

Native American Physicians in United States

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ABSTRACT

As of 2024, there are 841000 physicians practicing in the United States. The total number of Native American physicians includes only 0.3 percent of this group (approximately 2500). The shortage translates to an even lower percentage of Native American women physicians. This shortage could have significant ramifications in care that is available to Native American population in the United States. Not only does this take away from indigenous communities' access to healthcare, but their children's opportunities as well. This article emphasizes the importance of investment in our youth to improve care in reservations and train skilled physicians to provide care in underserved areas.

Keywords: Native American; Medicine; Physician

INTRODUCTION

Native Americans are found to be one of ethnic groups that disproportionately live in the rural areas. The 2020 Census revealed that 21.5% of Native Americans live in rural areas.^[1] It is well documented that there is a significant shortage of physicians in these areas.^[2] This in turn translates to an even lower number of Native American physicians available to take care of patients. The most important issue facing training Native American physicians is the significant disparity in education among Native American children.^[3] Poverty, housing problems, violence, and mental disorders are some examples that have significantly affected the graduation rate in high school students with approximately 50% drop out rate. It becomes more difficult to graduate future doctors from this sub-population of graduates. Many medical schools have less than 4 self-identified Native American students, and more than fifty percent have none.^[4] It is also a well-studied finding that many of the Native American physicians return to their roots and provide care for their people. It is not surprising that with combination of shortage of physicians in general and number of graduating native American students, that this subset of our population care is in an enticing crisis.

This review cannot be complete without looking at the inspirational story of the first Native American medical doctor, Dr. Susan La Flesche Picotte.^[5] She was the first 19th century frontier doctor that played an incredible role for all physicians. She was born in 1865, as the youngest daughter of Mary Gail and Joseph La Flesche. Joseph was of French and Indian descent, and later was recognized as chief of the Omaha tribe. Her father believed in assimilation with white people, along with their expansion into Indian Territory. Against all odds as

a Native American woman, she attended medical school at Woman's Medical College of Pennsylvania in just two years and immediately returned to her Omaha reservation serving over 1200 people. Her accomplishments include prevention of disease, educating the people in hygiene and sanitation, and the start of the first privately funded hospital on Indian reservations. This set of accomplishments should be the foundation and goals that we aim for the future of our healthcare system.

Since her graduation from medical school, we have not been successful in improving health services for Native American people. With only 0.3% of physicians being of Native American descent, and even less providing care for the population in reservation, we are at a pivoting point to try to increase educating physicians in underserved communities. It has been shown that most Native American physicians do return to their roots to provide care. The goal must start in k through 12 levels.^[6] We need to provide more resources and ask federal and state governments to support all aspects of children during early stages of their growth. One important aspect is inserting the idea to children that they can succeed. The sky's the limit by showing them examples of past i.e. Dr. Picotte and current Native American Physicians. These steps should be combined with support in all aspects in college and graduate education to help kids reach the level of physicians. This year the first Oklahoma State University, College of Osteopathic Medicine at Cherokee Nation, graduated their inaugural class.^[7] This is a milestone attempt at improving all the statistics mentioned. This medical school is positioned in Native American territory giving direct exposure to the students about challenges facing the population. It is essential that other medical schools attempt to actively expose the students to rural areas; perhaps as a required rotation to encourage some to practice in needed communities. To provide more inclusivity and options for Native American students, medical schools and universities can provide more programs to be put into place for students of Indigenous descent or from Indigenous communities. Not only can this open door for these students but give them easier access to their aspirations to go into the medical field.

The pathway to improve educational opportunities for Native Americans may be approached from the example of Oklahoma State University. We should encourage financial support by the federal government, states, and local governments to start such programs in indigenous and rural areas.^[8] This gives not only Native American medical students but all students the opportunity to get exposed to rural communities and truly experience the life changing difference they can provide as a medical and healthcare provider. Most students start their medical career with the goal of making a change and helping people in need, this would be a direct exposure to the communities that need them most. Looking at the present time, there are 192 medical schools in the US and only 12 of which are in rural areas. There appears to be more osteopathic medical schools in rural communities. As such more emphasis should be placed by urban medical schools for students to rotate in rural communities to attempt to increase their exposure. Funding by the federal government and state institutions can provide capability to train more physicians in rural areas.

Looking at postgraduate medical education, there appears to be more opportunities to train in residencies in rural areas. The mismatch between the number of graduating medical students and international students and availability of open residency positions has indirectly helped hospitals recruit residents in rural areas. This is essentially one method to expose Medical Doctors to practices in rural communities. Other incentives such as

other countries may be necessary to increase care in rural communities. Countries like South Africa, Thailand, Turkey, Myanmar and more require medical doctors to spend 1 to 4 years in rural hospitals or clinics to be able to obtain medical license.^[9] This allows distribution of doctors throughout the country to care for underprivileged communities. Incentive programs such as tuition repayment for medical students may be an alternative to encourage new graduating medical doctors to practice in rural communities. Programs such as this exist in case of military service and the same idea may be implemented for rural communities by encouraging federal and local government involvement in budgeting for such opportunities.

CONCLUSION

There is a significant shortage in Native American physicians in the United States. This translates to even less healthcare for these communities for people in need. We should be investing in the education of more doctors and healthcare providers who are willing to practice in smaller communities. Encouraging and exposing new students would allow them to experience the satisfaction they receive in taking care of people who truly need such care.

REFERENCES

1. Findling MT, Blendon RJ, Benson JM. The unseen picture: Issues with health care, discrimination, police and safety, and housing Experience by Native American populations in rural America. J Rural Health. 2022;38(1):180-186.
2. Nielsen M, D'Agostino D, Gregory P. Addressing rural health challenges head on. Mo Med. 2017;114(5):363-366.
3. Cai J. The condition of native American students. 2020.
4. Lopez-Carmen VA, Redvers N, Calac AJ. Equitable representation of American Indians and Alaska Natives in the physician workforce will take over 100 years without systemic change. Lancet Reg Health Am. 2023;26:100588.
5. Vecchioli D. First Native American Woman M.D. 2024.
6. Gibson SM. Increasing the high school graduation rate of Native American students in public schools. 2015.
7. McFarling UL. The only tribal medical school in the U.S. graduates its first Native American doctors. 2024.
8. White F. Helping more Native Americans become physicians to improve health care for all. 2022.
9. Gillis A, Weedle R, Morris M. An international survey of medical licensing requirements for immigrating physicians, focusing on communication evaluation. Int J Med Educ. 2016;7:44-47.