagnosis.”

[Music fades to silence.]