

Still the Same Conversations: Voices from the Indigenous Pathway into Medicine

Johns Hopkins Center for Indigenous Health

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Introduction: A Long Overdue Conversation

The screen filled slowly with faces as people joined from living rooms, clinics, and offices across the country. Some arrived late from a morning clinic, still in scrubs. Others joined between meetings, balancing laptops among stacks of papers. Elders joined from community spaces and homes.

Weeks earlier, as our team planned what these sessions would ask, Dr. Dan Calac (Pauma Band of Luiseño Indians) had named what was at stake. He had been a medical student thirty years earlier, sitting in rooms where people discussed how to bring more Native students into medicine, and he named plainly what had not changed since.

“We are still having the same conversations about getting more Native students into medicine that we were having 30 years ago,” he said. “It’s inspiring to finally see so many voices coming together - this effort is long overdue.”

Over six sessions in the summer of 2025, 52 people took up his question. Students and alumni, faculty and administrators, clinicians and community leaders, advocates and cultural mentors talked about what draws Indigenous students to medicine, what drives them out, and what needs to change. For many, it was the first time they had been invited to speak openly about these experiences in a setting designed to listen deeply.

Before gathering, participants had been invited to complete a short pre-session survey, reflecting on barriers and strengths in their own words. Their responses revealed common threads: financial strain, scarcity of mentors, admissions criteria that fail to see

the value of their lived experience, and the isolation of being one of few Indigenous people in medical spaces.

Alongside these stories, a targeted literature review offered evidence that reinforced what participants already knew. Conventional diversity strategies do not account for the realities of Tribal sovereignty, community accountability, and the harm of systems that privilege only Western ways of knowing.

Together, the literature, pre-session reflections, and the listening sessions pointed in the same direction. From them came seven key findings and eight recommendations for change.

What follows is a narrative account of those findings and recommendations, told through the voices of the people who shared their experiences. It is a glimpse into what it felt like to be in those sessions as these truths were spoken, and into the future those voices described. There, Indigenous students are no longer the exception in medicine, and the communities that raised them are cared for by their own.

Reimagining Admissions: Seeing the Whole Person

Long before the application is submitted, the journey has already begun. For Indigenous students, admission to medical school is not the start of the story but a reflection of years of service, study, and community grounding. When participants spoke about admissions, they were speaking about recognition, about whether institutions could see the whole person and understand what excellence means in an Indigenous context. Excellence there is not defined by competition or individual achievement, but by integrity, perseverance, humility, and the ability to uplift one's community.

Admissions was the first theme to rise to the surface, spoken with equal parts frustration and determination. Participants described how test scores and grade point

averages still hold disproportionate weight, often eclipsing the qualities that truly define an Indigenous healer such as commitment to humility, and a sense of responsibility to one's people and community.

One administrator who supports admissions described what her committee is actually looking for: "How we look at students and how we place value on students' experiences is very important.....right now, a lot of people in medical school applications, they're just checking all these boxes that they think will get them further through the process. But what we're really looking for is active care in Native and tribal communities." Another added, "Really having a relationship with our admissions committees has been one of our secret sauces." These words carried both pride and longing, pride in the progress some schools have made and longing for a broader shift across institutions.

Reforming admissions is not a simple procedural change. It is a transformation in how potential is seen and understood. It asks institutions to reconsider who sits at the review table and how an applicant's story is read. Participants spoke about the difference it makes when Indigenous leaders are present, when an applicant's lived experience and service to community are recognized as evidence of the physician that applicant will become.

What participants asked for was admissions that see the whole person. That means embedding Indigenous leadership on admissions committees and adopting holistic, mission-aligned review practices that weigh community service, cultural grounding, and lived experience alongside the academic record.

The Weight of Cost: The Hidden Curriculum of Survival

Generations of colonization, land dispossession, and structural racism have restricted Indigenous peoples' access to wealth and opportunity, creating deep and persistent financial inequities that continue to shape the path to medicine today. Financial strain

sits at the center of the struggle for many Indigenous students. One student shared, “I was initially unaware that access to paid MCAT resources would be a factor of success and realized that I could not pay the \$600-\$3,000+ amount that my peers were paying.” Others described the chilling effects of loan limits, with federal medical loans now capped at \$200,000 and private lenders waiting to fill the gap. Faculty shared how supports that once existed have been shrinking.

As the conversation deepened, a shared theme emerged: money is never just about money. It shapes confidence, focus, and the ability to fully show up in one’s studies. Participants spoke of students working late-night jobs, supporting family back home, and calculating every decision against the weight of debt. These financial pressures are not individual shortcomings. They are the direct result of historical and ongoing systems that have limited Indigenous access to intergenerational wealth, stable funding, and equitable institutional support. Financial stress, they said, is not just about hardship, it is about distraction and dignity.

From these stories came a clear call: sustaining students requires sustaining their stability. Scholarships, emergency grants, travel stipends, and guaranteed renewals are not extras; they are the infrastructure of equity. The recommendation that followed was to sustain financial supports across the pathway with flexibility, responsiveness, and institutional co-investment that ensures stability for Indigenous learners.

Belonging in the Classroom: Bringing Ceremony into Learning

When participants spoke about the classroom, the tone shifted. The conversation slowed, as if everyone instinctively understood that this was not a discussion about academics, but about spirit and safety. In both student and faculty sessions, people described how ceremony and cultural practice are not peripheral to learning. They are at its heart, and they form the foundation of true belonging.

In one faculty session, a professor shared how he begins each anatomy course with intention. “I personally go in there and bless the anatomy lab so any of our students who were uncomfortable dealing with a dead body have acknowledged that the body has been blessed, the lab has been blessed, so they feel more comfortable.”

In a separate student session, medical students spoke of creating space for their own traditions. “My fellow Native med students worked to establish the practice of having a blessing for the anatomy lab prior to dissections,” one recalled, “to honor and show respect.”

Across sessions, participants reflected on how such gestures can transform a classroom. Ceremony, they said, brings humanity and humility into places that can otherwise feel sterile and detached. It reminds everyone, not just Indigenous students, that medicine is sacred work.

Survey responses reinforced this point: “Institutions should actively support students’ ability to engage in cultural rituals. These practices are vital to Indigenous identity and mental wellness.”

The conversations revealed that belonging is built not through slogans or training modules, but through lived acts of recognition and respect. When institutions make room for ceremony whether through designated spaces, flexible scheduling, or faculty cultural safety training, they make room for the whole person to learn and teach. In these environments, students are not merely surviving but thriving. They show greater confidence and deeper engagement, and are more likely to stay and finish. They carry forward compassion, balance, and self-awareness, qualities that make them better clinicians and healers. Faculty, too, benefit from richer relationships and a more inclusive, respectful learning environment that strengthens the entire academic community.

By the end of these sessions, participants agreed that cultural safety must move from being a symbolic concept to a shared responsibility. Faculty need training and institutional support. Students need protection and permission to bring their whole selves including mind, body, and spirit into their education.

Belonging, they said, grows when cultural practice is honored, not hidden. When that happens, learning becomes not only more equitable but more excellent, producing physicians who are both clinically skilled and grounded in empathy, respect, and relational wisdom. The recommendation that followed was to build culturally safe learning environments that honor ceremony, embed respect, and create space for students to bring their full selves into medicine.

Mentorship as Medicine: Anchors in the Journey

When the topic of mentorship surfaced, the energy across sessions brightened. In both faculty and student circles, people leaned in with recognition. It was one of the few areas that brought immediate agreement that mentorship is not optional but essential.

One program leader reflected on how mentorship shapes the path for future physicians. “Mentorship is absolutely key,” he said. “Having a network of mentors available for guiding youth is paramount.”

Others described mentorship as a living relationship, a way of walking beside students as they move through systems that were never designed with them in mind. Faculty spoke about how much Indigenous students benefit when they see themselves reflected in leadership and how that presence changes the environment for everyone. As one put it, “When you have Native faculty who are supported and academically productive, you have clinical opportunities for the students. You have research the students can tap into. You have social events, you have cultural events, and it creates this normalization of someone’s Indigeneity in academic medicine.”

In a separate session, students shared what mentorship feels like from their side. They spoke about mentors who recognized their potential before they could see it themselves and how those relationships often determined whether they stayed or left. Some described how difficult it can be to find mentors who truly understand their experiences, especially when the few Indigenous faculty who could fill that role are already carrying so much. For many, even one trusted guide made the difference between isolation and belonging.

Across groups, participants agreed that mentorship cannot rely on chance or on the goodwill of already overextended faculty. It must become part of how institutions operate. They called for programs that prepare non-Indigenous mentors to listen and learn with humility, for mentorship to count toward promotion and recognition, and for real compensation for those who devote time and care to supporting Indigenous students.

The shared insight across sessions was simple and powerful. Mentorship changes trajectories. The recommendation that followed was to build mentorship ecosystems that are visible, well resourced, and grounded in trust, creating networks that connect students, faculty, and communities in a circle of guidance that can sustain itself for generations.

Learning in Community: Rotations and Elder Partnerships

When participants spoke about clinical training, their words carried both pride and urgency. Students, faculty, and program leaders described how powerful it is when Indigenous learners can study and serve within their own communities. They talked about rotations in Tribal and Indian Health Service clinics that allow students to connect what they are learning in the classroom to the realities of the people they hope to serve.

In one faculty session, a senior administrator offered a practical suggestion that resonated across several groups. “Increase rotations with IHS and create a package to

educate students about the Tribes they'll be working with." This idea reflected a broader theme that learning should never be separated from respect. Participants described how students grow in confidence and understanding when they learn from and with communities rather than studying them from afar. These experiences deepen humility and purpose. They also remind students that medicine is not only about curing illness but about restoring balance and overall wellbeing.

In other sessions, participants spoke about how these partnerships can only succeed when they are built on trust and reciprocity. Rotations in Tribal settings require thoughtful preparation, clear agreements, and genuine listening. When done well, they provide a bridge between Western medicine and Indigenous ways of knowing.

The discussion naturally led to the role of Elders and community knowledge carriers. One participant from a Tribal College described how their institution integrates this wisdom into every aspect of learning. "We have a council of Elders. So, we have an Elder from every district of the reservation who gives input to all the important activities, programs, and student matters. Even when it comes to graduation ... Our college tries to incorporate cultural teachings from a variety of our Elders."

Others reflected on how the presence of Elders transforms learning environments. Their teachings bring grounding, continuity, and a sense of spiritual safety. Students who might otherwise feel disconnected find belonging through these relationships. Elders remind learners that the purpose of medicine is service, not status.

By the end of these conversations, there was wide agreement that both rotations and Elder partnerships must be supported, formalized, and sustained. When these relationships are left to individual effort, they fade with staff turnover or funding cycles. When institutions recognize them as core elements of education, they thrive.

The recommendation that followed was twofold. First, to expand rotations and partnerships in Indigenous settings, ensuring that they are well prepared, respectful,

and fully supported. Second, to formalize the role of Elders and knowledge carriers as ongoing teachers and advisors whose presence anchors both students and institutions in community values.

Sustaining Change: From Charisma to Commitment

As conversations turned to sustainability, the tone became serious. Participants spoke with a mix of admiration and frustration about programs that depend too heavily on individual champions. They expressed gratitude for the leaders who have carried this work for decades, but also concern about what happens when those leaders step away.

In one listening session, a pathway program leader shared a candid reflection. “When you see a program hinging upon a charismatic leader and their extramural funding only, it is only going to last as long as that person is there.”

Others agreed and added their own experiences. A program administrator described the fragility of efforts that rely on one person’s drive rather than on stable systems of support. “If a program is reliant on one charismatic leader, one grant writer, one well-timed application, it might be successful for that period of time, but if we are really going to see long-term success, we need endowment. We need whole systems of built in progress that can have the full on-ramp to success that matches the long, long barrier for Native folks into these spaces.”

These voices carried both urgency and wisdom. Participants wanted to honor the dedication of individual leaders while calling for a shift toward shared, institutional responsibility. They recognized that when programs are built on personality instead of structure, they fade as soon as funding runs out or leadership changes. True sustainability, they said, comes from embedding equity into the core of the institution so it cannot be undone by turnover or the end of a grant.

As the sixth and final listening session came to a close, one participant firmly voiced what many had been thinking: “Robert Wood Johnson Foundation folks, do not let

institutions who receive funding from you get away without an institutional commitment.” That statement landed with quiet agreement across the group. Participants understood that lasting change requires shared accountability between funders and schools.

The insight from these sessions was clear: Sustainability must be structural, not personal. The recommendation that followed was to ensure institutional match and co-investment so that what begins as a funded initiative becomes a lasting institutional practice, one that endures well beyond the presence of any single leader.

Accountability and Visibility: Making Progress Public

Although data and accountability were not explicitly discussed in the listening sessions or pre-session surveys, they underlie much of what participants shared. In every story, there was a call for institutions to be trustworthy, to keep their promises, and to make progress visible. Participants spoke about the need for follow-through, for actions that match words, and for changes that last beyond a single grant or leader.

The literature reinforces this message. It emphasizes that accountability and transparency are essential to lasting progress. Publishing clear, disaggregated data on American Indian and Alaska Native student recruitment, retention, and graduation can help institutions and Tribal partners see where progress is being made and where more work is needed. When these numbers are shared openly and accompanied by meaningful dialogue, they can strengthen trust and deepen partnership.

Done poorly, this kind of reporting risks becoming one more thing extracted from communities. Done well, with Tribal partners helping to shape what gets measured and what happens next, it builds confidence that institutional promises are real.

This finding was shaped by what participants modeled. Their stories reflected a desire for visibility and follow-through that honors community trust. The recommendation is to strengthen data, accountability, and transparency by publishing American Indian and

Alaska Native specific dashboards, co-developing response plans with Tribal partners, and committing to steady cycles of listening, responding, and reporting that keep progress visible and relationships strong.

Closing: A Responsibility and a Promise

As the final session drew to a close, the energy in the virtual room shifted. What had begun with frustration and weariness now carried the rhythm of shared purpose. People who had come together from different corners of medicine and community spoke with a sense of recognition. It was as though they had each been holding a part of the same story and were now placing those pieces side by side.

A representative from a national organization serving Indigenous students had written, in her pre-session survey, what many in the room had been circling all along.

“Advocating for Native students needs to be approached in an intentional way that is cognizant of our unique histories as a people. The tools that are effective for advocating for med students from other marginalized groups may not be effective when advocating for Native students. It is not ‘one size fits all’.” The weight of that message ran through all six sessions, a reminder that this work is not only professional but profoundly human.

Across the six listening sessions, what emerged was not a list of complaints but a shared vision. The participants spoke from experience, and their voices built a collective picture of what could be. They imagined medical schools where Indigenous leadership shapes admissions decisions, where financial support is dependable and free from shame, and where ceremony is woven naturally into learning. They described mentorship that uplifts, rotations that connect students to home, and institutions that act from respect rather than obligation.

They also called for sustainability that does not depend on one person’s energy or one grant’s timeline but that lives within the heart of the institution itself. Above all, they

asked for accountability that is visible and true, so that every promise made to Indigenous learners and communities is honored in both word and action.

These are not abstract ideas. They are commitments that can be acted upon now. Each one reflects both a responsibility and a promise, a responsibility to listen, and a promise to follow through. Together, they form a living pledge that the next generation of Indigenous physicians will not have to keep having the same conversations.

There was a sense, by the end, that this gathering marked more than a conclusion. It was the beginning of something enduring. The participants did not simply talk about barriers; they offered a map for belonging. And within that map was a message for every funder, educator, and leader who chooses to walk beside them: the future of medicine will be stronger, wiser, and more whole when Indigenous students are not standing at the margins but are leading at the center.

Afterword: What Came Next

A year later, the recommendations in this report have begun to take shape as real commitments. Guided by what participants said, the Robert Wood Johnson Foundation developed a funding opportunity called Advancing Institutional Change for Indigenous Equity in Medical Education, with continued consultation from Johns Hopkins Center for Indigenous Health. Eight medical schools were invited to submit letters of intent, chosen on measures that emerged from these sessions. Six responded. Five were invited to submit full proposals, and in July 2026 all five received two-year grants.

The awarded schools span the Southwest, Upper Midwest, and Pacific Northwest, regions that serve substantial Indigenous student populations. Each project centers Indigenous leadership, strengthens accountability to Tribal Nations, and works to align institutional policies, practices, and resources with Indigenous priorities. These are changes participants described wanting, now funded and underway.

Indigenous voices continue to guide the work. CIH has convened and coordinates a five-member Advisory Committee of Indigenous physicians, educators, and health leaders,

all of whom sat in the listening sessions described in these pages. Co-facilitated by Dr. Donald Warne and Dr. Dan Calac, both senior Indigenous physicians, the Committee provides culturally grounded guidance and accountability through the initiative's launch and early implementation. It convenes for the first time in August 2026.

The conversations that opened this report had been repeating for thirty years. These are the first months in which they are being answered with money, structure, and sustained Indigenous oversight. That is not the end of the story, but it is a different beginning than the one participants had come to expect.

Summary of Findings and Recommendations

The stories and reflections shared in the listening sessions, pre-session surveys, and literature review led to seven key findings and eight recommendations. Together, they outline a path that is practical, human, and grounded in community.

Key Finding	Recommendation
Admissions processes often overlook Indigenous applicants' lived experience and service to community.	Reimagine admissions with Indigenous leadership and holistic, mission-aligned review practices that see the whole person and value commitment to community and purpose.
Financial strain remains the greatest barrier to entering and completing medical training.	Sustain layered financial supports across the pathway through renewable scholarships, flexible aid, travel and interview support, and institutional co-investment that provide stability and dignity.
Culturally unsafe learning environments undermine belonging and retention.	Build culturally safe learning environments that honor ceremony, center respect, include cultural safety and trauma-informed training, and address bias.
Lack of structured mentorship limits success and belonging.	Build visible, resourced mentorship ecosystems grounded in trust, reciprocity, and cultural humility, and recognize mentorship in hiring and advancement.
Learning is deepened by training within Indigenous communities, yet rotations in Tribal and IHS settings remain limited, and Elders and knowledge carriers are undervalued as teachers and guides.	Scale rotations and partnerships with IHS and Tribal health systems with cultural orientation, reflective learning, housing and travel support, and two-way feedback.
	Formalize Elder and knowledge-carrier roles through partnership agreements, honoraria, and integration into orientation, teaching, and advising.
Many programs rely on individual champions rather than lasting institutional structures.	Ensure sustainability and institutional match through base-funded roles, multi-year commitments, and endowments so initiatives become durable practice.
Progress is slowed by the absence of transparent data and visible follow-through.	Strengthen data, accountability, and transparency by publishing AIAN-specific dashboards, co-developing response plans with Tribal partners, and committing to

	steady cycles of listening, responding, and reporting.
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