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CHEROKEE NATION®

P.O. Box 948 • Tahlequah, OK 74465-0948
918-453-5000 • www.cherokee.org

Chuck Hoskin Jr.

Principal Chief

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Bryan Warner

Deputy Principal Chief

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**Submitted Testimony of Chuck Hoskin, Jr., Cherokee Nation Principal Chief
U.S. Senate Committee on Indian Affairs Oversight Hearing on “*Indian Self-Determination
and Education Assistance Act Successes and Opportunities at the Department of the Interior
and the Indian Health Service*”**

Chairman Murkowski, Vice Chairman Schatz, and members of the Senate Committee on Indian Affairs:

Osiyo. On behalf of the citizens of Cherokee Nation, thank you for this opportunity to testify on the importance of Tribal self-governance programs and how leaders at Cherokee Nation have utilized ISDEAA and other self-determination initiatives to benefit our citizens and advance economic, health care, transportation, and so many other opportunities throughout our region.

With a population of more than 470,000, Cherokee Nation is the largest Native American tribe in the United States. About a third of our citizens reside on our Treaty-guaranteed land, a 7,000-square mile reservation covering 14 counties in northeast Oklahoma. The remainder are scattered across the country, living in all 50 states and 435 congressional districts. More than 1,500 of our citizens live in the Chairman’s home state of Alaska, and roughly 340 call Hawaii home.

Cherokee Nation is the economic engine of our region, employing more than 15,100 and directly and indirectly supporting more than 23,000 jobs. We take pride in providing for the safety, health, and comfort of the more than 520,000 people who live within our reservation boundaries and the communities located on our sovereign land.

We have an annual economic impact on northeast Oklahoma that exceeds \$3.14 billion, and that impact is not limited to our citizens. We remain steadfast in our commitment to growing our regional economy, helping our non-Cherokee friends and neighbors improve their quality of life.

Like many tribes we have successfully utilized self-governance to ensure better outcomes for our people in all facets of life. And partly because of the self-governance opportunities we will discuss today, each year Cherokee Nation is able to make more than \$3.5 billion in strategic and locally-appropriate investments that will help our families become happier, healthier, stronger, and safer.

As I have always said, Cherokee Nation can spend a dollar better, wiser, and more efficiently than the Federal government can. And for 35 years, Cherokee Nation has repeatedly proven this through the success of our self-governance agreements.

Cherokee Nation was one of the first tribes to fully embrace self-governance compacting for the delivery of federal programs and services. We've used the authorities granted through ISDEAA and subsequent self-governance statutes to administer federal programs and services to tribal citizens and better northeast Oklahoma writ-large. We use these authorities to build roads and water infrastructure, support housing and education, operate world class health centers, preserve and improve our natural resources, and uplift rural economies. These initiatives are beneficial to both citizens and non-citizens.

The past decades have demonstrated conclusively that when tribes are in charge of their own destiny, they thrive. By any metric, Native people are better off today than they have been in generations—socially, politically, economically. I strongly believe this is due to the advancement of self-governance.

Cherokee Nation currently assumes administration for nearly every program, service, function, and activity that possesses self-determination and self-governance authorities.

Our history with self-governance programs dates back to February 1990, when Chief Wilma Mankiller's administration entered into negotiations with the Department of the Interior on a self-governance agreement. We were one of the first tribes to forge this kind of partnership with the Federal government.

Four years later we were one of the first tribes to negotiate a self-governance compact with the Indian Health Service. This agreement allowed us to take control of IHS-funded healthcare services, leading to improved healthcare based on local priorities and the direct needs of its citizens and broader community. We have reinvested third-party billing revenue into new and improved health care opportunities for the entirety of northeast Oklahoma, allowing for state-of-the-art technology, innovative solutions, expanded specialty services, and better preventive care programs.

Self-Governance programs provide flexibility for Cherokee Nation to use federal funds more effectively and efficiently by providing the authorities needed to redesign and grow programs that meet local priorities, integrate related resources to reduce fragmentation at the tribal government level, and waive burdensome federal agency rules that hinder local solutions. It also reduces administrative and reporting burdens while increasing local accountability, allowing us to meet the current needs of our citizens, adapt to changing environments, and most importantly, focus on outcomes and program delivery. We administer the program Cherokee Nation citizens and the citizens of northeast Oklahoma need—not the program Washington tells us to run.

In so many areas our hands are no longer tied to the failed policies of the past, and our success in those places where we have been able to use self-governance authorities is easy to demonstrate.

Consider what we've been able to do in health care. Cherokee Nation runs the most advanced and largest tribally-operated health care system in Indian country, with our facilities receiving more than 2 million patient visits annually. We've invested substantially in technology and new facilities, including a 469,000 square-foot outpatient health center offering surgical, optometry,

audiology, physical rehabilitation, behavioral health, radiology, lab, pharmacy, primary care, and dental services. Soon, this health center will be joined by a new, state-of-the-art hospital.

We're leading the way in innovation through our first-of-its-kind medical school, the first tribally-affiliated medical school and the only one located in Indian country—Oklahoma State University's College of Osteopathic Medicine at the Cherokee Nation.

Self-governance made these dreams a reality. Come out to Oklahoma and you will find a world-class health care campus in Tahlequah, one that's transforming care and outcomes in our region.

Our healthcare infrastructure goes well beyond Tahlequah. In a time when rural healthcare facilities struggle to stay open across the country, Cherokee Nation's network of new and renovated clinics ensure that no patient on our reservation is more than 30 minutes away from care. In Vinita, when a Veterans Administration clinic was threatened with closure, we made an agreement to co-locate the VA within our tribal clinic and preserve this care option for all veterans in the community. None of this would have been possible without self-governance.

Next month we will continue our leadership in self-governance through the assumption of the last remaining federal health care facility on the Cherokee Nation Reservation. When we take over Claremore Indian Hospital on Oct. 1 we will transition operations from federal management to tribal governance, ensuring services are delivered with greater efficiency, cultural relevance, and accountability.

Claremore is in a state of disrepair due to decades of federal mismanagement. Frankly, it is a shameful reflection of the federal government's failed priorities and treaty obligations. Thanks to self-governance, Claremore now has a bright future. Cherokee Nation will invest in expanded services, modernize facilities, and improve patient care, while preserving access for all patients eligible under federal law.

Claremore's operations are typical federal government inefficiency and indifference to stretching every penny of health care resources to maximize patient services. Its operations are light years behind Cherokee Nation's standards of efficiency, effectiveness and safety. We can, and will, do better. And this is the heart of self-governance.

Our self-governance compact with the Bureau of Indian Affairs gives us great flexibility and authorities within the realty space, giving Cherokee Nation Real Estate Services control and accountability for funding, programs, services, and functions that would otherwise be fully in the purview of the Federal government. Our compact extends to acquisition and disposals, removals, leasing (agricultural, residential, business, renewable energy, mineral), rights of way, probate, and oil and gas.

Through this agreement we can handle our citizens' realty matters, eliminating the need for them to travel to a BIA office when seeking assistance. We can also avoid aggravating red tape and bottlenecks when obtaining the items and documents needed to submit transactions on Restricted or Trust lands for approval, and shorten timeframes and streamline work that would otherwise be the responsibility of the BIA.

If our compact was not in place we would need to rely on BIA to obtain and disseminate these necessary items, which include NEPA documents, certifications, applications, consent, waivers, appraisals, title status reports, etc. Because of our compact Cherokee Nation has its own Land Titles and Records Office, and all recorded transactions are kept on site in a secured vault, giving our Real Estate Services office access to any document that may otherwise have been stored at BIA.

Additionally, self-governance gives us the ability to administer numerous conservation and land management programs for the promotion, improvement, and preservation of natural resources within the tribe's reservation boundaries. Self-governance authorities allow us to conduct brush and weed management, grassland remediation, prescribed fires and fire suppression, wildlife and plant life conservation, and forestry management activities in accordance with the tribe's cultural priorities and citizens' needs.

The flexibility afforded by self-governance authorities allows Cherokee Nation both to conduct strategic land management planning as well as to respond quickly to identified emergent needs without lengthy approval processes and associated reporting requirements. Furthermore, self-governance authorities have expanded to energy and climate resiliency programming, increasing the tribe's ability to address some of the most pressing environmental concerns within the nation.

Most recently, we signed the first-ever self-governance compact under the Department of Transportation's Tribal Transportation Self-Governance Program—the latest example of how self-governance authorities and Cherokee Nation's sovereignty brings great benefits for everyone living within our reservation, including our non-Cherokee neighbors. With self-governance authorities over transportation funding we are able to plan and oversee our own road construction and transit projects, allowing us to slash needless red tape and invest in the rural communities in our reservation that historically have had few other sources of support.

Reaching this agreement took the better part of a decade. The FAST Act of 2015 expanded self-governance at the Department of Transportation, but more than seven years passed between the signing of that law and the finalization of our compact. It took four years for the Department to adopt a final rule, and our negotiation with the Department lasted more than a year. Because this agreement was the first of its kind, we had to negotiate with DoT over every word—which took time and resources.

And even though the ink on our compact is dry, the education process continues. Many of the agencies within the Department responsible for administering discretionary grants are either unaware of self-governance, or unwilling to understand the details of our agreement. This often leads to compliance expectations that align more closely with states and local governments rather than a tribal government. We strongly believe there needs to be better clarity and understanding of the self-governance framework among agencies that manage DoT funding. As more tribes reach self-governance agreements with DoT, ongoing collaboration and communication will be essential to address challenges and optimize the benefits of this program.

We strongly support the expansion of self-governance authorities into additional federal agencies and programs, and stand ready to jump at any new opportunity that Congress may seek to provide in the future. In the 119th Congress the Senate can usher in a new era of self-governance and self-determination by moving legislation that expands and improves these authorities.

For example, there are many activities within the Department of Agriculture that are ripe for self-governance. We currently work with USDA to operate one of the largest FDPIR programs in Indian country—truly an example of food sovereignty in action. But there is far more we can do in this space, and Congress should build off the success of FDPIR and consider expanding self-governance authorities into other USDA activities like nutrition programs, the Forest Service, the Farm Service Agency, meat processing inspection functions, rural development programs, and conservation initiatives.

Similarly, Congress can embrace the Make American Healthy Again agenda and eliminate waste in health care by expanding self-governance authorities within the Department of Health and Human Services. We know that self-governance has consistently proven to be the most cost effective and efficient approach in administering federally funded programs in Indian country, and I'm confident expanding health care self-governance authorities beyond the Indian Health Service would slash red tape and tear down the silos that hamper the delivery of health care and lead to poor outcomes for tribal citizens.

Secretary Kennedy, Secretary Burgum, and others in the Trump administration have expressed their support for tribal sovereignty and expanded opportunities for self-governance, and this is an area where there appears to be agreement between the executive branch and Congress. I certainly hope this is the case, and look forward to the day when self-governance reaches all aspects of the federal government.

However, we need more than positive statements about self-governance—we need actions that match these sentiments. It is hard to couple this public support with the administration's FY 2026 budget request, which seeks to cut self-governance funding. Staff reductions will also have an outsized impact on agencies' ability to negotiate self-governance agreements, provide technical assistance to tribes, and transfer funding. The government-to-government relationship is only as strong as our Federal partner, and I look at some of these proposed cuts, reductions in workforce, and changes to self-governance programs and I see a weakened partner. Self-governance requires stability, and I hope the administration acknowledges this reality.

Every dollar Congress appropriates to Tribes and Indian Country is fundamentally important to tribal self-determination and the delivery of tribal services. This committee can advance the ongoing campaign against duplicative spending by rejecting calls for redundant programs and services and pushing back against the establishment of new and duplicative funding lines within the Indian Health Service, the Bureau of Indian Affairs, and elsewhere. We strongly support the expansion of self-governance authorities into new Departments and Agencies, but Congress must take steps to ensure limited resources are not wasted through duplicative agreements.

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