

# Public Health Emergency Preparedness (PHEP) Program

Protecting America's health, safety, and security to save lives.



The PHEP Program allows our nation to invest in the people, plans, training, and equipment needed to effectively respond to emerging public health threats.

PHEP-Built Capability	Return on PHEP Investment
Staff Capacity	Trained first responders who reduce health effects of death and illnesses during public health emergencies
Public Health Emergency Management Infrastructure	Standardized, scalable response systems that can effectively manage public health responses
Rapid Threat Detection	Quick detection of life-threatening agents, viruses, and other pathogens
Supplies & Logistics	Delivery of life-saving medicines and medical supplies during an emergency
Coordinated Responses	Maximizes effectiveness of responses, use of resources, and the number of lives saved

## A Lifesaving Investment

The PHEP Program, managed by the Division of State and Local Readiness (DSLRL) within the Centers for Disease Control and Prevention, allows our nation to invest in the critical public health resources that contribute to our overall national security. State and local public health departments are uniquely positioned as the first line of defense - as responders, outbreak investigators, and agents of recovery. Investing in public health preparedness before an emergency occurs saves lives.

## The Challenge

Since 9/11, critical federal preparedness funding has declined by 42%. Cuts to PHEP Program funding have forced PHEP Program awardees to cut specialized positions, staff trainings and exercises, and equipment. A lack of continued, stable, and adequate funding directly diminishes state and local health department capacity to prepare for and respond to emerging threats in the communities they serve.

## Improvements in Public Health Preparedness Since 9/11

PHEP Awardees Who:	Then	Now
Can mobilize staff during an emergency	20%	98%
Have an Incident Command System with pre-assigned roles in place	5%	100%
Include collaboration with healthcare agencies in their preparedness plans	8%	92%
Have sufficient storage and distribution capacity for critical medicines and supplies	0%	98%

**The Opportunity**

Now is the time to renew the federal commitment to the state and local public health departments responsible for safeguarding the public's health.

PHEP Program funding must be maintained to continue advancing our nation's health security.

## Stories from the Field

### 2016 East Tennessee Wildfires

#### Situation

By late November 2016, wildfires had been raging in the southeast for weeks. In Tennessee, wildfires in the southeast Appalachia region were causing extremely smoky conditions in nearby towns but were largely under control. On November 28, hurricane-force winds had blown fire embers miles from the fire zone, igniting new fires that barreled through Gatlinburg, destroying 2,460 structures and claiming 14 lives.



#### Intervention

The local public health department (LPHD) 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 medication 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. 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. The LPHD deployed its PHEP-funded mobile operations center (MOC), which was outfitted with satellite phone and Internet capability and enabled the coordination of the lifesaving work that was taking place.

#### Impact

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

## The PHEP Program in Action

### Key responses that saved lives due to PHEP Program support:

- 2017 – Hurricane Irma
- 2016 – Zika Outbreak, Sevier County Wildland Fire, Hurricane Matthew
- 2015 – Blount County Train Derailment
- 2014 – Ebola Outbreak
- 2013 – Jefferson County Bus Crash
- 2012 – Fungal Infections Outbreak

## Critical Needs

The PHEP Program supports the following public health and safety functions that are jeopardized when funding is cut.



### Biosurveillance

Maintaining existing Public Health Lab and Epidemiology expertise requires well-trained, resourced, and equipped staff. A funding reduction will result in delays in recognizing, identifying, and acting to prevent poor health outcomes from pathogens like Ebola virus, avian influenza, and other threats.



### Countermeasures & Mitigation

A core public health function during large scale emergencies is ensuring life-saving medicines and supplies get to where they are needed. A funding reduction will dismantle the infrastructure it takes to accomplish the last mile distribution to our population. No other public or private response agency has the reach and will to accomplish this health and medical mission.



### Incident Management

A continuous state of readiness and situational awareness is required to appropriately respond to public health threats. A funding reduction will prevent stakeholders from building relationships, strengthening plans, and would virtually eliminate our ability to train and exercise our healthcare communities.

The PHEP Program strengthens the ability of our nation's communities to prepare for, withstand, and recover from public health threats, *saving lives 24/7/365.*