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**CHEROKEE NATION®**

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**September 29, 2022**

**Written Testimony of Cherokee Nation Principal Chief Chuck Hoskin, Jr.  
House Committee on Veterans' Affairs hearing on "Veteran Suicide Prevention:  
Capitalizing on What Works and Increasing Innovative Approaches"**

Chairman Takano, Ranking Member Bost, and distinguished members of the committee:

Osiyo.

My name is Chuck Hoskin, Jr., and it is my deep honor to serve as Principal Chief of Cherokee Nation, the country's largest Native American tribe. I speak to you today on behalf of our more than 437,000 citizens and the many Cherokee veterans who have bravely served our nation with distinction over the last 200 years.

American Indians and Alaska Natives serve in the military at higher proportions than all other ethnic groups—Native Americans are six times more likely to join the military. Cherokee Nation's history is no different. Cherokee citizens have a deep commitment to the American military. Cherokee citizens have been willing to answer the call to serve this country, even as this country often tried to eliminate tribes and tribal culture.

That long history, and the collective sacrifice of Cherokee men and women, is why we pay our respects to veterans at every public event the Cherokee Nation hosts. We recognize those who have fought battles, those who have served, and those who gave all for our freedoms.

At Cherokee Nation, we are doing more than ever to ensure our veterans know how much we appreciate them. We have established multiple food distribution events solely for veterans and their families across the reservation, making sure our veterans have access to nutritious foods.

We are also committed to reducing veteran homelessness, and we have programs to ensure veterans have a safe and secure roof over their heads. We also are collaborating with the Department of Defense to build a division of 21 homes in Tahlequah earmarked specifically for Cherokee veterans.

Each year our Office of Veterans' Affairs (CNOVA) links thousands of veterans—Cherokee veterans, veterans from other tribes, and non-Native veterans—to VA services. We have several outreach stations across the reservation that work closely with personnel within the Department of Health Services Administration, the Department of Veterans Affairs, and other federal, state,

and city agencies and organizations. A primary goal is to identify and link eligible veterans with all available resources through a comprehensive network of services.

We know the need is great. Sadly, disparities in poverty and income within the Cherokee Nation Reservation contributes to poor health outcomes for our citizens—in particular, veterans. Lower-income veterans, veterans in rural areas, veterans without other sources of coverage, and veterans with poorer self-reported health status get a higher fraction of their medical care from VA than other VA patients do.

There is so much more we need to do for our Native veterans, particularly around mental health.

Suicide has long been a problem among the Native population in Oklahoma, and a veteran living in Oklahoma is twice as likely to commit suicide than a non-veteran. Nationally, the suicide rate for Native veterans has doubled over the last 15 years, and Native veterans consider suicide more than other ethnic groups.

Over the past three years, more than 80 percent of the veterans served by Cherokee Nation's Behavioral Health department have had thoughts of suicide.

Now, more than ever, it is critical for our veterans to have ready access to mental health care and social services.

Cherokee Nation is committed to delivering a strategically coordinated approach to prevention of suicide among vulnerable veterans, and we were fortunate to recently receive a \$750,000 award under VA's Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program to help launch the Cherokee Nation Veteran Suicide Prevention Program (CNVSPP).

CNVSPP will effectively, efficiently, and sustainably implement suicide preventions across the Cherokee Nation Reservation, specifically for veterans and their families. We will build upon our Zero Suicide model, effectively improving outcomes for all citizens. We seek to raise awareness, implement universal screening for veterans utilizing CNOVA services, track over time patients who screen positive for suicidality, and establish a high-quality, effective model of care for individuals at risk for suicide.

Specifically, CNVSPP will implement: 1) a process for veteran suicide screening, 2) a surveillance system of individuals who screened positive for suicide, and 3) an evidence-based therapeutic framework for addressing suicidal behaviors in veterans and their families. This comprehensive, multi-level approach will allow us to better identify and monitor those at risk, while providing better care to those identified as needing more comprehensive services.

Use of ongoing data collection, through all components of our proposed prevention, mandatory screening, surveillance and evidence-based practices, will allow CNVSPP to continually evaluate its work and their impact on suicidal behavior rates for veterans and their families.

The effort marks a new approach to the work we are doing to address veteran suicide within our population and on the Cherokee Nation Reservation. CNVSPP will reside within our Office of Veterans' Affairs and work in partnership with Health Services and our Department of

Behavioral Health. The program will be holistic in nature—if a veteran asks for help, we will be able to assist them in any manner possible.

All staff involved with the CNVSPP will be trained on evidence-based approaches to engagement with veterans and those at risk of suicide, including motivational interviewing and suicide brief intervention best practices. Our professionals will work as a team to meet the individual needs of every veteran that comes in the door.

This grant will enable Cherokee Nation and CNOVA to address service gaps for veterans at risk of suicide. CNOVA will work with internal and external programs to implement prevention procedures for program participants through referrals to social and health services. Implementing the project will be transformational and improve how Cherokee Nation veterans at risk of suicide are viewed and cared for.

We expect to directly serve approximately 75 veterans at risk of suicide in the first year of this project. Additionally, we will provide referral services to approximately 300 veterans and their families. In subsequent years we will build upon increased targeted outreach and organizational capacity to provide services, both suicide prevention and referral services, to approximately 400 clients, annually.

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

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