

Medical school on Cherokee reservation will soon send doctors to tribal, rural areas

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Ashton Glover Gatewood decided to give medical school a second try after learning about a new campus designed for Indigenous students like herself.

Gatewood is now set to be part of the first graduating class at Oklahoma State University's College of Osteopathic Medicine at the Cherokee Nation. Leaders say the physician training program is the only one on a Native American reservation and affiliated with a tribal government.

"This is the school that is everything that I need to be successful," said Gatewood, a member of the Choctaw Nation who also has Cherokee and Chickasaw ancestry. "Literally, the campus, the curriculum, the staff—everything was built and hired and prepared and planned for you."

The program in Tahlequah, the capital of the Cherokee Nation, aims to increase the number of Cherokee and other Indigenous physicians. It's also focused on expanding the number of doctors from all backgrounds who serve rural or tribal communities.

Natasha Bray, an osteopathic physician and dean of the program, said most medical schools teach about barriers that can make it difficult for rural or Indigenous patients to get care and improve their [health](#).

But she said students in Tahlequah get to see these barriers firsthand by studying on the Cherokee Reservation and doing rotations in tiny communities and within facilities run by the federal Indian Health Service.

"Unless you are living in that community, you're part of that community, you're seeing patients from that community—you can't begin to understand what those barriers to care are," said Bray, who is not Native American.

For example, Bray knows that one town on the reservation is a 50-minute drive to the nearest delivery room, and that some patients trying to eat healthier live far from supermarkets and settle for

convenience store food.

Rural America has a shortage of health care providers. The Indian Health Service, which serves Indigenous patients in mostly [rural areas](#), has also struggled to recruit and retain staff.

Rural residents make up about 14% of the U.S. population but fewer than 5% of incoming medical students, according to a study of 2017 data. Native Americans are 3% of the population but represented only 0.2% of those accepted to [medical school](#) for the 2018–19 school year, according to the Association of American Medical Colleges.

Gatewood, 34, who grew up in a city between the Chickasaw Reservation and Oklahoma City, first attended medical school at the University of Missouri. She said it was a great program, but it didn't match her learning style. And with few Native American students, it left her feeling disconnected from her culture.

She ended up leaving after three semesters. Gatewood went on to become a nurse and earned a master's degree in public health.

Then, in 2019, six years after dropping out of the Missouri medical school, Gatewood learned about Oklahoma State's new campus in Tahlequah. She decided to once more pursue her dream of becoming a doctor. After taking classes in Oklahoma, she's now getting hands-on experience through a family medicine rotation in Baltimore.

Half the 202 [medical students](#) in Tahlequah are from rural areas, and nearly a quarter are Native American. Most of the Indigenous students are from Oklahoma tribes. Others come from tribes outside the state, including from Alaska and New Mexico.

Tahlequah has about 16,800 residents. It's more than an hour east of

Tulsa, home to Oklahoma State's other [osteopathic medicine](#) campus.

Osteopathic physicians, or DOs, attend separate medical schools from allopathic doctors, or MDs. The schools have similar curricula, but osteopathic colleges also teach how to ease patient discomfort through physical manipulation of muscles and bones. Osteopathic schools graduate more students who decide to work in primary care and in rural areas.

The Cherokee Reservation spreads across roughly 7,000 square miles in eastern Oklahoma. It's home to about 150,000 Cherokee citizens, most of whom live in rural areas, said Principal Chief Chuck Hoskin Jr. Hoskin grew up in a small town that was once served by a doctor who traveled across the reservation, treating patients in a recreational vehicle.

The Cherokee Nation now operates 10 hospitals and clinics to ensure that all citizens live within a 30-minute drive of care. Hoskin said this means the reservation has better access to health care than much of rural America.

"There are not many communities in this country in which you would see that sort of investment," he said.

Still, access to care remains challenging for some [rural residents](#) on the reservation, Bray said. The reservation has significant poverty, and some people lack cars or cell or internet service. Cherokee residents have high rates of diabetes, obesity, addiction, and heart disease, Bray said.

The Cherokee Nation spent \$40 million of its own revenue—including from casinos and federal contracts—to construct the college building on its medical campus, which includes a hospital and outpatient center. The tribe is responsible for maintenance, while Oklahoma State pays for the faculty and equipment.

The college building features large windows, Cherokee symbols etched into concrete, and orange accents—a shoutout to the university's colors. Inside, signs are written in both English and Cherokee.

On a recent afternoon, students practiced osteopathic manipulative therapy on one another inside a classroom. Down the hall in a simulation center, lifelike patient models lay with their mouths agape on hospital beds.

Next door at the hospital, medical student Mackenzie Hattabaugh checked on Chyna Chupco, who was recovering after giving birth to her first baby. Hattabaugh asked Chupco questions to make sure she was reaching recovery milestones and not showing signs of complications. She also felt Chupco's uterus to make sure it was healing properly.

Hattabaugh, who is not Native American, grew up in Muldrow, a town of about 3,300 on the reservation. The 24-year-old said the town sometimes had a doctor but never a hospital or urgent care clinic.

"I would like to go back to around my hometown and perhaps be a staple in my community, to become a physician and provide people health care who usually have to drive 30 minutes or more to get it," said Hattabaugh, a first-generation college student.

Students said studying at the Tahlequah campus prepares them to work in tribal and rural areas in ways that might not be possible at other medical schools.

Charlee Dawson, a 27-year-old medical [student](#) and citizen of the Cherokee Nation, said rotations within the Indian Health Service help students understand how the system's care and complex billing procedures differ from those of other health facilities.

The program helps students understand what health problems are more common among Native Americans, Gatewood said. She said her previous medical school taught students about the high rate of diabetes among Black patients, but not the rate for Native Americans, which is the highest of all U.S. racial groups.

The students also said they've learned to ask Indigenous patients not just what pharmaceutical drugs and supplements they're taking, but also whether they're using traditional medications or working with a healer.

Native Americans have long received inadequate, discriminatory, and unethical health care. Children died of infectious disease outbreaks during the boarding school era. The Indian Health Service sterilized thousands of women in the 1960s and '70s. Today, the agency remains chronically underfunded.

This has led some Indigenous people to mistrust the health care system. But several of the Tahlequah students said they've bonded with patients who share similar backgrounds.

"It really comforts patients to know that someone like them is taking care of them," said Caitlin Cosby, a member of the Choctaw Nation.

Cosby, 24, said she once had a patient who asked, "'Are you Native?' And I said, 'I am!'"

The patient told Cosby he was proud of her.

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