

In January 2025, fast-moving wildfires ignited across Los Angeles County, consuming more than 50,000 acres and destroying nearly 16,000 homes, businesses and other structures.

At the height of the crisis, over 200,000 residents were displaced, while many others faced hazardous conditions, stress, and anxiety.

Direct Relief is the largest provider of relief supplies, research and support to communities in need.

Direct Relief is committed to providing relief to communities in need.



2025 LOS ANGELES WILDFIRES Response & Impact: A YEAR IN REVIEW

About This Report

This report summarizes Direct Relief’s emergency response and early recovery support following the January 2025 Palisades and Eaton fires in Los Angeles County. It documents key response activities, including medical aid shipments, emergency and recovery grantmaking, partner outcomes, and resilience investments.

The report also highlights Direct Relief’s coordination with public agencies, its focus on social determinants of health and health equity, and emerging environmental health considerations relevant to ongoing recovery. Lastly, it describes how Direct Relief is applying climate data modeling and advanced analytics to guide resource allocation and preparedness in future wildfire events.

Table of Contents

1) Executive Brief: One Year Later	1
2) At a Glance: One Year of Support	4
3) Emergency Response: The First 90 Days.....	5
4) Strategic Grantmaking: Stabilization and Whole-Person Recovery	6
5) Partner Stories: Community-Led Recovery in Action	11
6) Government Recovery and Coordination: Aligning Systems for Impact	14
7) Spotlight: Social Determinants of Health (SDOH)	16
8) Environmental Health: Invisible Risks After the Fire	17
9) Disaster Response as Infrastructure	18
10) Data-Powered Response: AI, Climate Modeling, and Analytics in Action	19
11) Financial Overview and One-Year Financial Summary.....	20
12) Key Learnings and Opportunities	26
13) Looking Ahead: Resilience, Preparedness, and the Next Year	28
14) With Gratitude: A Letter to Our Supporters	28
15) References.....	30

1) Executive Brief: One Year Later

Recovery Is Not Over – It Has Merely Changed Form

In Los Angeles County, the aftermath of the January 2025 Palisades and Eaton fires is still visible in the places where homes once stood and in the quieter ways daily life has been remade. Entire blocks remain empty. In some areas, foundations and vacant lots trace the footprint of neighborhoods still in recovery. For many families, the year has been defined not by the day they evacuated, but by everything that followed, navigating displacement, paperwork, uncertainty, and the emotional toll of rebuilding a life.

The fires burned more than 50,000 acres, destroyed nearly 16,000 homes, businesses, and other structures, and forced the evacuation of nearly 200,000 residents at the height of the crisis. Official records indicate the two largest fires killed 31 people. However emerging evidence suggests wildfire disasters often claim a larger toll over time through indirect health impacts, including smoke exposure, disrupted medical care, and worsening chronic illness. (HHS, 2024) Smoke exposure and post-fire contaminants can have lasting impacts, particularly for children, older adults, and people living with chronic disease. Wildfire smoke contains PM2.5, microscopic particles that can travel deep into the lungs and enter the bloodstream, worsening asthma and chronic lung disease and increasing cardiovascular strain. (CDC, 2024a) After structural fires, ash and dust may contain toxins such as lead and asbestos, especially in older neighborhoods, raising concerns about exposure risks during cleanup and return. (OEHHA, 2024; Caltech, n.d.) These long-term effects often impact vulnerable individuals more, and one year after the fires, recovery remains uneven.

Many households continue to experience prolonged housing displacement, health instability, and financial strain. A community survey found that families are depleting savings and taking on debt, and among households earning under \$100,000, nearly 1 in 5 cut back on food, while 1 in 6 cut back on medical care. (Department of Angels, 2025) These are not simply financial choices; they are public health risks, and they impact who can recover fully. (CDC, 2024b; ODPHP, 2026)



As crews battle wildfires and extinguish remaining hot spots, communities face immediate health risks from smoke and widespread disruption. Direct Relief is supporting local partners with critical medical supplies, medications, and emergency funding to sustain care in affected areas. (Photo by Doug Morrison)

Altadena: A Recovery Story Rooted in History

Altadena’s recovery from the Eaton fire carries distinct stakes. Long known as a place where historically marginalized communities built stability and generational wealth in Los Angeles County, Altadena became a community where homeownership represented not only shelter, but inheritance, identity, and belonging. That history is part of why the Eaton Fire strikes differently here — and why recovery is about more than rebuilding structures. Research and reporting have raised concerns that rising rebuilding costs, prolonged displacement, and investor activity could accelerate inequities and threaten intergenerational wealth by affecting which households are able to return and rebuild. (UCLA, 2025; The Guardian, 2025)

Community Voice as Recovery Infrastructure

To best enable communities like Altadena to rebuild, Direct Relief’s strategy centers community leadership supporting local clinics and trusted organizations that understand who is struggling, who has been displaced, and who may be falling through gaps in formal relief systems. Recovery moves at the speed of trust — and the fastest path to equitable recovery is to strengthen the organizations that residents already know and rely on. (CDC, 2024b)

Direct Relief's Distinct Role: Respond Immediately, Then Stay.

In the first days of the fires, Direct Relief delivered critically needed medical aid immediately. The support did not end there though, and Direct Relief has remained committed as the crisis has evolved into a long recovery arc with year-long investments in healthcare access, trauma and mental health recovery, housing stability, and resilience-building for the next crisis. Los Angeles is rebuilding. The road remains long, but with sustained partnership, communities can and will recover, creating a healthier and more resilient Los Angeles.



Direct Relief delivered requested medical supplies on Tuesday, Jan. 14, 2025, to local search and rescue teams, including Altadena, Sierra Madre and Montrose Search and Rescue. The aid included emergency medical backpacks and rehydration solutions to support first responders on the ground in Los Angeles. (Mason Poole/Direct Relief)

2) At a Glance: One Year of Support

Emergency Response, Recovery, and Resilience

The Los Angeles County wildfires occurred from Jan. 7 through Jan. 31, 2025, with a Major Disaster Declaration issued on Jan. 8. (FEMA, 2025a) During this time, nearly 200,000 residents were evacuated, while many more experienced hazardous air quality, power disruptions, and elevated stress and anxiety. After the fires were extinguished, the immediate danger may have passed, but challenges such as housing instability, disrupted access to care, and environmental and mental health impacts persist well beyond the incident period, with disproportionate effects for households with fewer resources and limited access to services. (CDC, 2024a; EPA, 2024a; OEHHA, 2024)



In the aftermath of the Los Angeles wildfires, Venice Family Clinic remains a vital source of care for patients and community members in need. Direct Relief is supporting the clinic with emergency funding, medications, and critical medical supplies to help ensure uninterrupted patient care. (Photos by Bimarian for Direct Relief)

A year after the fires, response can be measured in shipments and grants, but also in something less visible: continuity. Continuity of care. Continuity of childhood. Continuity of community. For many families and providers, the first year of recovery has been defined by what it takes to keep life moving forward, and we are standing by them each step of the way. Our work has unfolded in phases: rapid emergency response, stabilization for households navigating

displacement, and resilience investments designed to strengthen systems and reduce disruption in the next crisis.

Emergency Response: First 90 Days

- **\$4.4M** initial emergency grants to 50+ frontline organizations
- **320+** shipments of medications, diagnostic supplies, and relief items
- **288,000+** N95 respirators distributed
- **16,000** burn zone re-entry kits distributed through public and community partners

Total Emergency Response to Date: Stabilization and Recovery

- **\$12.3M** total to date in wildfire-related committed grants, including:
 - **\$3.9M** in continued medicines and medical supplies to safety-net providers
 - **\$8.4M** in additional funding for mental health, school recovery, housing stability, mobile care, and preparedness

The sections that follow describe Direct Relief’s emergency response during the first 90 days and the recovery strategy that guided support throughout the remainder of the year.

3) Emergency Response: The First 90 Days

Rapid Mobilization to Protect Health and Stabilize Care

In the first days of the fires, time was the defining variable. Evacuations moved quickly, power disruptions and hazardous air conditions created immediate risks, and health providers faced surges in respiratory distress alongside disruptions to routine care. Direct Relief’s earliest priority was to protect life and stabilize the health system, ensuring clinics and first responders had what they needed to treat acute conditions while preventing manageable chronic illnesses from becoming emergencies. (CDC, 2024a)

As the fires spread rapidly, Direct Relief mobilized to support residents affected by evacuations, hazardous air quality, and disruptions to care. In coordination with first responders, public health authorities, and frontline facilities, Direct Relief prioritized rapid delivery of essential medications, medical supplies, and relief items — alongside emergency operating grants for community-based partners.

Key 90-Day Outcomes

Within days of the Los Angeles wildfires, clinics and first responders saw a predictable—and preventable—cascade of health risks: patients arriving without medications, residents cut off from their usual providers, and widespread smoke exposure worsening chronic disease. Direct Relief acted quickly to stabilize immediate threats while protecting continuity of care.

To prevent secondary health crises, Direct Relief’s shipments helped providers respond to both acute exposure and the long-term impacts of disrupted care—supporting patients facing exacerbations of asthma, COPD, cardiovascular strain, and anxiety linked to poor air quality and interrupted treatment. Health systems in disasters carry a dual burden: treating injury and exposure while maintaining care for chronic conditions. Direct Relief’s strategy prioritized both. (CDC, 2024a) Our emergency response stabilized immediate health risks. But as evacuation became displacement — and displacement became a housing and stability crisis — recovery required a broader approach: supporting the whole person, not only the emergency.



On Jan. 22, 2025, multiple wildfires ignited across Southern California, including the Hughes Fire, the largest at the time, burning just north of Los Angeles. (Photo by Zach Hughes for Direct Relief)

4) Strategic Grantmaking: Stabilization and Whole-Person Recovery

Meeting Immediate Needs — and Staying for the Long Arc

When the emergency phase ended, the crisis did not. It changed form. What began as a wildfire became a housing crisis, a mental health crisis, and an access-to-care crisis, especially for residents navigating displacement, financial strain, and the invisible health impacts of smoke and toxins. Direct Relief’s grantmaking strategy evolved accordingly: from urgent relief to sustained investments designed to keep communities healthy enough to rebuild and to endure future disasters. (CDC, 2024b)

In total, Direct Relief provided \$12.3 million in wildfire-related grants, supporting a broad range of recovery and resilience efforts — including emergency operation grants, mental health services, school-based recovery, housing stability, mobile medical clinics and other health access initiatives, and preparedness for future emergencies. Funding prioritized organizations serving children, older adults, frontline workers, and people facing elevated risks due to chronic health conditions, prolonged displacement, economic hardship, or other barriers to care

Direct Relief’s long-term grantmaking focused on the conditions that make recovery possible: mental health care, school-based support, housing stabilization, mobile access to care, and the trusted local organizations capable of reaching survivors whose needs often fall outside traditional eligibility rules. This approach reflects a whole-person view of recovery — one that recognizes trauma, displacement, and instability as public health threats, not side effects. (CDC, 2024b)

Long-Term Recovery: A Note on Whole Person Health

Direct Relief recognizes that long-term disaster recovery depends on whole person health, an approach that supports physical, mental and social well-being, not only immediate medical needs. Whole person health emphasizes that outcomes are shaped by interconnected biological, behavioral, social and environmental factors that influence stability and resilience over time (NIH NCCIH, 2026).

For children and families affected by wildfire, this framework is essential. Disasters can contribute to anxiety, depression and post-traumatic stress symptoms in children, and recovery is strengthened when routines are restored and emotional support is made accessible (CDC, 2024a; CDC, 2024b).

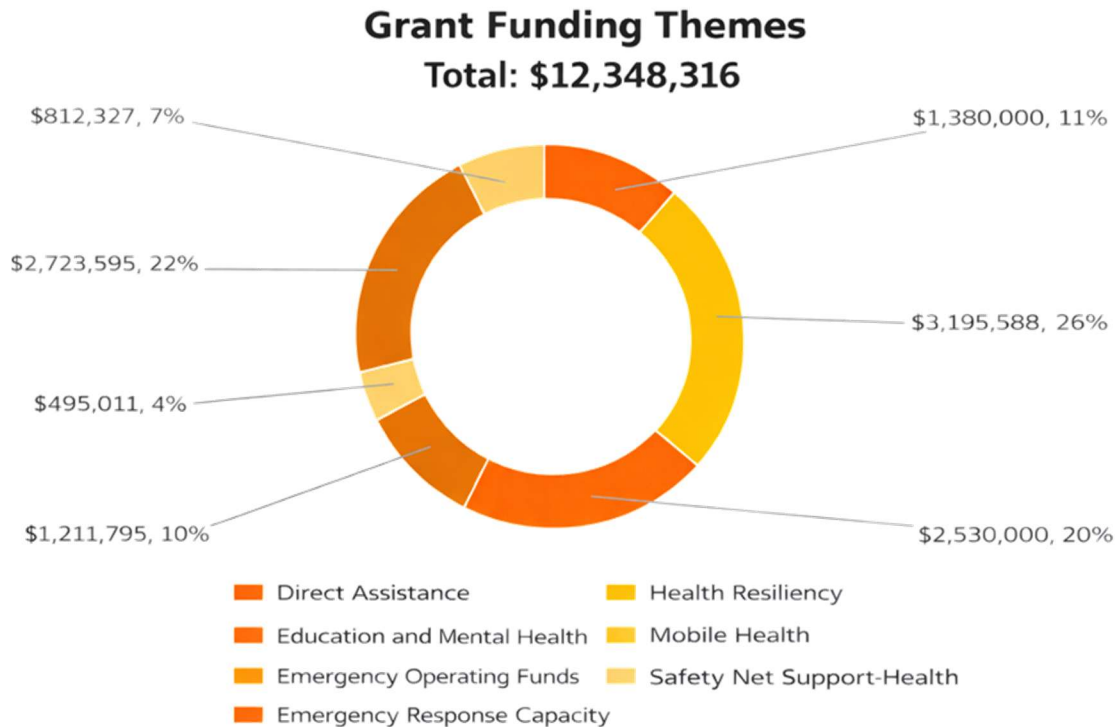
Research also indicates that post-traumatic stress symptoms can be widespread among disaster-affected children, reinforcing that recovery needs often persist long after the imminent crisis has passed (Current Psychiatry Reports, 2025).

Direct Relief’s long-term recovery strategy reflects this evidence. Recognizing that recovery extends beyond physical health, Direct Relief prioritized investments in education and mental health, supporting school-based enrichment, trauma-informed care and long-term counseling—especially for children and families affected by the Eaton Fire. Trauma-informed approaches are widely recognized as essential for healing because they acknowledge trauma’s impact and create pathways to recovery (SAMHSA, 2024).

Grantmaking Snapshot

Direct Relief’s grantmaking focused on stabilizing community health and accelerating equitable recovery in the year following the January 2025 wildfires. The figures below reflect investments in partners providing essential services, addressing displacement-related needs, and strengthening recovery infrastructure.

- Overall Grants Committed: \$12,348,316
- Total Grants Awarded: 93
- Grantee Partners: 76
- Average Grant Size: \$132,778



Total Wildfire-Related Grants: \$12.3 million

- Mental Health & Education: \$3.2 million
- Mobile Health & Access to Care: \$2.7 million
- Emergency Operating Funds: \$2.5 million
- Housing Stability & Social Services: \$1.4 million
- Emergency Preparedness and Capacity: \$1.2 million
- Safety Net Support – Health Services: \$810 thousand
- Health Resiliency: \$495 thousand

Notable Investments

Direct Relief’s largest wildfire recovery grants were designed to help communities stabilize quickly while also strengthening the systems that make long-term recovery possible. To ensure resources reached those most affected, especially residents facing displacement, financial instability, and disrupted access to care, Direct Relief prioritized trusted, high-capacity partners across Los Angeles County. These strategic investments reinforced mobile health

services, sustained the operations of safety-net clinics, expanded school-based mental health support, and supported housing stabilization for households often excluded from traditional relief programs.

Top Ten Grant Awardees

The awardees below reflect this approach—balancing urgent operational support with longer-term recovery and resilience building.

Top Ten Largest Awardees			
Organization	Type	Purpose	Amount (USD)
AltaMed Health Services	Community Health Center	To expand mobile health services in the fire-impacted San Gabriel Valley and cover unreimbursed costs from Eaton Fire response efforts.	\$1,050,000 (2 Awards)
Venice Family Clinic	Community Health Center	To provide urgent fire-response funding, strengthen clinic power resilience with a solar microgrid, and support case managers and enrollment staff serving families affected by the LA Fires.	\$820,011 (4 Awards)
Change Reaction	Community Based Nonprofit	To provide rental assistance and housing stability support for underinsured and uninsured households impacted by the fires.	\$500,000
Greater LA Education Foundation	Education Foundation	To support school grants, student mental health services, enrichment programs, and climate resilience planning for impacted schools.	\$500,000
LAUSD Education Foundation	Education Foundation	To fund classroom relocation, wellness events, summer enrichment, and mental health services for LAUSD students, families, and staff.	\$500,000
Pasadena Education Foundation	Education Foundation	To support PUSD summer enrichment programs and expand student mental health services through two full-time crisis counselors.	\$500,000
Community Clinic Association of Los Angeles County	Association	To provide direct financial assistance to displaced community health center employees and urgent fire-response operational support.	\$350,000 (2 Awards)
Central City Community Health Center	Community Health Center	To provide urgent operational funding in response to fires in Los Angeles County.	\$300,000 (2 Awards)
El Proyecto del Barrio, Inc. Esperanza Clinic	Community Health Center	To provide urgent operational funding in response to fires in Los Angeles County.	\$300,000 (2 Awards)

Medical Mission Adventures	Free and Charitable Clinic	To support the Rapid Response 360° initiative through a resilient mobile clinic, volunteer training, and urgent operational fire-response funding.	\$300,000 (2 Awards)
----------------------------	----------------------------	--	-------------------------

Together, these investments demonstrate how donor support was translated into targeted, high-impact funding that strengthened the organizations' communities rely on most. By funding both urgent operating needs and longer-term capacity improvements—such as mobile health expansion, clinic infrastructure, and mental health support— Direct Relief helped ensure recovery efforts could continue well beyond the initial emergency phase.



As wildfires put strain on local capacity, community organizations responded with limited resources. To supplement, Direct Relief provides emergency operating funds, critical medicines and medical supplies, and N95 respirators to support community health centers, search and rescue teams, including Sierra Madre Search and Rescue and Medical Mission Adventures, and other essential partners meeting immediate needs and supporting long-term recovery. (Photos by Mason Poole for Direct Relief)

The next section highlights key program outcomes and examples that show how these grants translated into measurable services, expanded access to care, and tangible stability for individuals and families affected by the wildfires.

5) Partner Stories: Community-Led Recovery in Action

In every disaster, recovery moves at the speed of trust. Direct Relief’s role is made possible through local organizations already embedded in communities — clinics, schools, youth organizations, and nonprofits that understand who is most at risk and what support will truly stabilize a household. These partners represent the heart of community-led rebuilding: recovery not as a program, but as a relationship.

Venice Family Clinic



In the wake of the Los Angeles wildfires, Venice Family Clinic remains a lifeline. Direct Relief is providing emergency funding, medications, and critical medical supplies to help keep patient care uninterrupted. (Photos by Bimarian for Direct Relief)

Direct Relief supported Venice Family Clinic, a frontline safety-net provider serving communities most affected by the Los Angeles County wildfires, with shipments of medicines and supplies and \$800,000 in financial support. With wildfire response funding, the clinic was able to sustain and expand critical services during a period of heightened need—supporting continuity of care while addressing urgent health and recovery-related challenges.

Venice Family Clinic reported the following results as a direct outcome of this support:

- **60,000+ medical visits**

- **3,500+ behavioral health encounters**
- **3,200+ unhoused individuals reached**
- **3,000+ emergency kits distributed**

In addition, funds were allocated to support increased case management staffing who aid residents on different available resources. Lastly, funds to Venice Family Clinic supported installing a solar and storage microgrid system at their flagship site to allow for uninterrupted care during future outages.

These grants demonstrate how strategic funding supported a trusted community institution in delivering care at scale, reaching highly vulnerable residents, and responding to both immediate and longer-term needs.

The Change Reaction: Meeting Urgent Needs with Flexible Support

The Change Reaction helped translate recovery funding into immediate, practical stability for survivors, especially for households whose needs fell outside traditional aid pathways. Through Direct Relief's support of \$500,000, survivors received direct assistance to address the most urgent gaps created by displacement, including temporary rental relief to prevent housing loss, replacement clothing for families who evacuated with little, and essential furnishings to make temporary living situations livable. Transportation support also proved critical, helping residents reach medical appointments, return to work, and access recovery services. This flexible, survivor-centered model underscores an important recovery truth. When families lose everything, small, timely interventions can prevent crises from compounding and can accelerate a return to stability.

Boys & Girls Club of Malibu: A Disaster Recovery Lifeline



Malibu Boys and Girls Club has expanded to provide critical services to families post-fire. (Courtesy photo)

In Malibu, disaster recovery often depends on trusted local institutions that residents already know and rely on. In the wake of the fires, the Boys & Girls Club of Malibu expanded beyond youth programming to operate a disaster relief center, offering goods distribution, resource navigation, case management, and mental health services. Direct Relief supported the Club's expanded behavioral health and recovery services with a \$250,000 grant.

Between Jan. 7 and June 3, 2025, the organization recorded more than 3,300 visits to its relief center, distributed approximately \$2 million worth of essential goods, and provided case management and mental health support to residents from more than 119 zip codes.

The Club's data reflects a central reality of wildfire recovery. Displaced residents often spread far beyond the burn zone, and support systems must follow. This community hub model demonstrates what effective, community-led rebuilding can look like: localized, relational, and fast, bridging gaps when formal systems move slowly or eligibility requirements exclude households whose losses are real but difficult to document.

Hummingly: Sustaining the Supporters

In prolonged recovery, the well-being of those providing support becomes a recovery priority itself. Direct Relief's support for Hummingly helped deliver workshops that addressed burnout,

chronic stress, and secondary trauma among frontline recovery leaders, people who were not only responding to community needs but often doing so while managing their own losses and exhaustion. By offering structured tools for resilience, peer connection, and trauma-informed practices, these workshops strengthened the long-term capacity of the community-based organizations that survivors rely on. Supporting the supporters helps ensure that local partners can remain present and effective not just in the first weeks after disaster, but throughout the long arc of recovery when needs persist and attention often fades.

What these partners share is not only compassion — it is capacity. In an era of compounding crises, recovery depends on resilient systems: clinics that can stay open, organizations that can operate through disruptions, and networks strong enough to sustain support long after the first response.

6) Government Recovery and Coordination: Aligning Systems for Impact

How Direct Relief Supports, Extends, and Strengthens Public Recovery Strategy

Disaster recovery is not a single system — it is a network. In Los Angeles, the recovery architecture includes local incident command, county departments, state agencies like Cal OES, and federal mechanisms enabled through FEMA’s Major Disaster Declaration. Within this system, Direct Relief works alongside these governmental agencies and community partners, often resourcing the health sector so recovery can reach households quickly and continuously, especially where needs fall outside eligibility rules or timelines. (FEMA, 2025a)

On Jan. 8, 2025, the federal government issued a Major Disaster Declaration (FEMA DR-4856-CA) for California wildfires and straight-line winds, enabling key recovery mechanisms including Individual Assistance, Public Assistance, and hazard mitigation support. (FEMA, 2025a; Federal Register, 2025) As recovery progressed, FEMA reported more than \$3 billion had been made available for eligible households, renters, and businesses. (FEMA, 2025b)

California emergency management agencies, including Cal OES, documented pathways for survivor assistance and coordinated statewide recovery efforts intended to accelerate stabilization and rebuilding. (Cal OES, 2025) Los Angeles County agencies and public health partners coordinated evacuation operations, hazard communication, re-entry protocols, and ongoing recovery planning in affected communities.



Direct Relief staff and Sierra Madre Search and Rescue members pose with medical supplies provided by Direct Relief. (Photo courtesy of Sierra Madre Search and Rescue Team)

Where Direct Relief Fits: A Force Multiplier for Public Systems

Direct Relief’s role is not to replace government recovery, it is to extend and strengthen it, particularly in the health sector and for communities facing structural barriers to recovery.

Alignment Map: Public Recovery Priorities + Direct Relief Support

Public Recovery Priority	Government Systems Focus On	How Direct Relief Aligns and Strengthens
Continuity of care	Restore services; maintain medication access	Rapid medical shipments + ongoing clinic support
Public health protection	Reduce exposures; safe re-entry	N95 distribution + burn-zone re-entry kits
Behavioral health	Crisis counseling; school supports	Trauma-informed mental health + school recovery funding
Housing stabilization	Temporary housing + rebuilding pathways	Flexible grants + partners providing rental/utility support

Resilience & preparedness	Hazard mitigation; infrastructure stability	Microgrids + predictive preparedness and stockpiling
Equity in recovery	Access to aid for vulnerable groups	SDOH-centered, community-led funding (CDC, 2024b)

Even with strong recovery systems in place, outcomes are shaped by daily conditions: housing, food, transportation, and access to care. Those social determinants do more than influence recovery, they determine who can recover.

7) Spotlight: Social Determinants of Health (SDOH)

Why Recovery Is Unequal – and Why Stabilization Is a Health Strategy

In the months after wildfire, the clearest predictor of health is often not the burn itself – it is stability. Can a family stay housed? Can they afford food? Can they reach a clinic? Public health agencies describe these forces as the social determinants of health – and in wildfire recovery, they often determine whether families regain stability or spiral into worsening health and financial crisis. (CDC, 2024b; ODPHP, 2026)

Altadena has long been a center of Black homeownership and generational wealth in Los Angeles County. However, this intergenerational is at threat as research and reporting suggest wildfire rebuilding costs, prolonged displacement, and investor pressure may make it difficult for locals to afford to return. (UCLA, 2025; The Guardian, 2025)

A survey of fire-impacted communities found many households were depleting savings and incurring debt. Among households earning under \$100,000, nearly 1 in 5 cut back on food, and 1 in 6 cut back on medical care. (Department of Angels, 2025) These tradeoffs are linked to delayed care, worsening chronic disease, and increased stress-related illness. (ODPHP, 2026)

Direct Relief intentionally funded community partners addressing SDOH because without housing, food, transportation, and care navigation, recovery stalls and health worsens. This includes support for rental assistance and utility stabilization, food access programs, transportation to clinics and pharmacies, and care coordination for displaced patients.

Social determinants are not separate from environmental health. In fact, they often determine who is exposed and who has access to protection – making environmental health risks both a medical issue and an equity issue.

8) Environmental Health: Invisible Risks After the Fire



Reentry kits provided by Direct Relief at neighborhood checkpoints in Altadena on Saturday, January 19th, offer essential protective gear to help residents safely navigate hazardous conditions. (Photo: Mason Poole and Zack Hughes for Direct Relief)

Wildfires affect health long after flames are out — especially when fires burn homes and infrastructure. Public agencies warn that post-fire exposures can include both smoke-related hazards and toxins released from burned structures. (CDC, 2024a; OEHHA, 2024)

Wildfire smoke contains PM_{2.5} that can penetrate deep into the lungs and enter the bloodstream, worsening asthma and increasing cardiovascular strain. (CDC, 2024a; EPA, 2024a)

After structural fires, ash and dust may contain lead, asbestos, and other compounds, particularly in older homes, raising concerns during cleanup and re-entry. (OEHHA, 2024)

Smoke particles can also linger indoors even after outdoor air improves, which is why EPA guidance emphasizes filtration and ventilation strategies. (EPA, 2024b)

Major fires can also damage infrastructure and raise water concerns, underscoring the importance of verified public health and utility advisories. (EPA, 2024c)

These risks are not evenly distributed. Families with fewer resources may lack access to remediation, filtration, protective equipment, and medical follow-up. Environmental health is a health equity issue. (CDC, 2024b; ODPHP, 2026)

9) Disaster Response as Infrastructure

Building Resilient Health Systems for the Next Crisis

In the year after the fires, it became clear that the health consequences of wildfire are magnified by infrastructure fragility: clinics losing power, supply chains disrupted, families unable to maintain care routines. Resilience investments through installing microgrids, including at Venice Family Clinic’s flagship clinic and portable microgrids, allow health providers to remain operational during outages and public safety power shutoffs. In this way, resilience infrastructure becomes a form of health equity: protecting the communities most likely to be harmed by disruption. (CDC, 2024b)

Infrastructure is more than power and supplies. In today’s disasters, it also means information – the ability to see needs clearly, anticipate risk, and move resources with speed and equity as conditions change. That is why Direct Relief treats data and analytics as a core part of preparedness and recovery.



As communities prepare for and recover from disasters, resilient infrastructure helps sustain critical services. Direct Relief supports partners with resources that strengthen operations and ensure care can continue. (Photo by Direct Relief)

10) Data-Powered Response: AI, Climate Modeling, and Analytics in Action

Turning Forecasting Into Preparedness, and Preparedness Into Lives Protected

In fast-moving disasters, clarity is often one of the first challenges. Where are people evacuating to? Which clinics are seeing spikes in respiratory illness? Which communities are absorbing displaced families and facing growing strain on local health services? Direct Relief's research and analytics team strengthens response and recovery by translating climate risk, health vulnerability, and displacement patterns into actionable insight so medical aid can move quickly, target the highest-need areas, and adapt as conditions change.

When the Los Angeles wildfires erupted in January 2025, smoke and uncertainty spread faster than verified information. Communities were evacuating, health providers were reporting rising respiratory needs, and thousands of families were relocating hour by hour. In this environment, speed matters, and so does precision.

Case Study: Aid That Followed Displaced People

Rather than assuming need remained only within the burn zone, Direct Relief used data analytics alongside partner intelligence to identify where displaced residents were relocating and where health care demand was shifting. Through its CrisisReady partnership, Direct Relief collaborated with Harvard and Meta AI for Good to produce near-real-time maps that helped public agencies and responders understand evacuation and displacement patterns. This analysis showed that many evacuees moved to nearby neighborhoods outside the immediate burn area, informing where medical support and operational assistance were most urgently needed. By helping aid follow people, not just geography, Direct Relief strengthened continuity of care for patients managing chronic disease and smoke-related illness. (CDC, 2024a)

Direct Relief also leveraged satellite and earth observation data to better understand rapidly changing fire conditions and impacts, supporting more informed decisions about where partners were operating and where health risks were escalating. This work has been recognized in convenings that include NASA and public health and emergency management partners, underscoring the growing role of satellite-derived insight in protecting community health during climate-driven emergencies.

How the System Works

Direct Relief integrates multiple data streams to guide decisions before, during, and after an emergency:

- Climate and smoke risk modeling anticipates dangerous conditions and likely health impacts, helping inform preparedness and expected health demand. (CDC, 2024a; EPA, 2024a)
- Displacement mapping identifies where people are relocating so aid can follow communities beyond burn boundaries.
- Capacity mapping highlights which clinics and community partners are facing surges, helping target medicines, supplies, and operational support.
- Predictive prepositioning helps stage supplies and flexible funding ahead of escalation, reducing delays and strengthening readiness.

Data does not replace community knowledge—it strengthens it. When analytics is paired with the expertise of trusted local partners, response is faster, targeting is more precise, and recovery remains aligned with evolving needs.

Direct Relief also treats every activation as an opportunity to improve. As part of its one-year wildfire recovery work in Los Angeles, Direct Relief convened a cross-sector “Smart Recovery” workshop with government (including CalOES and HHS/ASPR), public health and community clinic leaders (including CCALAC and frontline providers), funders, researchers, and technology organizations to identify lessons learned and strengthen how we assess and mitigate health impacts. This collaborative work is ongoing, and emerging insights—on priority knowledge gaps, actionable data sources, and responsible applications of AI—are being incorporated into Direct Relief’s emergency response planning and operational practice.

Direct Relief’s research and analytics capacity turns climate risk, health vulnerability, and displacement patterns into actionable guidance that helps medical aid move faster and reach the people who need it most. During the Los Angeles wildfires, Direct Relief worked with partners including Harvard and Meta AI for Good through CrisisReady to map evacuation and displacement patterns, helping ensure support could reach people who had relocated outside the burn zone. By pairing data-driven insight with on-the-ground partnerships, Direct Relief strengthens both immediate response and longer-term recovery.

11) Financial Overview and One-Year Financial Summary

Summary of Income

Direct Relief raised a total of \$21.27 million in support of communities impacted by the Los Angeles County wildfires. Of this, \$20.66 million (97%) came from contributed support—donations from individuals, corporations, foundations, and philanthropic organizations—demonstrating a strong and rapid response from supporters. The remaining \$612,683 in earned income was generated through interest on reserves, further reinforcing the organization’s ability to respond effectively and sustainably.

Profit & Loss Statement

Category	Amount (USD)
Total Income	\$21,271,012.76
Contributed Support	\$20,658,330.18
Earned Revenue (Interest)	\$612,682.58
Total Expenses	\$13,670,583.49
Net Income Available for Future Recovery & Resilience*	\$7,600,429.27

*Note: Net income represents funds remaining to support ongoing wildfire recovery, preparedness, and resilience investments.

Revenue & Expense Summary

In the first year alone, \$13.67 million was spent to deliver urgent medical aid, strengthen frontline health services, and ensure emergency supplies reached people affected by the fires when they needed them most.

The remaining \$7.6 million—approximately 36% of total revenue—is being reserved to sustain recovery beyond the initial emergency phase. These funds will help communities heal and rebuild through continued grantmaking, ongoing medical shipments, expanded mental health support, and strategic upgrades for partner clinics serving high-risk and underserved areas.

Together, this funding reflects the power of timely donor support—enabling Direct Relief to respond immediately while also making a long-term commitment to recovery and resilience.

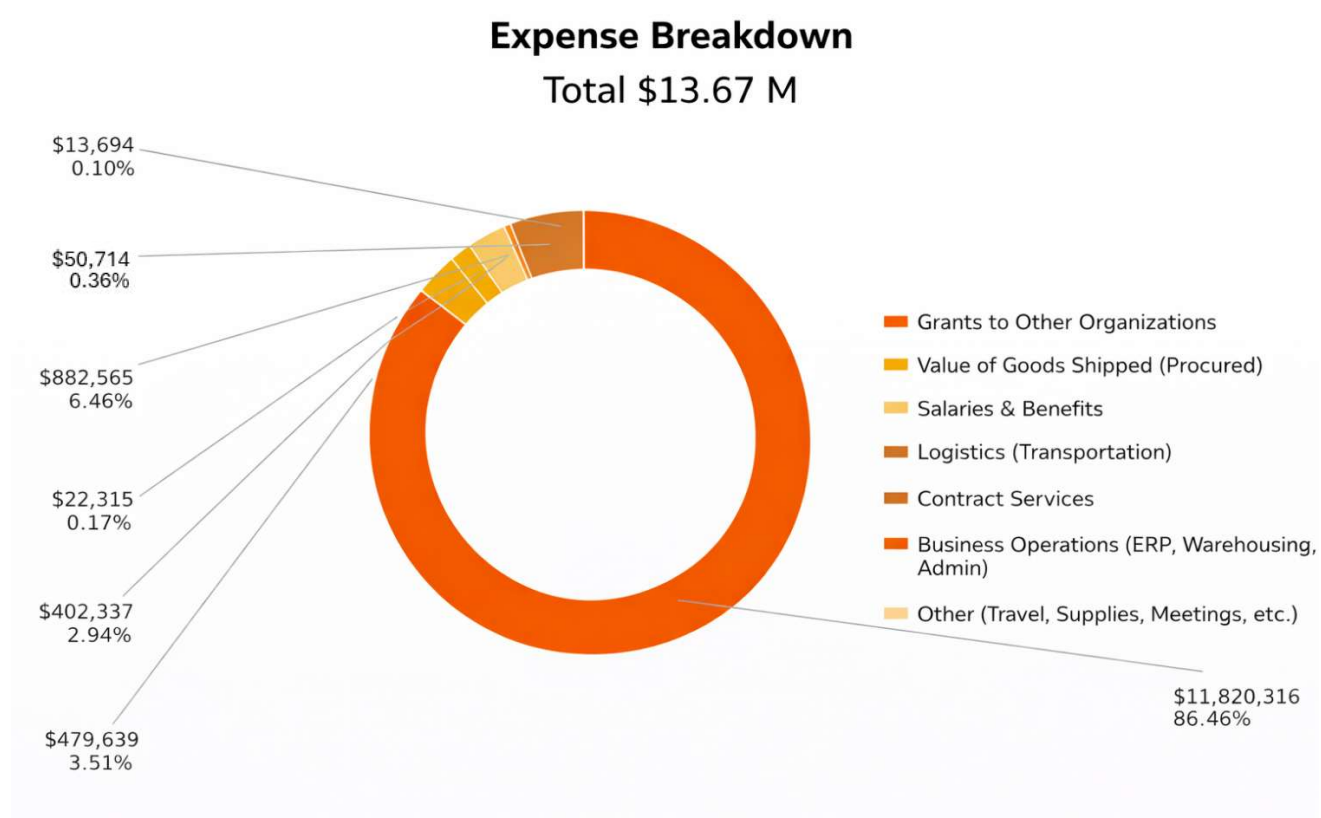
The Expense Breakdown that follows offers a closer look at how these funds were allocated across key response and recovery priorities.

Expense Breakdown

Direct Relief prioritized getting resources to trusted, community-based partners across Los Angeles County. To date, \$11.82 million has been disbursed as cash grants, with an additional \$480,000 approved and pending payment. Grant funding supported frontline health clinics, emergency response organizations, and groups providing housing, education, behavioral health, and other critical recovery services.

Beyond grantmaking, Direct Relief incurred costs to procure essential medical goods and to enable delivery and coordination— including warehousing, transportation, and staff support for operational management.

The chart below summarizes total wildfire response and recovery spending by major expense category, showing where investments were concentrated and underscoring the scale of support provided to frontline partners and essential services.



*This chart does not include \$480k in grants that have been committed but not yet paid.

As shown, the vast majority of expenses were directed toward grants to trusted local and regional organizations, ensuring resources moved quickly to partners delivering care and assistance on the ground. Additional spending supported the procurement and delivery of critical medical goods, personnel capacity, and operational systems needed to sustain a large-scale emergency response. Together, this spending reflects a strategy centered on rapid relief, strong partner support, and sustained recovery—an approach that maximizes donor impact while strengthening health systems in communities most at risk.

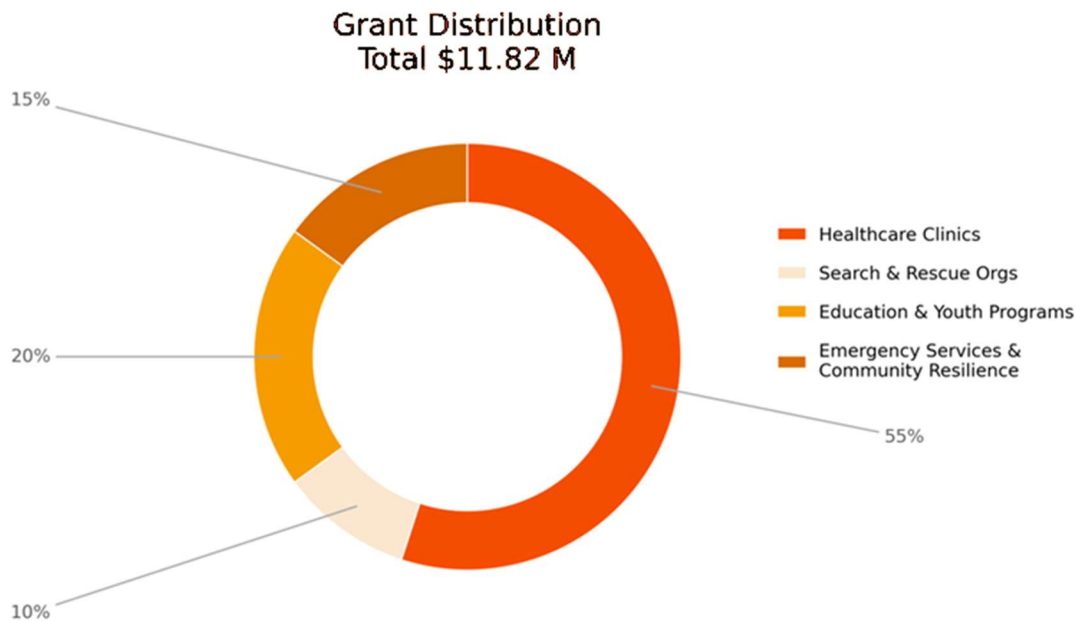
Grantmaking Highlights

Direct Relief awarded grants to more than 70 organizations delivering critical services across wildfire-affected communities. This funding helped ensure residents could access care and support during both the immediate crisis and the longer recovery period. Grants strengthened mobile health units, community clinics, school-based services, mental health outreach, and

emergency response efforts, helping partners meet urgent needs while maintaining continuity of care for vulnerable populations.

Grant Distribution

The chart below summarizes how Direct Relief’s wildfire-related grant funding was distributed across key areas of need. It reflects a strategic approach to recovery—prioritizing frontline health care access while also supporting critical community services that help families stay safe, connected, and resilient in the aftermath of disaster.



*This chart does not include \$480k in grants that have been committed but not yet paid.

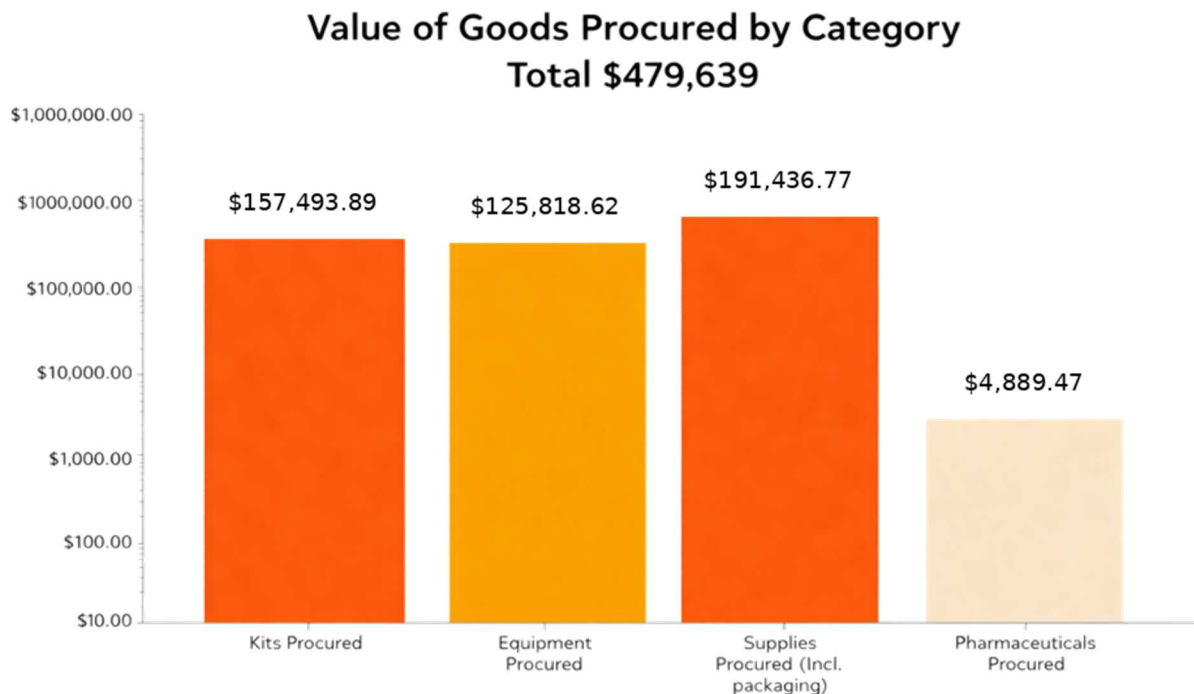
As shown, the majority of grant funding supported healthcare clinics, ensuring patients could continue receiving essential care even as systems were strained by the wildfires. Additional investments strengthened search and rescue, education and youth programs, and emergency services and community resilience, helping meet immediate needs while building longer-term recovery capacity. Together, this distribution demonstrates how donor support enabled Direct Relief to reinforce the organizations communities rely on most—both during the crisis and in the months that followed.

Goods Procured by Category

To strengthen the wildfire response beyond donated medical goods, Direct Relief procured essential materials to fill urgent supply gaps. The chart below summarizes the value of these purchases by category, reflecting the items most needed by frontline partners. In total, Direct

Relief spent \$479,639 to procure essential goods in direct support of the Los Angeles wildfires response. These items were delivered to clinics, shelters, and community partners to help meet urgent needs and maintain continuity of care for individuals displaced by the wildfires—particularly people with limited access to routine health services.

The chart below summarizes the value of these purchases by category, reflecting the items most needed by frontline partners.



The chart above underscores how procurement concentrated on high-impact needs, including emergency and hygiene kits, medical equipment, and essential frontline supplies. To strengthen the wildfire response beyond donated medical goods, Direct Relief procured essential materials to fill urgent supply gaps.

Supplies Procured: \$191,436.77

The largest procurement investment supported high-volume, general-use medical and emergency supplies—items that were critical for both clinical care and rapid response operations in impacted areas.

- Kits Procured: \$157,493.89**

Pre-assembled emergency, hygiene, and re-entry kits were deployed quickly to displaced individuals, including people experiencing homelessness or lacking access to basic care and sanitation. These kits helped protect public health during evacuation and recovery.

- **Medical Equipment: \$125,818.62**
Durable medical equipment was provided to partner clinics and emergency response teams to sustain continuity of care, strengthen diagnostic capacity, and reinforce clinical infrastructure during and after the fires.
- **Pharmaceuticals Procured: \$4,889.47**
While most medications were sourced through in-kind donations, this targeted procurement helped fill specific gaps not covered by available inventory—ensuring uninterrupted access to critical therapies. Notably, the relatively low cost attributed to pharmaceuticals reflects Direct Relief’s ability to leverage significant in-kind donations for high-value medications—stretching donor dollars further while ensuring patients and providers still received the medicines they needed.

Together, this procurement strategy filled immediate supply gaps and strengthened community health response capacity during a critical period. The following section highlights the operational investments that made it possible to coordinate, move, and deliver these resources at scale throughout the response.

Operational Investments

Direct Relief maintained a lean operating model while coordinating a complex, multi-sector wildfire response—ensuring that the vast majority of resources were directed to programs and partners on the ground. A total of \$466,746 (just 3.4% of total expenses) supported the essential capacity required to move quickly, manage funds responsibly, and stay closely connected to partners during a rapidly evolving emergency:

- **Personnel – \$402,337:** Emergency response coordination, grants management, and partner engagement to ensure support reached affected communities without delay.
- **Contracted Support – \$50,715:** Surge capacity for legal, technical, and grant administration to maintain speed, accuracy, and compliance during peak response periods.
- **Travel, Meetings & Supplies – \$13,694:** Partner site visits, emergency coordination, and staff development to strengthen collaboration and support effective field implementation.

Investments in **core infrastructure** also played a pivotal role in ensuring the response could operate at scale while remaining transparent and accountable:

- **ERP System – \$90,982:** Real-time tracking of inventory, shipments, and financial data.
- **Warehousing & Logistics – \$394,922:** Secure, climate-resilient storage and distribution of medical aid.
- **Administrative Systems – \$321,458:** Grant processing, partner communication, and compliance.

Together, these operational and infrastructure investments helped Direct Relief deliver assistance efficiently, safeguard accountability, and sustain a high-volume response over time—so donor support could translate into measurable help for communities affected by the wildfires.

Direct Relief’s commitment to financial transparency ensures accountability for every dollar deployed, but the ultimate measure of success is impact—whether clinics remain open and staffed, whether trauma-informed mental health support is available, and whether families and communities have the stability and resources needed to rebuild.



Public Recognition for Los Angeles Wildfire Response & Recovery

Direct Relief is proud to have been publicly recognized for our efforts supporting communities across Los Angeles. In December 2025, *TIME* named Direct Relief its “2025 Dreamer of the Year,” an honor which recognizes individuals and organizations that protect, restore, and champion their communities in the face of adversity.

This national recognition highlights Direct Relief’s rapid disaster response and sustained recovery support following the Los Angeles wildfires, specifically with its work delivering medical supplies and emergency resources to healthcare providers and frontline partners, including local

search and rescue teams and healthcare organizations serving evacuees and impacted residents.

TIME praised Direct Relief for remaining a committed partner long after the immediate crisis—continuing recovery support when many organizations had already scaled back or moved on.

To read the full article, click [here](#).

12) Key Learnings and Opportunities

What the First Year Taught Us

The year after the fires offers both proof and warning: proof that trusted local systems can accelerate recovery when resourced, and warning that rebuilding can lag far behind human need. These lessons guide how Direct Relief is investing going forward — not only in response capacity, but in resilience.

What worked

- Trusted local partners enabled faster, culturally relevant response

- Pre-positioned inventory enabled rapid mobilization
- Flexible funding allowed organizations to meet shifting needs

Challenges

- Infrastructure rebuilding lagged behind needs
- Families faced complex barriers accessing public aid
- Health equity gaps widened for at-risk communities

The central lesson is that recovery is not linear — it is uneven. Some households begin rebuilding quickly, while others face prolonged displacement, debt, and cascading health impacts. When rebuilding lags, so does health. That is why Direct Relief’s next phase centers continuity: sustaining community health systems, resourcing mental health and trauma care, and strengthening readiness so that the next emergency does not erase the progress of the last.

These learnings guide what comes next: investing not only in recovery, but in resilience — so communities can withstand future fire seasons with stronger systems, safer infrastructure, and faster access to care.



Direct Relief provides emergency operating funds, critical medicines and medical supplies, and N95 respirators to support first responders and community health centers aiding in recovery. (Photos by Mason Poole for Direct Relief)

13) Looking Ahead: Resilience, Preparedness, and the Next Year

Wildfire as a Year-Round Health Threat

Wildfires are accelerating in frequency, scale, and health impact. Direct Relief's next phase includes scaling health system resilience, advancing climate and risk modeling, strengthening mental health networks, and expanding access to essential medications for long-term recovery needs.

There are hopeful signs in Los Angeles: clinics restoring services, families returning, businesses reopening, and neighborhoods beginning to take shape again. But the path forward requires more than rebuilding what was lost. It requires building systems strong enough to withstand what comes next — a future in which wildfire season is longer, smoke exposure is more common, and climate-driven disruptions are no longer rare. Recovery is underway, but resilience must be intentional. (Direct Relief, 2025a; EPA, 2024a)

What We're Studying Next

Direct Relief is working with partners to deepen understanding of how smoke exposure, toxic ash and dust, indoor air quality, and disrupted care affect physical and mental health — especially among children, older adults, and people managing chronic disease. This includes strengthening data systems and analytical methods to align medical aid, mental health support, and recovery investments with evolving needs as displaced residents relocate and communities rebuild. (CDC, 2024a; OEHHA, 2024)

Sustained recovery is built on sustained partnership. The final part of this report is not only a summary of what was done — it is an expression of gratitude for those who made it possible.

14) With Gratitude: A Letter to Our Supporters

To every supporter who stood with Los Angeles — thank you.

The work described in this report is made possible by partnership — by donors who make early action possible and sustain recovery long after headlines fade. In climate-driven disasters, flexible funding is not simply a financial tool; it is a form of readiness. It is what allows Direct Relief to act on Day One and remain present on Day 365.

One year after the devastating wildfires, we at Direct Relief are filled with deep gratitude for your extraordinary generosity. When the fires spread across Los Angeles County, you responded with compassion and urgency. Because of you, essential medical aid arrived quickly, frontline partners were supported, and recovery efforts continued long after the emergency phase ended.

A note on flexible, unrestricted funding

Flexible funding made it possible to act immediately: to deploy medical shipments, provide respiratory protection, support clinics caring for displaced residents, and issue rapid grants to community-based organizations responding on the frontlines.

Wildfire recovery does not end when smoke clears. Families face prolonged displacement, financial strain, and the compounding impacts of trauma and loss. Your support allowed Direct Relief to adapt as needs changed — shifting from emergency response to year-long investments in healthcare access, mental health and trauma recovery, housing stabilization, and resilience-building.

It also makes it possible to plan for what comes next. Because of your support, Direct Relief can maintain and replenish emergency stockpiles, pre-position essential medicines and supplies, and ensure that when the next crisis strikes, relief does not wait for funding cycles to catch up. Flexible support makes it possible to pair readiness with speed — and to help ensure that communities receive what they need in the earliest moments of a disaster, when every hour matters.

One year later, the road remains long — but recovery is underway. We are honored to stand with Los Angeles for as long as it takes.

Ian Meyer



Director, Foundation Engagement
 Email: Imeyer@directrelief.org
 Phone: (805) 879-4355

Elizabeth Spies



Sr. Manager, Foundation Engagement
 Email: Espies@directrelief.org
 Phone: (805) 879-4360

Mikaela Schlesinger



Specialist, Foundation Engagement
 Email: MSchlesinger@DirectRelief.org
 Phone: (805) 879-4332

15) References

- Cal OES. 2025. “Fact Sheet: California Wildfires and Straight-line Winds (DR-4856-CA).”
- Caltech. n.d. “Returning Home After a Fire: Protect Your Health.”
- CDC. 2024a. “Wildfire Smoke and Health.”
- CDC. 2024b. “Social Determinants of Health.”
- CDC. 2024c. “Before, During, and After an Emergency.” Updated Oct. 24, 2024.
- CDC. 2024d. “After a School Emergency.” Updated Oct. 24, 2024.
- Current Psychiatry Reports. 2025. “Lessons from Hurricane Katrina: Psychological Recovery ...” (Full citation to be completed based on journal record.)
- Department of Angels. 2025. “This Is Bigger. This Is Systemic: What 2,335 Fire Survivors Told Us...”
- Direct Relief. 2025a. “The L.A. Wildfires: Looking Back on a Year of Response.” Published Dec. 29, 2025.
- EPA. 2024a. “Wildland Fire and Public Health Considerations.”
- EPA. 2024b. “Wildfires and Indoor Air Quality.”
- EPA. 2024c. “Drinking Water and Wildfire.”
- FEMA. 2025a. “California Wildfires and Straight-line Winds (DR-4856-CA).”
- FEMA. 2025b. “Recovery continues with over \$3 billion in federal support.”
- Federal Register. 2025. “Presidential Declaration of a Major Disaster for the State of California (FEMA-4856-DR).”
- HHS. 2024. “Wildfire: Climate and Health Outlook.”
- NIH NCCIH. 2026. National Institutes of Health, National Center for Complementary and Integrative Health. “Whole Person Health: What It Is and Why It’s Important.” Accessed Jan. 7, 2026.
- ODPHP. 2026. “Housing Instability.” Healthy People 2030.
- OEHHA. 2024. “Protecting Public Health from Home and Building Fire Ash.”

SAMHSA. 2024. “Trauma-Informed Approaches and Programs.” Substance Abuse and Mental Health Services Administration.

The Guardian. 2025. “‘Altadena is not for sale’: residents fear being forced out by wildfire rebuild.”

UCLA. 2025. “Eaton Fire’s generational impact on Altadena’s Black community.”