

**Congress of the United States**  
**Washington, DC 20515**

April 29, 2021

The Honorable Chellie Pingree, Chair  
Appropriations Subcommittee on Interior, Environment, and Related Agencies  
U.S. House of Representatives  
2007 Rayburn House Office Building  
Washington, DC 20515

Dear Chair Pingree:

As you begin deliberations on the Interior, Environment and Related Agencies Appropriations bill for Fiscal Year 2022, we write to respectfully request your support for an additional \$20M to Title III - Related Agencies, Indian Health Service, Hospitals and Health Clinics, specifically for emergency equipment to improve resilience for Tribal Health Programs (THPs) in states that have de-energization protocols.

We also urge you to include the following language in the Report accompanying the bill:

“The Committee is aware that the increasing severity and frequency of extreme weather events has motivated certain jurisdictions to adopt de-energization protocols to reduce the risks of catastrophic wildfires. These protocols are useful in limiting loss of life, however, they can also have dire consequences for tribal communities who rely on Tribal Health Programs for their health care needs - including vaccines and other specialty drugs. Accordingly, the recommendation includes \$20M for the purchase of generators for Tribal Health Programs located in areas impacted by de-energization events.”

As you know, many THPs are located in areas that are subject to an increased risk of deadly wildfires. In response, many jurisdictions in these areas have adopted so-called de-energization protocols such as Public Safety Power Shutoffs (PSPS) to proactively de-energize power lines in certain regions when certain weather conditions are present.

When lines are de-energized, hospitals and health clinics in the impacted areas rely on generators and other emergency equipment to maintain operations. For example, all THPs provide vaccines (including COVID-19 vaccines), and many keep on hand specialty drugs. Temperature variation threatens the stability of the medication, potentially rendering them unsafe for patients. Prolonged power outages of more than four hours can jeopardize vaccines and medications for thousands of patients. In many cases, after an outage, the manufacturer will have to recertify that the medication is safe for use – a process that can take days. All the while, life-saving medications remain quarantined and unavailable for sick patients.

In the event of a prolonged outage, generators can help save medications and vaccines, and more powerful generators can keep entire clinics operating throughout a de-energization event. According to the California Rural Indian Health Board, less than one-third of THPs in the state of California alone are equipped with generators. The requested funding would provide generators for rural THPs that are most at risk for power outages.

We are pleased that \$1M was provided for this purpose in the FY21 Omnibus Appropriations bill, but we also recognize that this is far short of what is needed to help the dozens of THPs who need generators.

Therefore, we request \$20M to Title III of the Interior appropriations bill and the inclusion of the requested language in the accompanying report.

We look forward to working closely with you and your staff on this important initiative.

Sincerely,



MIKE THOMPSON  
Member of Congress

#### **Additional Signatories**

/s/  
Ami Bera, M.D.  
Member of Congress

/s/  
Anna G. Eshoo  
Member of Congress

/s/  
Darren Soto  
Member of Congress

/s/  
Doris Matsui  
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/s/  
Grace F. Napolitano  
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/s/  
Jared Huffman  
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/s/  
Jerry McNerney  
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Jim Costa  
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Jimmy Gomez  
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