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House Ways and Means Committee

"Preparing America's Health Care Infrastructure for the Climate Crisis"

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Good morning, Chairman Neal, Ranking Member Brady, and distinguished members of the Committee. It is an honor to speak with you about the impact of climate events from the perspective of a community safety net health system. I am Parinda Khatri, Chief Executive Officer of Cherokee Health Systems (CHS), a community health organization in Tennessee. CHS is both a Federally Qualified Health center and a licensed Community Mental Health Center. We provide integrated primary care, behavioral health, dental, and optometry services to almost 70,000 people in 13 counties across the state. We are privileged to be the preferred healthcare provider of many, and a resource for those who have no other access to care.

Before I share my perspective on today's topic, I want to acknowledge and recognize the depth of support that has been shown by this Committee for community health centers. The investments you've made have had a profound impact on the patients and communities we serve, not to mention the healthcare system, and for that we are truly grateful.

CHS has clinics in the urban areas of Knoxville, Chattanooga, and Memphis. We also have sites in the Appalachian Mountains of Tennessee, and in rural regions that touch the borders of Kentucky, North Carolina, Alabama, and Georgia. We are located geographically in areas that are affected by flooding, tornados, and heat waves. These events are occurring more frequently and with greater intensity, often with significant consequences across our organization, for our staff and our patients.

Let me offer an example that was especially difficult for us, both because of the impact on our organization and the impact on our most vulnerable patients, our children. Earlier this summer, during a major heat wave in Tennessee, we had to close our pediatric clinic in Knoxville for 10 days due to a breakdown of the air-conditioning system. Our HVAC systems were designed to cool the air 20 degrees during a three-month summer. Now they must run constantly for 6 months and in 100+ degree weather. We see about 100 children a day in that clinic. During this closure, 1000 children could not come for their healthcare appointments, including newborn babies who needed their first medical check-up and toddlers who need an evaluation for autism. The heat index was over 100, and the building was not safe for patients or staff. We purchased fans to protect our refrigerated vaccines but could do nothing to save $20,000 worth of in-stock medications. Our organization also had to absorb the loss in anticipated revenue from billable clinical services.

To minimize these unexpected, unpredictable situations, we have built contingency planning and damage control in response to climate events into our daily operations. For example, we must track the weather closely, and plan, especially for thunderstorms. Severe rain will cause flooding that will fill our older clinics with water. In many of our rural sites, there are only a few roads for car travel and no public transportation. If the roads are flooded, neither patients nor staff can travel. People cannot go to work. People cannot go to the pharmacy to get medicine. People cannot see their doctor. A severe storm in Nashville will hit the fiber network that supports our entire phone system. We have gone three days with no phone service because of one bad storm in Nashville.

We are not alone in our struggles. There are 1400 community health centers serving 30 million people across the country. We are all facing significant challenges in maintaining operations while supporting the health and well-being of our communities because of severe climate

events. A Harvard study found that 81% of community health center staff said their clinic experienced disruption due to extreme weather within the past three years.[1] A study of California community health centers found that 97% rely on refrigeration for medications and vaccinations, and only 44% have any backup power.[2]

As non-profit, safety net community organizations, we are used to obstacles and doing things that are hard often with minimal resources. Our scope of care spans from the frontline response to the COVID-19 pandemic, to treatment of complex chronic health problems, and combating social drivers of health like food insecurity. But preparing for the growing risks presented by climate events is a new and formidable challenge. We are taking steps to build our climate resiliency – from upgrading to energy efficient lighting, upgrading our HVAC systems, and adding resiliency features in our buildings. We are planning for our newest clinic in Loudon County Tennessee to be built as a LEED certified facility. We are exploring technology solutions for supply chain management, patient communications, and care management to reduce our carbon footprint. Over time, we hope to upgrade our generators so they can supply power throughout our clinic, not just refrigerators that store vaccines.

Unfortunately, health center funding has not kept pace with the need. Beyond the infrastructure improvements, we also must dedicate staff time to plan for, react to and recover from these types of events. On behalf of the community healthcare system, I ask Congress to increase funding to support our underlying infrastructure and preparedness work. It is critical that we keep our doors open and our staff ready to care for our community. We know that becoming climate resilient is the only way we can maintain solid operations and continue our mission to provide high quality and safe healthcare for all. Thank you.

[1] https://www.hsph.harvard.edu/c-change/news/climate-resilience-for-frontline-clinics/

[2] https://www.directrelief.org/2019/10/california-power-blackouts-reveal-vulnerability-in-healthcare/