



24-0500 - PC - May 2, 2025

1 message

City Clerk Council and Public Services <clerk.cps@lacity.org>
To: City Clerk Council and Public Services <clerk.cps@lacity.org>

Mon, May 5, 2025 at 8:33 AM

----- Forwarded message -----

From: Office of the City Clerk <cityclerk@lacity.org>
To: City Clerk Council and Public Services <clerk.cps@lacity.org>
Cc:
Bcc:
Date: Fri, 2 May 2025 14:54:28 -0700
Subject: Fwd: Urgent Request: Apply Unused COVID Relief Funds to Long COVID Equity Response (Council Files 24-0500-S3 & 25-0600)
alex22_7@yahoo.com

----- Forwarded message -----

From: 'Alexis Silva' via Clerk - CityClerk <cityclerk@lacity.org>
Date: Fri, May 2, 2025 at 2:50 PM
Subject: Urgent Request: Apply Unused COVID Relief Funds to Long COVID Equity Response (Council Files 24-0500-S3 & 25-0600)
To: <jason.lopez@lacity.org>, <councilmember.soto-martinez@lacity.org>
Cc: <Cityclerk@lacity.org>, <Councilmember.Nazarian@lacity.org>, <Councilmember.Jurado@lacity.org>, <councilmember.rodriquez@lacity.org>, <councilmember.padilla@lacity.org>

Dear Councilmember Soto-Martínez and Mr. Lopez,

I'm writing to request urgent action from the Civil Rights, Equity, Immigration, Aging, and Disability Committee on two closely related matters:

1. Apply a portion of the \$13,151,964.14 in unspent COVID-era relief funds (Council File 24-0500-S3) to support a Long COVID disability and equity response; and
2. Support a \$5 million Long COVID Response line-item and reverse the \$1.075 million cut to the Department on Disability (Council File 25-0600).

These actions fall directly within your Committee's oversight and represent a fiscally sound, legally necessary, and morally urgent opportunity to protect some of the City's most impacted residents and prevent far-reaching public harm.

Long COVID is one of the most disabling and economically devastating public health crises of our time. More than 268,000 Angelenos are currently living with Long COVID (2), and there is currently no FDA-approved treatment, no dedicated service infrastructure, and no consistent pathway to care. Most cases occur after mild infections—even in vaccinated individuals—and recovery is rare. Fewer than 10 percent of patients recover within two to three years (4,6).

The disease often causes multi-organ damage, cognitive dysfunction, chronic immune dysregulation, and exertion-induced collapses. One year after infection, 60 percent of patients show organ impairment, and 29 percent have damage in multiple organs, even among those never hospitalized for acute COVID (8). Long COVID patients also experience fatigue and functional impairment worse than those with end-stage kidney disease or cancer-related anemia, and their health-related quality of life is lower than those with Stage IV metastatic cancer (12).

These symptoms leave many patients housebound or bedbound (15). Some have died—not from acute infection, but from system failure: no access to care, no income, and no public recognition of their condition (15). For others, Long COVID becomes a progressive neurological disability. It is now associated with the highest rates of cognitive disability in the U.S. in 15 years (10).

Long COVID also carries a mental health collapse: COVID survivors are 46 percent more likely to experience suicidal ideation (7), and many face prolonged depression, isolation, and a lack of clinical guidance.

According to Harvard economist David Cutler, Long COVID will cost Los Angeles over \$3 billion over five years, or roughly \$11,189 per affected resident (1,2). That includes lost productivity, health care utilization, housing destabilization, and workforce attrition.

This is already showing up in the labor market. Studies estimate that:

- Over 1 in 5 long COVID patients cannot return to work at all, even 6–7 months post-infection (6).

About 45 percent are forced to reduce their hours or change jobs due to disabling symptoms (6).

- Across OECD countries, nearly 3 million working-age individuals have exited the workforce due to Long COVID, costing at least \$140 billion in lost wages annually (16).

Many are denied disability benefits (14) and face cascading consequences: twice the rates of housing instability, food insecurity, utility shutoffs, and debt (17). Without intervention, this burden will fall directly on City systems for years to come.

By contrast, a \$5 million investment—less than 0.2 percent of the projected losses—would be a strategic cost-containment measure that protects City infrastructure and ensures future access to State and Federal recovery funds.

Long COVID is now a federally recognized disabling condition under the Americans with Disabilities Act and Section 504 of the Rehabilitation Act. It disproportionately affects Black and Latine residents, immigrants and frontline workers, disabled people and those with chronic illness, women, transgender people, caregivers, and low-income households (2,13,17). These are precisely the communities this Committee was formed to protect. Without an interdepartmental response, Los Angeles risks widening structural inequities and falling out of compliance with federal disability law.

Council File 24-0500-S3 proposes to reprogram:

- \$8,921,083.88 in unused CDBG funds, and
- \$4,230,880.26 in unused CDBG-CV (CARES Act) funds, totaling \$13,151,964.14.

These funds were designated to address the public health and economic fallout of the pandemic. Yet not one dollar is currently allocated to Long COVID outreach, case management, workforce stabilization, or access support—despite Long COVID being the primary disabling outcome of the pandemic.

- Redirecting these funds to capital upgrades without acknowledging the outcome of Long COVID is a failure of both public trust and federal intent.
- The City already has the infrastructure to deliver these services. A \$5 million Long COVID line-item could be distributed across:
 - Department on Disability: Establish a Long COVID Services Coordinator modeled on the AIDS Coordinator's Office.
 - LA Civil Rights: Include Long COVID in civil rights enforcement and equity monitoring.
 - CIFD: Expand programs for families navigating pediatric Long COVID, caregiving burdens, and economic strain.
 - Emergency Management Department: Plan for continuity of care, homebound access, and climate-resilient delivery systems.
 - EWDD: Launch a workforce reintegration pilot modeled on LA RISE.
 - General City Purposes Fund: Support multilingual, community-based outreach, navigation, and peer-informed education.

In 1987, Los Angeles became the first jurisdiction in the region to fund AIDS services, six years into the crisis, when there were fewer than 10,000 known cases. The City's general fund allocation was just \$55,000, or about \$132,000 in today's dollars (3).

Today, Long COVID affects over 268,000 Angelenos—more than 20 times the peak AIDS caseload in LA County. A proportionate investment today would be \$8.8 million. We are asking for a modest \$5 million, drawn from unspent

pandemic funds, to begin responding at scale.

In alignment with this Committee's role and authority, I respectfully urge you to:

1. Oppose the \$1.075 million cut to the Department on Disability;
2. Champion a \$5 million Long COVID Response line-item under Council File 25-0600;
3. Formally recommend that the Council allocate a portion of the \$13.15 million in reprogrammable pandemic funds under Council File 24-0500-S3 to Long COVID infrastructure, navigation, and stabilization efforts;
4. Coordinate with the City Administrative Officer and CIFD to include Long COVID services in the upcoming Substantial Amendment to the City's HUD CDBG and CDBG-CV Action Plan; and
5. Identify and pursue matching funds from State and Federal pandemic recovery sources to maximize the impact of this investment.

This is a defining test of leadership. The longer we delay, the deeper the structural harm. Now is the time to fund a meaningful, rights-based Long COVID response in Los Angeles.

Sincerely,
Alexis Silva
90033

References:

1. Cutler, D. (2022). The Economic Impact of Long COVID. Harvard Kennedy School.
2. CDC Household Pulse Survey. (September 2024). Long COVID Prevalence Estimates.
3. Los Angeles Times. (1990). Los Angeles Takes a Big Lead: Is First in Area to OK Funds for AIDS Outreach Efforts.
4. Nature Medicine. (2024). Long COVID Science, Research and Policy.
5. Economist Impact. (2024). Incomplete Picture: Understanding the Burden of Long COVID.
6. Davis, H. E., et al. (2023). Characterizing Long COVID in an International Cohort. *EClinicalMedicine*, 38, 101019.
7. Ziyad, A., et al. (2023). Suicidal Ideation Following COVID-19. *BMJ*.
8. Dennis, A., et al. (2023). Multi-organ Impairment in Low-risk Individuals with Long COVID. *JRSM*, 116(4), 138–146.
9. Office for National Statistics (UK). (2024). Self-reported Long COVID and Activity Limitation.
10. Komaroff, A. L., & Lipkin, W. I. (2021). Insights from ME/CFS into Long COVID. *Trends in Molecular Medicine*, 27(9), 895–906.
11. Proal, A. D., & VanElzakker, M. B. (2021). Overview of Long COVID Biological Factors. *Front. Neurol.*, 12, 698169.
12. Ballering, A. V., et al. (2022). Fatigue and Quality of Life in Long COVID. *Lancet Reg Health – Europe*, 16, 100321.
13. Global Burden of Disease Long COVID Collaborative (2024). *Nature Medicine*.
14. Tiku, N. (2023). Long COVID and Disability Denials. *Washington Post*.
15. Blackwell, B. (2024). The Hidden Death Toll of Long COVID. *Rolling Stone*.
16. Bach, K. (2023). Long COVID's Labor Market Impact. *Brookings Institution*.
17. Czeisler, M. É., et al. (2022). Housing Instability Among Long COVID Adults. *CDC MMWR*.

Sent from my iPhone

----- Forwarded message -----

From: Office of the City Clerk <cityclerk@lacity.org>

To: City Clerk Council and Public Services <clerk.cps@lacity.org>

Cc:

Bcc:

Date: Fri, 2 May 2025 13:20:58 -0700

Subject: Fwd: Urgent Request: Apply Unused COVID Relief Funds to Long COVID Equity Response (Council Files 24-0500-S3 & 25-0600)

----- Forwarded message -----

From: **Sara Johnson** <sarajohnsonpm@gmail.com>

Date: Fri, May 2, 2025 at 12:57 PM

Subject: Urgent Request: Apply Unused COVID Relief Funds to Long COVID Equity Response (Council Files 24-0500-S3 & 25-0600)

To: <jason.lopez@lacity.org>, <councilmember.soto-martinez@lacity.org>
Cc: Cityclerk@lacity.org <Cityclerk@lacity.org>, <Councilmember.Nazarian@lacity.org>, <Councilmember.Jurado@lacity.org>, <councilmember.rodriguez@lacity.org>, <councilmember.padilla@lacity.org>

Dear Councilmember Soto-Martínez and Mr. Lopez,

I'm writing to request urgent action from the Civil Rights, Equity, Immigration, Aging, and Disability Committee on two closely related matters:

1. Apply a portion of the **\$13,151,964.14 in unspent COVID-era relief funds** (Council File 24-0500-S3) to support a Long COVID disability and equity response; and
2. Support a **\$5 million Long COVID Response line-item** and reverse the **\$1.075 million cut** to the Department on Disability (Council File 25-0600).

These actions fall directly within your Committee's oversight mandate and represent a fiscally sound, legally necessary, and morally urgent opportunity to protect some of the City's most impacted residents and prevent far-reaching public harm.

The Severity and Scope of Long COVID

Long COVID is one of the most disabling and economically devastating public health crises of our time. More than **268,000 Angelenos** are currently living with Long COVID [2], and there is currently **no FDA-approved treatment**, no dedicated service infrastructure, and no consistent pathway to care. Most cases occur after mild infections—even in vaccinated individuals—and recovery is rare. Fewer than **10% of patients recover within two to three years** [4,6].

The disease often causes **multi-organ damage**, cognitive dysfunction, chronic immune dysregulation, and exertion-induced collapses. One year after infection, **60% of patients show organ impairment**, and **29% have damage in multiple organs**, even among those never hospitalized for acute COVID [8]. Long COVID patients also experience fatigue and functional impairment **worse than those with end-stage kidney disease or cancer-related anemia**, and their **health-related quality of life is lower than those with Stage IV metastatic cancer** [12].

These symptoms leave many patients **housebound or bedbound** [15]. Some have died—not from acute infection, but from system failure: no access to care, no income, and no public recognition of their condition [15]. For others, Long COVID becomes a progressive neurological disability. It is now associated with the **highest rates of cognitive disability in the U.S. in 15 years** [10].

Long COVID also carries a **mental health collapse**: COVID survivors are **46% more likely** to experience suicidal ideation [7], and many face prolonged depression, isolation, and a lack of clinical guidance.

The Economic Stakes

According to Harvard economist David Cutler, Long COVID will cost Los Angeles over **\$3 billion over five years**, or roughly **\$11,189 per affected resident** [1,2]. That includes lost productivity, health care utilization, housing destabilization, and workforce attrition.

This is already showing up in the labor market. Studies estimate that:

- Over **1 in 5** long COVID patients cannot return to work at all, even 6–7 months post-infection [6].
- About **45%** are forced to reduce their hours or change jobs due to disabling symptoms [6].
- Across OECD countries, nearly **3 million working-age individuals** have exited the workforce due to Long COVID, costing at least **\$140 billion** in lost wages annually [16].

Many are denied disability benefits [14] and face cascading consequences: **twice the rates of housing instability**, food insecurity, utility shutoffs, and debt [17]. Without intervention, this burden will fall directly on City systems for years to come.

By contrast, a **\$5 million investment—less than 0.2% of the projected losses—would be a strategic cost-containment measure** that protects City infrastructure and ensures future access to State and Federal recovery funds.

The Equity and Civil Rights Imperative

Long COVID is now a **federally recognized disabling condition** under the Americans with Disabilities Act and Section 504 of the Rehabilitation Act. It disproportionately affects:

- Black and Latine residents
- Immigrants and frontline workers
- Disabled people and individuals with preexisting chronic illness
- Women, transgender people, and caregivers
- Low-income households and communities experiencing housing insecurity [2,13,17]

These are precisely the communities this Committee was formed to protect. Without an interdepartmental response, Los Angeles risks widening structural inequities and falling out of compliance with federal disability law.

Reprogramming Without Equity: A Risk of Erasure

Council File 24-0500-S3 proposes to reprogram:

- **\$8,921,083.88 in unused CDBG funds**, and
- **\$4,230,880.26 in unused CDBG-CV (CARES Act) funds**, totaling **\$13,151,964.14**.

These funds were designated to address the **public health and economic fallout of the pandemic**. Yet not one dollar is currently allocated to Long COVID outreach, case management, workforce stabilization, or access support—despite Long COVID being the **primary disabling outcome of the pandemic**. Redirecting these funds to capital upgrades without addressing Long COVID is a failure of both public trust and federal intent.

A Feasible, Cross-Departmental Response

The City already has the infrastructure to deliver these services. A \$5 million Long COVID line-item could be distributed across:

- **Department on Disability**: Establish a Long COVID Services Coordinator modeled on the AIDS Coordinator's Office.
- **LA Civil Rights**: Include Long COVID in civil rights enforcement and equity monitoring.

- **CIFD:** Expand programs for families navigating pediatric Long COVID, caregiving burdens, and economic strain.
- **Emergency Management Department:** Plan for continuity of care, homebound access, and climate-resilient delivery systems.
- **EWDD:** Launch a workforce reintegration pilot modeled on LA RISE.
- **General City Purposes Fund:** Support multilingual, community-based outreach, navigation, and peer-informed education.

A Precedent Set by Los Angeles: AIDS Funding, 1987

In 1987, Los Angeles became the first jurisdiction in the region to fund AIDS services, six years into the crisis, when there were fewer than 10,000 known cases. The City's general fund allocation was just **\$55,000**, or about **\$132,000 in today's dollars** [3].

Today, **Long COVID affects over 268,000 Angelenos—more than 20 times** the peak AIDS caseload in LA County. A proportionate investment today would be **\$8.8 million**. We are asking for a **modest \$5 million**, drawn from unspent pandemic funds, to begin responding at scale.

Recommendations

In alignment with this Committee's role and authority, I respectfully urge you to:

1. **Oppose the \$1.075 million cut to the Department on Disability;**
2. **Champion a \$5 million Long COVID Response line-item under Council File 25-0600;**
3. **Formally recommend** that the Council allocate a portion of the \$13.15 million in reprogrammable funds under Council File 24-0500-S3 to Long COVID infrastructure, navigation, and stabilization efforts;
4. **Coordinate with the City Administrative Officer and CIFD** to ensure that Long COVID services are included in the upcoming Substantial Amendment to the City's HUD CDBG and CDBG-CV Action Plan; and
5. **Identify and pursue matching funds** from State and Federal pandemic recovery sources to maximize the impact of this investment.

This is a defining test of leadership. The longer we delay, the deeper the structural harm. Now is the time to fund a meaningful, rights-based Long COVID response in Los Angeles.

Sincerely,

Sara L. Johnson
Los Angeles, CA 90026

References

1. Cutler, D. (2022). *The Economic Impact of Long COVID*. Harvard Kennedy School.
2. CDC Household Pulse Survey. (September 2024). *Long COVID Prevalence Estimates*.
3. *Los Angeles Times*. (1990). *Los Angeles Takes a Big Lead: Is First in Area to OK Funds for AIDS Outreach Efforts*.

4. *Nature Medicine*. (2024). *Long COVID Science, Research and Policy*.
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13. Global Burden of Disease Long COVID Collaborative (2024). *Nature Medicine*.
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15. Blackwell, B. (2024). *The Hidden Death Toll of Long COVID*. *Rolling Stone*.
16. Bach, K. (2023). *Long COVID's Labor Market Impact*. *Brookings Institution*.
17. Czeisler, M. É., et al. (2022). *Housing Instability Among Long COVID Adults*. *CDC MMWR*.

9 attachments

-  **A close-up of a signature**
40K
-  **Fwd: Urgent Request: Apply Unused COVID Relief Funds to Long COVID Equity Response (Council Files 24-0500-S3 & 25-0600).eml**
27K
-  **Council Files 24-0500-S3 & 25-0600.pdf**
245K
-  **long_covid_update_7-22.pdf**
180K
-  **Long-COVID-Awareness-Day_-2025-Fact-Sheet.pdf**
333K
-  **rollingstone.com-First They Got Long Covid Then It Made Them Homeless.pdf**
517K
-  **archive.is-Los Angeles Takes a Big Lead Is First in Area to OK Funds for AIDS Outreach Efforts.pdf**
3471K
-  **archive.is-COLUMN ONE Aids in LA AIDS Fight in LA at Key Point A decade into the disease LA County cases are sti.pdf**
213K
-  **Fwd: Urgent Request: Apply Unused COVID Relief Funds to Long COVID Equity Response (Council Files 24-0500-S3 & 25-0600).eml**
6879K