

Emergency Preparedness Timeline

100 Years of Public Health



1927 – Flood put 1.5 million acres under water in 36 of 75 Arkansas counties. With limited public health personnel and funds, the flood's destruction and costs required out-of-state help, including the Rockefeller Foundation which provided 75 percent of the funds used in Arkansas.

The 1927 flood and the droughts in the 1930s forced the Board of Health to grow "from a practically non-functioning board of physicians to a structured, authoritative institution encompassing the entire state." State Health Officer Dr. C. W. Garrison, with assistance of Governor John Martineau, was said to have "built his department on floods and droughts."

Late 1940s, early 1950s – Threat of thermonuclear war propelled the Health Department into a new domain of advanced planning and preparedness for civil defense.

1956 – A November letter detailing the state's water pollution control plan recognized that although the state lacked radiological waste at that time, future monitoring activities might be necessary by Department staff in cooperation with other state agencies.

According to Dr. Maurice Roe, medical director of the U.S. Public Health Service, Region VII, "[t]he organization of all civilian defense activities will be such that each individual will know ahead of time where he is to go and what he is to do rather than wait for instructions from some central point, since an atomic attack will be too swift to allow a wait for orders.

1958 – Dr. J. T. Herron reported to U.S. Public Health Service that low-level radioactivity doubled from the previous year and a new program to measure it in water supplies and the air had begun.

1959 – Act 454 gave the Health Department responsibility to direct and coordinate a radiological health program in the event of nuclear war. The program included medical care service, health protection service and mortuary service.

1970s and 1980s – These two decades were plagued by events that affected and altered Health Department emergency preparedness responsibilities.

1973 – The Health Department's Bureau of Environmental Health Services Division of Radiological Health signed an agreement with the U.S. Atomic Energy Commission to perform both on-site and off-site environmental radiation monitoring, sample analysis, and data evaluation at Entergy's (formerly AP&L) Arkansas Nuclear One (ANO) power plant near Russellville.

Late 1977 – In cooperation with the Environmental Protection Agency (EPA) and other Health Department offices, the

Radiological Health Division conducted an environmental sampling program to identify and monitor fallout radiation resulting from the Chinese Nuclear Testing of September 1977.

March 28, 1979 – The Three Mile Island power plant in Pennsylvania experienced a partial nuclear meltdown. This was the worst accident in U.S. commercial nuclear power plant history in which small amounts of radioactive gases and radioactive iodine were released into the environment.

May 14, 1979 – The Department was notified by the EPA that dioxin, a by-product in the manufacture of 2-4-5-T, had been detected in samples taken at the Vertac Company in Jacksonville.

Because of the potential contamination of the creek that flows through the site, the Department issued a quarantine within 24 hours of the EPA notification – the first time in Arkansas history that a public health quarantine had been ordered on the basis of a serious potential chemical contamination of water.

1980 – The Arkansas General Assembly passed and Governor Bill Clinton signed two laws establishing and funding the Arkansas Nuclear Planning and Response Program (NP&RP) to strengthen the state's responsibility for enhancing protective measures and providing services in the event of an incident at ANO.

April 1980 – NP&RP became fully functional and jointly administered by the Health Department and the Arkansas Office of Emergency Services.

May 10, 1980 – A ruptured seal at ANO leaked approximately 63,000 gallons of radioactive water on the reactor building's floor.

When AP&L began venting the radioactive gases, Governor Clinton and Department Director Dr. Robert Young requested a 48-hour delay for independent testing. The request, and a subsequent order by Dr. Young, was ignored, and the release of radioactive gases into the environment proceeded.

In response to this incident, the U.S. Senate passed an amendment to the federal Nuclear Regulatory Commission Appropriation Bill to require the Nuclear Regulatory Commission to facilitate information flow with state authorities.

September 1980 – Missile exploded at the U.S. Air Force's Titan II Missile Launch Complex in Southside (Van Buren County).

Problems from lack of communication between Air Force personnel and other state and local representatives were

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100
Years
of Public Health
in Arkansas



Old State House, original site of the Arkansas Department of Health



Emergency Preparedness Timeline continued

recognized and addressed in a memorandum of understanding to help strengthen the lines of communications. Also, subsequent cooperation led to establishing an evacuation plan for the 17 silo complexes located in Arkansas.

1981 – Using an equipment grant from the U.S. Department of Transportation, the Health Department expanded an existing Emergency Communications Center (ECC).

The ECC provided access to emergency ambulance dispatch for all citizens through the Enterprise 800 telephone lines, monitored responses of ambulances in order to comply with regulations, assisted ambulances in locating hospitals and relayed patient information as needed.

1985 – Congress directed the Army to destroy the aging stockpile of chemical weapons manufactured primarily during WWII and stored across the nation to deter chemical attacks from other countries.

The Pine Bluff Arsenal stored 12 percent of the total stockpiled weapons. Receiving more than \$32 million, Arkansas's Chemical Stockpile Emergency Preparedness Program (CSEPP) created a plan for responding to any event that might occur at the arsenal.

February 1999 – Groundbreaking ceremony marked beginning of construction of an incinerator at the arsenal.

1999 – Federal funding for states' emergency preparedness plans began with a series of bioterrorism and public health preparedness grants.

September 11, 2001 – Terrorist attacks occurred in New York City, Washington, D.C. and Pennsylvania.

2002 – Congress passed the Public Health Security and Bioterrorism Preparedness and Response Act of 2002.

Using federal funding, the Department established a Division of Bioterrorism, now the Public Health Preparedness and Emergency Response Branch. In addition, the Health Department made funds available to partners, such as hospitals and community health centers, for their emergency preparedness efforts.

The CDC's Strategic National Stockpile (SNS) – which can supply a cache of medical supplies and pharmaceuticals to affected states within a 12-hour timeframe – was established. Arkansas was the first state to use mass flu clinics to demonstrate the Department's ability to distribute large amounts of medicines to many people in a short amount of time.

The CDC implemented the Health Alert Network (HAN), a nationwide system to coordinate and distribute critical information about public health events. The HAN allows health agencies to communicate via a secure website and emergency messaging system in the event of terrorist attack, natural disaster, or other public health threat.

2003 – For a brief time, the Health Department carried out the voluntary federal smallpox response plan, vaccinating 1,124 designated civilian healthcare providers, such as public health nurses, clinicians and hospital clinicians, and some additional non-civilians to protect them should it become necessary to vaccinate the general public in the event of a bioterrorism emergency.

September 2005 – As thousands of Hurricane Katrina evacuees began to flee Louisiana, the Health Department activated its Emergency Operations Center (EOC) to manage hundreds of logistical tasks relating to how to house and feed the evacuees while simultaneously preventing the spread of disease in mass shelters.

April 2007 – A new, high-tech, and fully functional EOC opened in the basement at the Department's central office. The EOC can be made operational in minutes and provides a central location to assess the current threat, coordinate an operational response, and make critical decisions during emergency and disaster situations.

2010 – Arkansas was one of only three states to receive a perfect score in the annual Trust for America's Health review of state public health emergency preparedness plans to handle disasters, epidemics, and terrorism.

November 2010 – The last chemical agents were destroyed at Pine Bluff Arsenal. Today it still operates, testing chemical defense clothing and manufacturing smoke, incendiary, and pyrotechnic devices.

2012 – ECC had six full-time emergency communications specialists who provide coverage 24-hours-per-day, seven-days-a-week. These specialists serve as a point of emergency contact for the Health Department for anything affecting the health and welfare of Arkansas citizens.

2012 – Health Department's Radiation Control Section teams maintain responsibility for responding to any potential off-site release of radioactive material at ANO, as well as other radioactive material incidents including transportation accidents, lost radioactive sources, and "dirty bombs."

2012 – Under the leadership of DHHS, the Health Department served as the lead agency for the state's Emergency Support Function #8 for Public Health and Medical Services – coordinating the health and medical response to emergencies in the state. The Department is well prepared today to respond to and manage recovery for a variety of emergency conditions.

The Preparedness and Emergency Response Branch works with partners to respond to a medical surge, establish liaisons with the state public health lab, communicate with the public, coordinate with public health at the local level, establish liaisons with Health Department's epidemiologic branch, and help access resources from federal partners.

