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

1 message

Office of the City Clerk <cityclerk@lacity.org> Mon, May 5, 2025 at 7:28 AM
To: City Clerk Council and Public Services <clerk.cps@lacity.org>

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From: **Lori Fisher** <fisherloric@gmail.com>
Date: Sat, May 3, 2025 at 6:40 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.rodriguez@lacity.org>, <councilmember.padilla@lacity.org>

Dear Councilmember Soto-Martínez and Mr. Lopez,

I'm writing to make public comment and 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% 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 and isolation compounded by 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% 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. Long COVID is the primary disabling outcome of the pandemic yet not one dollar is currently allocated to Long COVID outreach, prevention, public health campaigns, case management, rights protection, workforce stabilization, or access support.

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,
[YOUR NAME AND LOCALITY]

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