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Submitted Testimony of Chuck Hoskin, Jr., Cherokee Nation Principal Chief
U.S. House Committee on Appropriations
Subcommittee on Interior, Environment, and Related Agencies
May 7, 2024

Chairman Simpson, Ranking Member Pingree, and members of the Interior subcommittee:

Osiyo. On behalf of the citizens of Cherokee Nation, I thank you for this opportunity to share some thoughts on the fiscal year 2025 appropriations process. The subcommittee, in formulating and considering its FY25 Interior Appropriations measure, should:

- Improve healthcare access and increase Tribal self-determination by **encouraging the Indian Health Service to open a new round of applications for the Joint Venture Construction Program**, which remains the gold standard approach for innovative and cost-effective health care infrastructure development in Indian country;

- Promote public safety in eastern Oklahoma by **continuing to provide direct funding for the Tribes impacted by the *McGirt* decision**;

- Ensure the Indian Health Service is properly and lawfully spending taxpayer resources by **conducting robust oversight of IHS spending decisions**, particularly around the agency's use of "new tribes" funding to support a Tribe that was recognized more than 70 years ago;

- Alleviate growing budget pressures on IHS and the Interior Appropriations bill, and address Tribal health inequities by **reclassifying Tribal Contract Support Costs from discretionary to mandatory funding**.

With a population of more than 463,000, Cherokee Nation is the largest Native American tribe in the United States. Approximately 143,000 of our citizens reside on our Treaty-guaranteed land, a 7,000-square mile reservation covering 14 counties in northeast Oklahoma. The remainder of our citizens are spread across the United States, living in all 435 congressional districts.

We are the economic engine of northeast Oklahoma, employing more than 11,000 people and providing for the 513,000 men, women, and children that live within our reservation boundaries and the communities located on our land. Cherokee Nation and its businesses have an annual economic impact on northeast Oklahoma that exceeds $3 billion, and that impact is not limited to Cherokee Nation citizens. We remain steadfast in our commitment to grow our regional economy, helping our non-Cherokee friends and neighbors improve their quality of life.

We are currently operating under the largest budget in Cherokee Nation history, a record $3.8 billion in strategic investments that will help Cherokee families become happier, healthier, stronger, and safer. We are moving forward with historic investments in mental health, drug treatment, career readiness, housing, language preservation and revitalization efforts, and public safety, and continuing to build out the largest tribally-operated health care system in Indian Country.

Our world-class facilities receive more than 2 million patient visits each year, and we have strategically built clinics and health care centers so that no Cherokee Nation citizen living on the reservation is more than 30 minutes away from care. Still, we know there is far more work to be done.

Cherokee Nation has successfully utilized IHS's landmark Joint Venture Construction Program three times—most recently by investing $260 million to build and equip Nu-Wo-Ti-i, a 469,000-square foot outpatient center in Tahlequah—and stands ready to use the program once again to increase access to quality health care in northeast Oklahoma.

As you know, the IHS Joint Venture Construction Program represents a collaborative approach to healthcare infrastructure development. Tribes alleviate the upfront burden on IHS by taking on construction, expansion, or renovation costs, and IHS provides staffing funds for the facility over a 20-year span.

The program's benefits are proven:

- **Improved Healthcare Access:** The program leads to the development of modern healthcare facilities closer to tribal communities, reducing travel time and improving access to essential medical services.

- **Sustainable Infrastructure:** The program supports the development of durable and sustainable healthcare infrastructure that can accommodate the evolving needs of tribal communities over time, contributing to the long-term health and well-being of indigenous populations.

- **Economic Growth**: Joint Venture projects stimulate tribal economies by creating job opportunities and boosting economic activity through expanded healthcare positions and construction-related spending.

- **Enhanced Tribal Self-Determination:** By partnering with tribes in the planning and construction of healthcare facilities, the program empowers tribal communities to take control of their healthcare infrastructure, aligning with principles of self-governance, sovereignty, and tribal culture.

Each time we have expanded our capacity through a joint venture project, patient demand has almost immediately filled up that capacity. This speaks to the great unmet needs for care on our

reservation and the potential for additional joint ventures. So, in FY25 the subcommittee should include report language encouraging IHS to open a new round of joint venture applications.

Next, I would like to thank the subcommittee for its attention to public safety and justice issues in connection with the historic *McGirt* decision. *McGirt* and the subsequent *Hogner* decision that reaffirmed the continued existence of the Cherokee Nation reservation—and our exclusive jurisdiction over our land—changed the complexion of law enforcement and criminal justice in eastern Oklahoma.

Cherokee Nation maintains one of the largest and best justice systems in Indian country, but our needs and responsibilities continue to grow. Since the *McGirt* decision Cherokee Nation has dramatically scaled up its criminal justice system, boosting spending by $35 million annually to strengthen our law enforcement capabilities and meet the massive 380 percent increase in felony and misdemeanor case filings. Where prior to *McGirt* we filed fewer than 100 criminal cases per year, since *McGirt* we have filed more than 10,000.

The costs of sustaining the large criminal justice system needed on our reservation are substantial, and so I am exceedingly grateful for the direct resources you provided to the *McGirt*-impacted tribes through the FY22, FY23, and FY24 appropriations bills. I ask that you provide the impacted tribes another round of *McGirt*-specific funding again in FY25.

Third, I urge you to provide strong oversight over IHS through the appropriations process to ensure that the agency is properly using taxpayer resources. I request that the subcommittee give special attention to IHS's request (as found on Page CJ-96 of IHS's Fiscal Year 2025 Justification of Estimates for Appropriations Committees) to provide $6 million in "New Tribes" funding to "support the delivery of health care services for the United Keetoowah Band of Cherokee Indians in Oklahoma." This funding is an improper use of federal dollars, unnecessary, and redundant, and the subcommittee should reject IHS's request.

This is at least the third time IHS has sought to use "New Tribes" funding to fund the United Keetoowah Band—a tribe recognized more than 70 years ago. IHS's FY24 request sought at least $5 million for this purpose, and in the FY19 cycle IHS used the "New Tribes" account to grant "$99,000 for [UKB's] estimated 1,299 members. In the congressional justification accompanying the FY19 request IHS acknowledged New Tribes funding is typically requested "when a new Tribe is federally-recognized or reinstated." Now, with no real explanation or legal or policy justification, in FY25 IHS is inexplicably going back to the well for a third time. This is wrong—IHS should not be allowed to circumvent its own policies when granting federal dollars to the UKB or any other tribe.

Again, the United Keetoowah Band of Cherokee Indians is not a new tribe. This alone should prevent IHS from seeking funding under the "New Tribes" account, which, per the agency's own policy, is utilized for "new or restored Federally Recognized Tribes." The UKB is neither a new tribe nor a restored tribe.

Moreover, Chapter 4 of the Indian Health Manual, the document IHS deems "the reference for IHS employees regarding IHS-specific policy and procedural instructions," states a "New Tribes" appropriation request "will be included in the budget cycle immediately following the new or restored Tribe's recognition." Again, this request comes more than 70 budget cycles after recognition.

Not only is this funding improper—it is completely duplicative. Cherokee Nation maintains the largest tribally-operated health care system in Indian Country, and the existing health care infrastructure and array of services that already exist in northeast Oklahoma—particularly, in the city of Tahlequah—renders another line of funding unnecessary and wasteful.

Cherokee Nation, in partnership with IHS, has made significant fiscal investments to ensure that all tribal citizens within the Cherokee Nation Reservation—UKB citizens included—will receive the highest quality health care for generations to come. A new UKB-run health care clinic would not provide any services that are not already being provided to UKB members by Cherokee Nation's health system—patient statistics show that approximately 94.4 percent of UKB's user population currently receives care from Cherokee Nation.

Congress should not waste already scarce IHS dollars by funding redundant health care services in an area that already contains the best tribal health care system in the country. I urge you to carefully consider this unjustified request, and keep this funding out of the final FY 2025 Interior Appropriations bill.

Finally, while legally required pursuant to the Indian Self-Determination and Education Assistance Act and Supreme Court decisions, Contract Support Costs (CSC) are currently paid for under discretionary spending caps. Inclusion of the CSC account that is mandatory in nature under discretionary spending caps has resulted in a net reduction on the amount of funding provided for Tribal healthcare programs.

On March 25, 2024, the Supreme Court heard oral arguments in *Becerra v. San Carlos Apache Tribe* and *Becerra v. Northern Arapaho Tribe*. The issue of the case is whether the IHS must pay CSC not only to support IHS-funded activities but also to support the Tribe's expenditure of income collected from third parties. The outcome of the case is unknown, but it could have a significant impact on IHS funding.

Immediately moving CSC to mandatory is good risk management for the United States because, regardless of the forthcoming CSC Supreme Court decision, the amount is already mandatory in nature and there is a mechanism for controlling costs. Since the amount is already mandatory in nature, there is nothing added to the mandatory budget by moving this authority to the mandatory side of the federal ledger.

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