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Written Testimony of Cherokee Nation Principal Chief Chuck Hoskin, Jr.
House Subcommittee on Oversight & Investigations hearing on "The Opioid Crisis in Tribal Communities"

Chair Porter, Ranking Member Moore, Chairman Grijalva, Ranking Member Westerman, and distinguished members of the Subcommittee on Oversight and Investigations:

Osiyo, and thank you for holding this important hearing. It is my honor to speak with you today on behalf of the 410,000 citizens of Cherokee Nation.

My predecessor, Principal Chief Bill John Baker, said in 2017, "Tribal nations have survived disease, removal from our homelands, termination, and other adversities, and still we prospered.

"However, I fear the opioid epidemic is emerging as the next great challenge of our modern era."

Chief Baker was correct. There is an epidemic of opioid abuse sweeping through Indian Country and across the Cherokee Nation, leaving in its wake addiction, disability, and death.

For two decades, the opioid epidemic has plagued Cherokee Nation. It has affected every facet of our society—our economy, our health system, our schools, and tragically, our families. Hundreds of Cherokee Nation citizens have died from overdoses. Tens of thousands more have suffered.

It has caused generational health issues and vast trauma. It has put the future of our nation at risk.

The pharmaceutical industry knowingly and purposely flooded the communities within our 7,000 square-mile reservation in northeast Oklahoma with hundreds of millions of pills.

In one year, an estimated 845 million milligrams of opioids—between 360-720 pills for every prescription opioid user—were distributed within our reservation. From 2015-2016 alone, about 184 million pills were distributed—enough to supply every man, woman, and child living on our land with 153 pills each.

Cherokee Nation makes up less than 6 percent of Oklahoma's population, yet nearly a third of the opioids distributed in the state went into our communities.

This was no accident. The complex, multi-generational trauma that still lingers within our communities made Cherokee Nation, and more broadly, Indian Country, a target for exploitation and saturation.

Traditionally, Native people have a communal sense of self. This means decisions are made with family and community input. Through the detrimental effects of cultural assimilation, forced removals, and boarding schools, Native people have been stripped away from their traditional practices. Experiencing repeated loss and trauma without a sense of self or opportunity to grieve has left our Native people to turn to negative ways of coping. These coping skills exist in the form of turning to substances to help cope with feeling of depression, anxiety, and tremendous loss.

The pharmaceutical industry knew our history, and exploited it for profit.

The number of opioid pills shipped into communities in Oklahoma far exceeded the national average and was eclipsed only by the amount that was shipped into Appalachia. In 2012, the per-capita rate of prescriptions for the nation was 81.3 prescriptions, while the per-capita rate in Oklahoma was 127.4, and in the 14 counties of the Cherokee Nation Reservation it was 108.78 prescriptions per capita.

The opioid oversupply has led to significant economic and social harms to the health, safety, and welfare of the Cherokee Nation. Today, a Cherokee Nation adult is more likely to die of an overdose than die in a car accident. Across Indian Country the number of overdose deaths increased by 500 percent between 1999 and 2015. According to the CDC, Native Americans are far more likely to use—and die from—opioids than other groups.

In 2014 we began to see the full impact of the opioid crisis. That year we observed a spike in the number of children taken into Tribal custody because of parental addiction. Since that time more than 1,700 Cherokee children have gone into state or Tribal custody—at least 40 percent of those cases are due to opioid use. Additionally, there has been a staggering increase in the number of Cherokee babies born addicted to opioids. These infants are placed in our foster system, tearing a family apart before it even has a chance to be whole.

Five years ago, we sued the country's largest distributors and pharmacies for their role in targeting Cherokee Nation and flooding our communities with prescription opioids. It was a pioneering case—one of the first opioid-related lawsuits in the United States. It was the first case brought by a Native American tribe.

We filed our lawsuit to hold distributors and corporate pharmacies accountable for their negligence and greed. We wanted this case to bring justice to our tribe and to be a precedent for other communities fighting the opioid epidemic—particularly, the hundreds of other Native American nations that sued the opioid industry in our wake.

In 2021 we settled with McKesson, AmerisourceBergen, and Cardinal Health for $75 million, to be paid over 6 ½ years. Earlier this year we settled with Johnson & Johnson for $18 million over two years. Our claims against Walmart, Walgreens, and CVS, however, remain pending, and we intend to vigorously pursue those claims at trial. We believe these pharmacy chains greatly contributed to the crisis.

With the case against the distributors resolved, we can begin the healing process for our tribe and our citizens. With these settlements, we will increase our investments in substance use disorder, mental health treatment, and other programs to help our people recover. That work is needed more than ever, as the increased isolation, health fears, and economic insecurities brought on by the COVID-19 pandemic have led to heightened anxiety and higher rates of self-medicating.

These funds will support our efforts to rescue Cherokees from addiction. Deputy Chief Bryan Warner and I propose a commitment of $15 million from that settlement over the next three years to help construct drug treatment facilities. These settlement dollars, while important to our future, fall short of what it will take to build the kind of comprehensive mental health and drug treatment center the Cherokee people deserve, although it provides a solid start. It is also a measure of justice by bringing healing to our people using funds from the very industry that injured us. It will help bring about something transformational – knocking down the barriers between mental health and physical health.

But these funds alone will not nearly be enough to end the opioid crisis.

We know how to prevent substance abuse, delinquency, teen pregnancy, and suicide. We know what strategies need to be deployed and we know how to use data to prioritize locations and people and we know how to use data to measure our effectiveness both short and long term. The bad news is that these problems are complex, multi-faceted, and take a long time to address.

One of most significant gaps in capacity is that we do not have the prevention workforce to address the problems facing Cherokee Nation. Without a significant investment in building a highly trained prevention workforce that will become embedded into our community fabric, we will continue to plug holes in the dam rather than repair the issues causing the leaks.

One solution would be to increase access for tribal workforce development programs within our own tribal communities. Human capital is our greatest asset. Building pipelines to universities to help our own tribal citizens to become a part of the workforce will be key to defeating the opioid and drug epidemics.

We also need our federal partners to fulfill its trust obligation to Indian Country and fully fund programs that will allow us to guarantee our tribal citizens access to addiction and behavioral health services. These programs are a vital component of our efforts to heal from this crisis, and we call on Congress to provide more in these areas.

We need direct, non-competitive funding for community-based prevention efforts, as this will allow us to build a community-based prevention system that is ground in Cherokee culture. This system would build upon the local and historical culture to identify risk factors that contribute to substance abuse and mental health issues, while at the same time serve as an appropriate cultural intervention that protects and educates our youth.

Additionally, there are barriers that prevent this funding from being as effective as it could be.

- Federal funding restricts the use of grant funding for items that would significantly improve our ability to serve the target audiences for our programs. For example, celebrating culture through food is a key component of engaging youth and families. The food purchase restriction is limiting for programs and seems almost punitive to communities as a response for some bad actors in the past. Restricting the ability to provide food when serving marginalized communities who deal with trauma, poverty, and food insecurity is counter to the values of our culture.

- Program requirements often ask a tribal community to conform to structures and systems that do not exist in their community.

- Funding periods are often too short to provide meaningful assistance. The Tribal Opioid Response grant is large in scope and funding amount, but the funding period is only two years. A minimum of 5-year funding cycles would give tribes the ability to build strong foundations for sustainability.

- Reporting requirements are complicated, frequent, and can be duplicative. Although we understand the need for reporting and accountability, the administrative burden placed on grant personnel for reporting can be significant. The reporting burden is constantly pulling the program staff away from service delivery in order to meet all the quarterly, biannual, and annual deadlines. Approvals for formally submitted changes take months for approvals. A budget revision or carryover request can take anywhere between three and nine months to be approved, and if there are additional questions, that cycle starts over.

Finally, expanding traditional reimbursement mechanisms to include nontraditional services is essential to the overall success of treatment programs. The current limited reimbursement mechanisms for treatment of substance use disorder do not make these programs sustainable for tribal communities. Mental illness and substance use disorder are not short-term problems. We need long-term solutions and financial sustainability is essential to address these problems for the future of our people.

While more federal resources are needed, we will not wait around for the federal government to address this crisis. Last year, we passed legislation that will improve access our substance abuse treatment and wellness centers. We will earmark 7 percent of the unrestricted revenue generated by Cherokee Nation Health Services, including health insurance claims or billings to health insurance carriers and providers, for public health programs. This will provide an additional $12 million in annual funding for improved access to wellness centers and substance abuse treatment.

Our Behavioral Heath staff are already providing many free resources for drug diversion, overdose prevention, and addiction treatment, and are working at an exhaustive pace to serve the mental health and addiction related needs of our people.

Our team is taking an integrated approach to address opioid use disorder, offering both Medication Assisted Treatment and behavioral healthcare. Additionally, our Cherokee Marshals are trained to carry and use Narcan, a medication used to treat opioid overdose.

Native people are known for their ability to adapt and persevere in the face of adversity. We can address challenges by enhancing and creating services within our communities' specific to our Tribal population. Our communities may present our people with challenges, but they also present us with amazing strengths to build on. Having services that are supportive and providing a healing path for those lost in their addiction can greatly improve the lives of those suffering and their families. We can begin our journey on the road to recovery through introducing programs addressing trauma and recovery through cultural enriched interventions. Returning to our traditional way of communal values is the key to changing the effects of addiction for our next generation of Native people.

I am very thankful that through the efforts of our Office of the Attorney General and our Behavioral Health Department, we are not only bringing justice for our tribe, but beginning to repair the long-term damage caused by the flood of opioids into our communities.

Thank you for this opportunity to testify on this important topic. Wado.