



No Financial Disclosures

Biography

- Wildland Firefighter
- Experience with both private and government agencies in fire suppression, fuel mitigation, and forest restoration
- Served as the sole medical provider on a wildland fire crew
- Currently EMS Fellow at OHSU

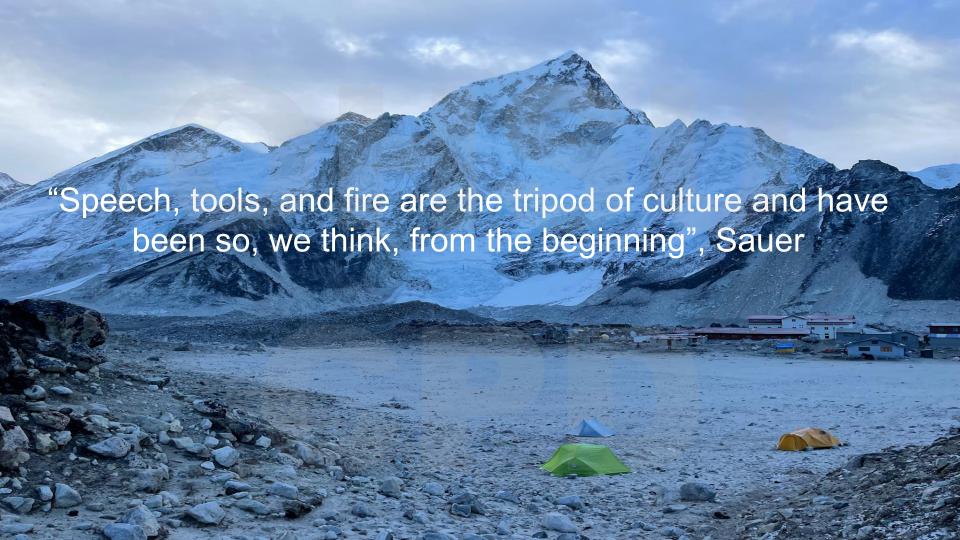


Learning Objectives

- Understand the scope and drivers of the wildfire crisis
- Recognize clinical and operational impacts on wilderness medicine
- Identify strategies for mitigation, preparedness, and advocacy
- Highlight the role of wilderness providers in response and policy









Expanding Fire Geography

- Fires now in chaparral, boreal forest, tropical grasslands
- Lahaina 2023: >100 deaths, catastrophic infrastructure loss (USFA 2023)
- "No biome is immune"



The Modern Day Crisis In Context

- Wildland fire now a public health emergency (WFM&MC 2023)
- Drivers: climate instability, landuse change, loss of Indigenous fire stewardship
- Fire seasons → fire years





Climate As the Central Accelerant

- Hotter temps, drier soils, altered precipitation → more flammable landscapes (Westerling 2016)
- Large wildfires ↑ 700% in frequency, 1200% in area since 1980s
- Fire in "low-risk" zones: Hawai'i,
 Northeast forests



Historical Policy: Suppress at All Costs

- 1910 Big Blowup → "10 a.m. policy" (Pyne 1982)
- Decades of suppression = unnatural fuel buildup
- Altered fire-adapted ecosystems
 - → more severe burns

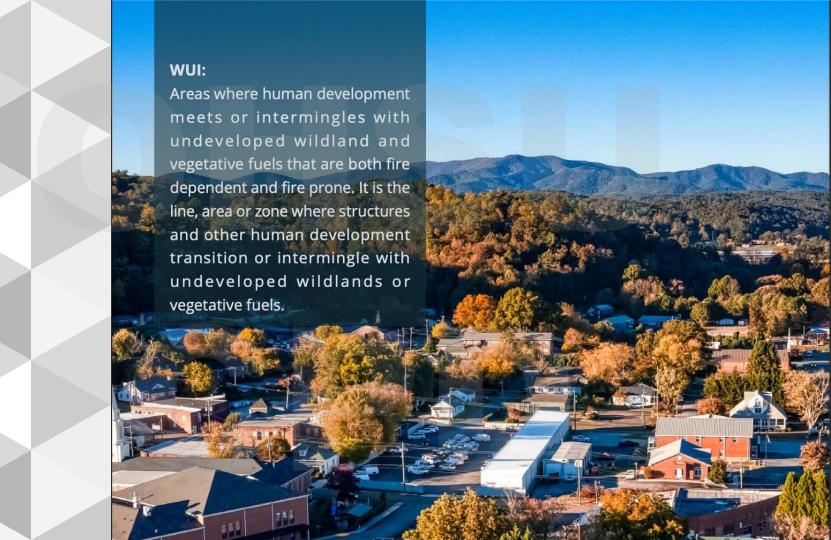


Policy Shift: From Suppression to Stewardship

- "On Fire" report: proactive fire management (WFM&MC 2023)
- Indigenous burning, prescribed fire, managed wildfire
- Requires broad, cross-sector collaboration

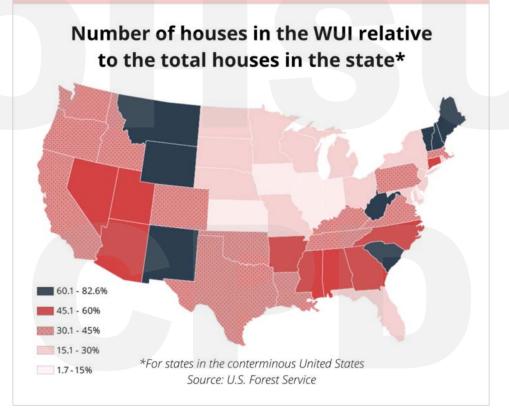






States with the greatest number of houses in the WUI:

alifornia 2. Texas 3. Florida 4. North Carolina 5. Pennsylvar



Post-Fire Hazards

- Flooding, landslides, water contamination (Sankey 2017)
- Ash toxins
- Years-long watershed impact



Case: Lahaina

 Rapid spread from hurricane winds, invasive grass

100 deaths, infrastructure collapse





Case: Camp Fire

- 85 deaths, 50k displaced
- EMS overwhelmed









Smoke Hazard

- PM2.5, VOCs → asthma, MI, stroke (Reid 2016)
- Chronic exposure = long-term risk
- Often more dangerous than flames
- 2023 Canadian fires → hazardous AQI in NYC, Philly
- 25% of annual PM2.5 in US from wildfire smoke (O'Dell 2020)







Occupational Health

- High cardiac risk, smoke exposure (Navarro 2019)
- Mental health needs (Thompson 2022)
- Lung injuries and Cancer Risks









SAR & Fireline Overlap

- Prolonged field care
- Delayed evac common (Hawkins 2025)
- Telemedical support growing
- Role for direct physician supervision



PPE in Wilderness

- N95/P100 for smoke (IAFC 2021)
- Fit-testing challenges in austere environments



Fire Literacy

- Haines Index, Red Flag Warnings, AQI
- Integrate into expedition planning





Curriculum Gaps

- Entrapment physiology
- Smoke illness care
- Remote burn stabilization
- Expedition planning



Research Gaps

- Austere smoke care
- Physician oversight outcomes
- Responder health data











EMS & Prolonged Field Care

- Evacuation support, triage, shelter med
- Need for wildfire-specific protocols
- Stabilization in austere settings
- Coordinate with burn centers, fire med units



Wilderness Skills in

Imp**FdWs**sation,
 austere care,
 ecological literacy

Bridge between
 EMS & public
 health



Telemedicine & Direct Physician Supervision

- Remote consults for crews, SAR
- Needs comms infrastructure
- Physicians imbedded in SARs specific teams



EMS in Planning

- Evac maps, shelter med, comms backup
- Mutual aid agreements
- Smoke PPE stockpiles
- HEPA filtration in shelters





Clinical Readiness

- Kits: PPE, eye protection, asthma/COPD meds
- Evac maps, hazard awareness
- Solid foundation knowledge in both potential treats and injuries caused by wildland fire



Leadership

- Public Education: Trusted messengers for safe wilderness use during fire season
- Educators, advocates, innovators
- Embed wildfire readiness in austere care



Advocacy

- Indigenous Stewardship: Cultural burns maintain ecosystem health (Kimmerer 2001)
- Community Paramedicine: Wellness checks, mask distribution, chronic care during evac





Advocacy

- Operational Readiness:
 Comms redundancy, SAR–
 EMS–fire integration
- Policy Role: Zoning limits, mobile care funding, EMS in wildfire task forces
- Funding Opportunities: IIJA & IRA resilience funds, Build telehealth, PPE capacity





Advocacy

- Public Health Engagement:
 Air quality alerts + targeted
 outreach
- Responder Health Advocacy: Monitor exposures, Support housing & mental health funding









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