



Engaging Underserved and Vulnerable Populations in Post-Fire Community Care

In September 2020, Oregon's central Cascade region experienced the most destructive wildfires on record for the state — the Archie Creek Fire east of Roseburg, the Holiday Farm Fire along the McKenzie River east of Eugene, the Beachie Creek-Lionshead Fire Complex east of Salem, and the Riverside Fire east of Woodburn, known collectively as the Labor Day Fires.

Within the heart of the Holiday Farm Fire lay the rural town of Blue River, which all but burned to the ground. Many people lost their homes, and many without homes fled to Eugene for respite. Eugene and Springfield, engulfed in thick wildfire smoke, were barely safer for unhoused residents without

many options for indoor spaces to escape to. In response, several Eugene community organizations banded together to address the dire need for respite: Black Thistle Street Aid (BTSA), McKenzie River Trust, and CORE.

Julia Jaquery, on behalf of the Oregon Fire Resilience Network interviewed Mackenzie Ní Flainn, executive co-director and co-founder of Black Thistle Street Aid, to learn what the response effort looked like— and to gain a deeper understanding of the intersectional issues facing underserved and vulnerable communities.

JULIA JAQUERY: Hi Mackenzie. Can you give an overview of what your

program does and how you responded specifically to a fire-related emergency?

MACKENZIE NÍ FLAINN: Sure thing— Black Thistle Street Aid is a medical collective that does direct humanitarian aid outreach and medical outreach, primarily to unhoused individuals in the Eugene and Springfield area. We started that work in 2020 prior to the fires.

We employ multiple tactics for our work. We have phones that people can call if they need help in a non-emergency fashion, or refer other people within



The Oregon Fire Resilience Network is an emerging group of partners throughout the Willamette Basin and other areas of Oregon who are seeking to improve wildfire preparedness, response, and recovery for their communities. Some of the things these partners are working on include developing community wildfire protection plans, which would include plans for pre-fire preparedness, such as home hardening and access to smoke management supplies; “during the fire” response such as smoke shelters and smoke management, and evacuation plans that are inclusive of elderly and alter-abled folk; and post-fire recovery such as aid hubs that are open to all community members, regardless of housing or citizenship status.



Photo Credit: Black Thistle Street Aid

their own community or encampment for medical care. We also accept referrals from other community organizations.

We do once-weekly, walk-about style street medicine outreach. We carry survival supplies and hygiene supplies, and we always roll with at least one medical provider of some licensure status, preferably also a prescriber status. Herbalist harm reductionists and community health workers, basically people who know the system and how it works, can make referrals and can help people who are falling through the gaps. We have a once-monthly Street Clinic in a central location where people can find us if they need to.

What was important about what happened in the 2020 holiday farm fire was that we had already been doing that work. We already had community connections and we were already integrated. In responding to that wildfire, we simply shifted tactics slightly.

We started doing outreach to look for the people who are what we call “medically fragile”, as in, people who are already on the edge of not being able to survive. There are people with really severe chronic health conditions everywhere on the street- like missing

limbs, really bad open wounds, people with severe respiratory distress, people with cancer, et cetera. If I had to pick the most frequent identity intersection that I see on the street, it's actually being alter-abled or disabled in some capacity. Having a mental illness or a medical emergency that results in permanent disability is often what starts people on the road to losing housing.

When the smoke started to get really unhealthy, and we were also in the middle of the COVID-19 pandemic, our community was still so new in trying to figure out how to continue services to people who don't have access to phones or electricity or running water, much less four walls to live in. Services were shut down. There were no centralized shelter services at that point.

We started going out and targeting folks who we knew of, and those who were referred to us, as being too vulnerable to take the preparations necessary to deal with really severe wildfire smoke, and we started putting them in hotels. There was no evacuation plan. Initially, there was no clean air shelter. When it did come, it was only open from nine to five. That sort of tactic doesn't really work for people whose entire existence is in a camp by the river; they can't pick

up and check in and out on a nine to five schedule.

JJ: That's a really important point to make about pre-existing connections — we can't wait until these emergencies happen to expect to reach hard-to-reach communities. It takes continuous investment, year-round support, and relationship building to understand the scope of the challenges that they face and how to address them.

MNF: You can look at it through the lens of disaster preparedness if you want, or you can look at it through the lens of promoting autonomy within underserved communities- if you are serving them year-round then they're going to be able to respond better themselves. If you are listening to what they're asking for just to survive regular society, under the white heteropatriarchal collapse that we're in, then they're going to be more prepared to serve themselves in a disaster.

The collaborative or coalition model amongst people who are doing the nitty-gritty work really needs to be highlighted. A lack of understanding and validation of this model is a barrier that we've come up against in trying to get funding. The models of the

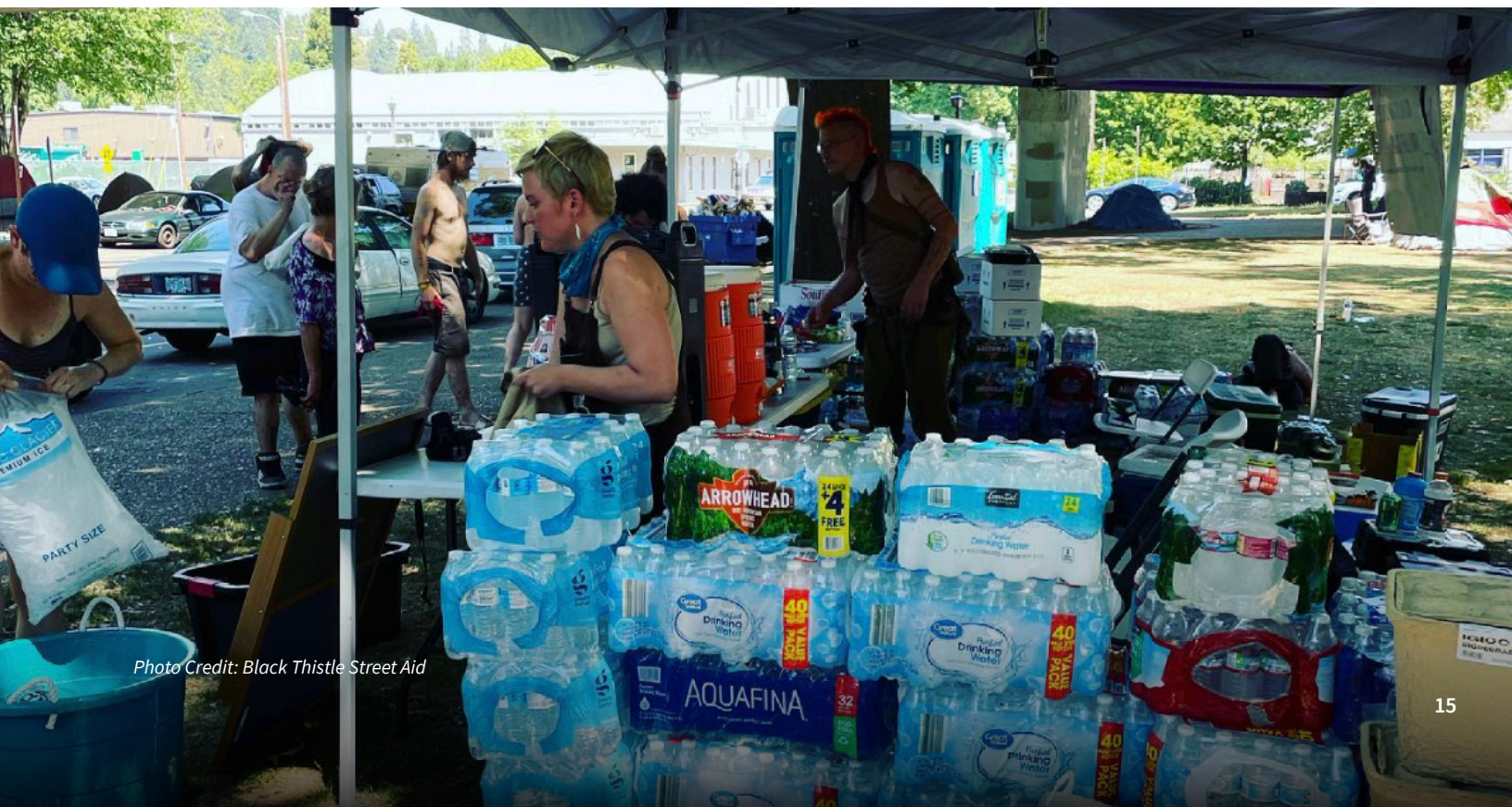


Photo Credit: Black Thistle Street Aid

nonprofit industrial complex are rooted in competition between community providers– we're all fighting for the same funding, and it creates divisions within the network of community providers. If you mention that you're primarily working with unhoused individuals, you're put in a little box for funding and which organizations crossover with you. They don't include you in wildfire response funding. At the same time when conversations around styles of relief happen for responding to disasters, there's also a desire for there to be one hub that's accessible to everybody– but that's never gonna work, right?

There has to be both an openness and also a cultural sensitivity. There has to be cultural specificity in how we respond, and we really should be letting the organizations that are working within those communities lead and provide them with the aid that they're asking for.

We have to be able to understand the network of support that has history and trust with these populations, and then support them as a network to continue to be good collaborators with each other. From there, the network can interact with centralized structures for shared resources like shelter facilities.

JJ: Did you work with other organizations closer to the epicenter of the Holiday Farm Fire? Did you end up going out towards Blue River and other communities on Highway 126?

MNF: No, we never went to Blue River ourselves. We didn't need to– the survivors flooded into Eugene. We had whole communities shift into RV encampments around the area, and not all of those were safe spaces that were provided– some of those people just happened to have an RV and fled, and landed on the street in Eugene.

There were a lot of people from rural communities that were in nebulous housing situations. They lived on someone else's land, and if those people didn't have a deed or a piece of mail, or if they were in some alternative living situation like trading help on a farm they

couldn't get any aid from the Red Cross, who required proof of address.

Our team is very small. There's a core of six individuals, and at the time that we were responding then, we had maybe 10 really active members going out multiple times a week. We were connected with the county, but at that time, almost all the county's funding had been diverted to COVID relief. We were able to step in and provide a more dynamic medical response for people who experienced things like injuries or burns, because the county was limited to only being able to provide COVID related care. Funding from government institutions tends to be tied up in a more concrete structure that they provide, and it limits everyone in the system. It's such a barrier.

Luckily, we had some good friends at the McKenzie River Trust, and they stepped in to manage the massive donations that the community provided. People showed up and said, “here's seven unmatched socks and three blankets, I just really need to help.” There really has to be someone managing the mutual aid. With the Trust's help, we were able to just show up at the donation hub and say, we need this and that, and they would have it ready to go.

Because McKenzie River Trust is a land project, they were also really integrated into the recovery project longer term, and they were able to give us a heads-up when they encountered survivors, so we could go and see if anybody needed help. Those were all informal, already-established community connections. The people who helped us and showed up were people that we already had deep relationships with. It became much harder to make sense of the other structures– everything else became so opaque that we weren't able to make new connections. Even with the disaster preparedness coalition of organizations, we were only able to get as deep as big donations of water.

We also worked with an organization called CORE: Community Outreach through Radical Empowerment, who took over feeding people. They are a youth-specific organization that serves folks between the ages of roughly 12 and 30– young people who are on the street or managing addiction. Youth, especially street youth, are hard to build

trust with, and hard to keep a hold of. We really needed help, especially trying to navigate services for young folks that are unhoused.

We had recently started partnering with CORE when the wildfire hit, to talk about how to competently serve youth on the street. Collaborating during the wildfire was a leap of faith that solidified our relationship moving forward. We co-responded– they took the lead on anyone that we found who was under 18, and we took the lead on anyone they found who was medically fragile.

One of CORE's main mechanisms in the community is that they manage a street feed. They had access to a commercial kitchen through community connections and were making all the food for all the people in hotels for a good while. Pretty quickly, we were able to start getting donations from local restaurants, other small businesses, or other community members that had access to “street feed”-type structures so CORE was able to get help and not have to do it full time.

They were also strong leaders for us around how to move a harm reduction model into individualized shelter care. That's different from helping people manage their own care– picking someone up and putting them in an isolated situation like a hotel room could be a dangerous shift to make. But at that point it was either the smoke or a hotel room, so they helped model how to shift our support tactics to still keep people safe around their substance use if that was an issue for them.

Our relationship with CORE was literally forged in fire. We really needed each other's community connections that were already established. They had food and harm reduction connections, we had medical connections and different types of survival supplies.

JJ: What relationships or partnerships do you think could have been helpful in that time, or could be helpful now?

MNF: At this point we need large buildings whose purpose is to respond to community needs. We need physical spaces that are integrated into emergency response, and an understanding that their primary function is to serve the community.

If that space needs to activate for use because the conditions have reached the point that they are life and death, then that's just what it does. We don't have to do a bunch of arguing about it.

We ended up leaning a lot on privately-owned hotels in order to both create a safe container for people in terms of the pandemic—as in, individualized shelter—and also provide them with clean air. There were only certain privately-owned hotels that were willing to rent to people who were perceived as being unhoused. We ended up managing 44 people for over two weeks in a hotel with our team and our partner organization CORE, which, luckily, took over feeding people.

Still to this day, we keep going to community meetings that are centered around county-level or state-level work, and they're supposed to inform a coalition to do community-level work. But what happens is a bunch of representatives from the big name organizations show up who aren't actually doing community-level work. And then we have this theoretical discussion about what a community

disaster preparedness plan looks like, but no one actually ever makes the disaster preparedness community plan for the city of Eugene, much less a culturally specific one for the Latinx population or the unhoused population.

What we saw during the Holiday Farm Fire happens on a smaller scale every single year. We're watching people have burns in the summer, get heatstroke, lack access to water—life-or-death crises happen every single year. As we deal with climate change, things like heat respite in the summer and warming shelters in the winter become increasingly necessary.

There is still no mobilization based on any climate criteria; like when the air index or the temperature reaches “this”, we will mobilize certain resources, and you can direct people to certain places. Maybe that criteria has to shift from year to year, but we need to be ahead of the season. We can't be dealing with what we already know is going to happen framed as disaster response—it's not a disaster, it's the climate that we live in right now. We can at least prepare for that.

We need to save disaster for when disaster comes—we need to make our communities integrated, for the level of fluctuation we have on a yearly basis, and be able to put in place very simple guidelines that people can follow.

JJ: Can you share about the non-disaster shelter infrastructure that was or wasn't in place before the fires? How did those shelters play into the response?

MNF: Shelters mobilized around COVID in March and April to provide 300 - 500 additional congregate shelter beds. 50 of those were set aside for medical respite, which were literally mats on the floor in large congregate settings— it was not appropriate for a COVID response. But it was the only thing that we had access to. Every single existing shelter program cut their density down by half. They actually sent some people out onto the street in order to create more space, so that they could meet the COVID parameters. Then, in June, the funding for the emergency COVID shelters ended. They closed them all. They kicked everyone back out onto the street. What opened instead was one centralized structure that was entirely dedicated to isolation and quarantine that had 50 beds, where patients had to be referred by a medical organization like a hospital or the county.

There was no response for the first entire week [after the fires]. After two weeks, when the clean air shelters opened, they were dispersed throughout the community, and they were not high-capacity or organized — there was room for maybe 50 people and there were no overnight options. This was not a place where we could send people who are unhoused to live in clean air. They were check-in and check-out situations, like spending the day at the library. As I said before, that type of response doesn't work with unhoused populations because they can't leave their campsites; their campsites aren't secure. They have to take all of their stuff with them if they're going to go anywhere, or at least all of their valuables.

Campsites weren't secure largely because the police department continued to enforce evictions and camp



Photo Credit: Black Thistle Street Aid

sweeps even during the wildfires. That happened more than once—we would show up at a camp and do an evaluation, hand out a bunch of supplies, and the cops would show up behind us to kick people out and throw their supplies in the garbage. The individual that we had the longest, his whole left side was paralyzed, he was wheelchair-bound, and we found him just sitting in a park, crying. The cops were there rousing out the rest of the people in that camp.

We could not get any type of response from city management or any type of cooperation from our local police department around the ethics of their response in that type of situation. We were really on them about how they were responding in severe weather situations and natural disasters. They'd say, talk to the city manager, talk to the official department for homelessness— they just sent us on a wild goose chase. Enforcing a camp sweep during a wildfire is a genocidal tactic. They continued straight through into the fall and the winter. Enforcement of camp sweeps during freezing rain in temperatures under 30 degrees is a genocidal tactic.

We can't talk about responding to disasters if we're not talking about the everyday violence that people are facing in these small communities. We need to be able to at least develop pathways of communication to address what's happening at the moment of disaster. If we can't even have those conversations when we're at the point of disaster, then that means we aren't serving people all year round. And we can't have those conversations during disasters if we're not having them all year round.

JJ: What would be your picture of a well-functioning mutual aid network, both on a community level and organizational level, when something like this happens?

MNF: I think what we need is individual networks that can function autonomously to respond to their individual communities, or culturally specific events that are happening. Disaster happens every day, on some level. We need to be able to liberate structures that are available to the public when there is a need for immediate response. A county-managed



Photo Credit: Black Thistle Street Aid

disaster shelter that is always ready to go would be helpful, within a certain range like a 50 mile radius.

We also need access to transportation as part of the response, like school buses—we have fleets of buses just sitting around elementary schools that could be mobilized, instead of re-routing the Lane Transit District buses.

These programs need to have an alternate referral pathway for disasters—as in, this is how you normally operate around profit, but this is what happens when disaster hits. When we reach a certain threshold those services should draw on a different type of funding wherein they operate for free and they get rerouted from their normal purpose. And we need to enable community providers that are operating in the nonprofit industry to be able make the calls for when those resources get mobilized, rather than having to go through a large county-level logistical process.

We need to maintain the public conversation around that idea for long enough to be able to have a base level of literacy around what that alternate activation system looks like, so that

everyone understands what is available during a crisis. In other places where communities manage severe weather and natural disasters all the time, like tornadoes or frequent hurricanes, there's a warning siren that goes off that means I have “this” long to get to “this” place. But on the West Coast we haven't developed that. The climate is becoming dangerous to human health, especially if you're on the edges of any type of immunocompromised or medically fragile category.

I'm not an authority at all to speak on Tribal mechanisms, but they have their own sovereignty structure.

We really need to start integrating an understanding of Indigenous-led ecological recovery on an everyday level, especially around wildfire ecology. We need to let those people lead and revolutionize how we understand the systems that are perpetuating the practices that create really dangerous wildfires.

There's an organization that I draw a lot of inspiration from called [Partners in Health](#). They're a nonprofit that goes into struggling economies in the neoliberal mechanism, places that have really severe health disparities, and they help them build health systems. They do that by partnering local traditional healers with the Western medical system. They take a very backseat approach and say, here's the connection between the culturally competent individuals on both ends of the spectrum, and we're going to help provide the political leverage to connect you to a state-level healthcare system. And then they provide structural support for those individuals to have a fruitful conversation as well as an influx of money.

That's a healthcare model, but they're not by any means the first group to understand that larger structures, such as state or county, can put a big influx of money into a situation in order to help community providers overcome structural barriers. Trying to apply an optimization structure to make sure that you are getting to people who are falling through the cracks is missing the mark. You need to be able to have inefficient systems, because communities and people are inefficient; we are organic structures. Even if they look like they have a wandering path, like a river, they're actually choosing the path of least resistance for them. And that needs to be supported as much as possible.

Bio:

[Mackenzie Ní Flainn](#) (she/they) is the executive co-director and co-founder of [Black Thistle Street Aid](#), a radical, anti-capitalist, abolitionist, harm-reductionist and femme/queer led healthcare collective on the land of the Kalapua people in Eugene, Oregon. BTSA primarily serves the community via free, outdoor walk-in clinics and direct medical outreach to unhoused communities in the Eugene/Springfield area. BTSA provides access to prescriber-level providers for prescription assistance and renewal, wound care, wellness assessments, medical advocacy and case management, full spectrum harm reduction services, reproductive and sexual health care and referral, as well as free herbal medicine and integrative consultation with clinical herbalists.

Mackenzie is a trained street medic, clinical herbalist, full spectrum doula, teacher, midwife's assistant, community health worker and certified massage therapist. She was born in the heart of the Columbia River Gorge, the oldest of three to a working class single mother in a tiny rural town, the descendant of mixed Dutch and Gaelic settlers on occupied and unceded Indigenous land of the Klickitat and Yakama people. The majority of her early activism centered around reproductive health equity and environmentalism, but she began working with people living on the street in 2018 which broadened her political education on health justice profoundly.

She is also the host of a small health justice podcast [We Take Care of Us](#) where you can hear more about the experience of working as a frontline healthcare worker serving the unhoused during the COVID-19 pandemic and the 2020 wildfires. **Mackenzie will be speaking at the Oregon Fire Resilience Network's event, Engaging Vulnerable and Underserved Populations in Wildfire Response, Recovery and Resilience, on September 28, 2023.**



Photo Credit: Black Thistle Street Aid