



# From the Exception to the Norm: A Wish for More Latine Representation in Medicine

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During a summer internship in a safety net hospital in California, the director of the hospital's catheterization lab became my assigned mentor. After weeks of shadowing during rounds, I had noticed that none of the students and trainees were Latine, besides me. "Why aren't there Latina residents or fellows?" I asked him point blank.

"Because they're stupid. In the 30-plus years I've been here, we've only interviewed two, and they were no good. It takes generations to become a physician." He gestured to the patients through

the window, who were predominantly Latine. "Latinos immigrate to this country and don't even learn the language," he asserted.

All summer long, this physician – a leader in cardiology – referred to families like mine as "illegal aliens." Once he overheard me speaking to my father on the phone in Spanish. Years later, I can still remember his disapproving expression.

This mentor gave me a taste of the anti-immigrant and anti-diversity, equity, and inclusion (DEI) rhetoric we are all currently experiencing. As my medical school journey is coming to an end, I mourn the dissolution of

Harvard Medical School's Office of Recruitment and Multicultural Affairs and the accompanying significant decrease in funding for affinity groups (1). My mentor's words, long buried, resurface again as I see the number of admitted Latine medical students drop at Harvard. **How many generations of physicians will we lose because of these systemic changes?**

My wish for the future of medicine is that Latine physicians be fully represented within all medical fields, supported by their institutions, and empowered to provide culturally and language-concordant care. Achieving this requires structural reform in medical school admissions that acknowledges and corrects educational inequities. It also requires longitudinal institutional investment to counteract existing bias.

Today, policies against affirmative action and DEI threaten to dismantle the hard-earned progress of so many generations. The 2023 Supreme Court decision against affirmative action prevented medical schools from incorporating an applicants' race or ethnicity into the admissions decision, making it more difficult to create diverse classes (2). The impacts have been predictable, and we have seen this before. Economist Zachary Bleemer found that fewer students of marginalized backgrounds and identities applied to selective universities after California's affirmative action ban in the late 1990s (3). In 2025, only 6.8% of medical student applicants identified as Latine (4).

## We are moving backwards in our fight towards a more diverse physician workforce.

Without tracking outcomes, we can't improve equity. This matters because even though Latines make up 20% of the U.S. population, we make up only 6% of the physician workforce (5). When my mentor said it took generations to become a physician, he was right in that household income and education are tightly linked. About 75% of medical students come from the top two

household-income quintiles (6). First-generation, low-income (FGLI), medical students are underrepresented, systematically filtered out through the hidden curriculum and costly test strategy courses. Only 10.7% of the 2025-2026 medical school matriculants in the United States are first generation college graduates (7). To study medicine is a privilege very few can pursue, and FGLI Latine medical students are the exception, not the norm.

These numbers underscore what is at stake. **Without equitable policies, talented underrepresented students are at increased risk of exclusion.** What many don't realize is that increased representation benefits everyone and by having less diverse perspectives at the table, we all miss out – physicians, patients, medical students, our mentors and mentees. Research has repeatedly demonstrated that racial and language-concordant care improves patient outcomes (8). Who doesn't want better outcomes?

The work to improve equity should not end with acceptance letters; it must continue throughout training. Academic success in medicine often requires attending conferences to present research, away rotations, and third-party USMLE exam resources, all of which cost thousands of dollars. The system, once again, favors those who don't depend on institutional financial support to participate. Institutions are not built for those without access to the hidden medical curriculum.

Mentorship is one of the few existing tools to reduce this gap. Yet finding mentors and role models who share a background similar to mine is exceedingly rare. I cannot help but question the value of a mentorship relationship from someone who believes Latinas aren't intelligent. I share my personal narrative to illustrate the types of comments and biases we confront in medical settings and why I hope for a future in which finding race-concordant mentors is not the exception.

These challenges are not new. We carry the lessons from those who came before us. We have learned to over-rely on grit, resilience, and the

importance of taking care of our own. My hope is that FGLI Latine medical students are not performatively praised or tokenized for these traits but are genuinely valued for our merit and supported in ways that truly matter.

**There will always be those who doubt our potential. But we get to choose who we listen to and how we show up.** While we continue to advocate for institutional support, we must also find allies and create our own board of advisors. Our communities will continue to strengthen us if we build networks and bring our cultural values forward. When institutional support falls low, we, united in community, must rise. I was told it would take generations for someone like me to become a physician. Supported by family, friends, and believers, I clung to my dream, learned English, and this year will be graduating from medical school. It should not take another generation for Latines like me to be represented in the field. My goal is for stories like mine not to be the exception, but the norm.

## References

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