

PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) PROGRAM STORIES FROM THE FIELD



WILDFIRES IN GATLINBURG, TENNESSEE

By late November 2016, wildfires had been raging in the southeast for weeks. In Tennessee, fires in the southeast Appalachia region were causing extremely smoky conditions in nearby towns but were largely under control. On November 28, Jack Cochran, emergency response coordinator for Tennessee's east region, went home at 5 p.m., aware of the nearby fires but not particularly concerned by them. Some shelters had opened in Gatlinburg for people who needed relief from the smoke, and he checked in on those before settling in for the night.

By 8 p.m., all of that had changed. Hurricane-force winds had blown fire embers miles from the fire zone, igniting new fires that were now barreling toward Gatlinburg. Though there was almost no warning for this fire that would end up destroying 2,460 structures and claiming 14 lives, the state and local health departments were able to

leverage past experience to adapt to the changing circumstances and instituted public health emergency management structures that were capable of leading and supporting this public health response.

Because the devastation from the fire was so expansive, there were many public health pieces to this response, all of which were supported by the PHEP cooperative agreement. The local health department deployed 89 nurses who collectively worked 2,436 hours and a mobile medical unit to help with the surge of patients at the hospital in Gatlinburg. Several dispensing sites were established to administer influenza and tetanus vaccines, one which primarily served the 1,000 firefighters who were dispatched to the area to contain the blaze. State epidemiologists helped the Tennessee Bureau of Investigation account for every missing person,





THE INCIDENT

In late 2016, a wildfire tore through Gatlinburg, Tenn., destroying 2,460 structures and killing 14 people.



THE RESPONSE

Tennessee state and local health departments deployed staff to all areas of the response, and provided the infrastructure to support all communication.



THE OUTCOMES

The quick response and adaptability of the state and local health departments saved valuable time and ensured a coordinated response in the midst of a dangerous and unpredictable emergency.

while environmental health specialists tested well water and ensured that local restaurants were able to reopen as soon as possible, lessening the impact on Gatlinburg's tourism industry.

Perhaps the biggest challenge of this response was that the fire disabled all forms of communication in Gatlinburg. Telephones, television, radio, and Internet services were all down; the mayor's office was unable to release updates, ambulances were unable to communicate with hospitals or 911 servers, and all response activities were severely handicapped. Fortunately, the local health department had a solution and deployed its PHEP-funded mobile communications center (MCC), which was outfitted with satellite phone and Internet capability. For the duration of the immediate response, all communications were funneled through the MCC, which enabled the coordination of the lifesaving work that was taking place.

The Gatlinburg fire was devastating by anyone's standards. However, the practiced expertise of health department staff and the infrastructure built with the resources provided by the PHEP cooperative agreement enabled the state and local health departments to be flexible in their response, saving time and lives in the middle of a fast-moving, unpredictable disaster.

CDC's Public Health Emergency Preparedness (PHEP) cooperative agreement program is a critical source of funding, guidance, and technical assistance for state, local, tribal, and territorial public health departments to strengthen their public health preparedness capabilities. Since 9/11, the PHEP program has saved lives by building and maintaining a nationwide public health emergency management system that enables communities to rapidly respond to public health threats.

To learn more about the PHEP program, visit www.cdc.gov/phpr/readiness.

