



## Fwd: Urgent Request: Apply COVID Relief Funds to Long COVID to Rescue the Budget and the People (Council Files 24-0500-S3 & 25-0600)

1 message

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

Fri, Sep 19, 2025 at 12:25 PM

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

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From: **Carl Peel** <carlpeel@earthlink.net>

Date: Fri, Sep 19, 2025 at 11:51 AM

Subject: Urgent Request: Apply COVID Relief Funds to Long COVID to Rescue the Budget and the People (Council Files 24-0500-S3 & 25-0600)

To: <councilmember.blumenfield@lacity.org>

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Dear Council President Harris-Dawson and Council Members,

I have two close friends who have been suffering with Long Covid since the pandemic. One has been completely unable to work since then. So this is a topic that is of personal importance to me.

The City of Los Angeles is facing a \$1B budget shortfall. At the same time, Council File 24-0500-S3 proposes to reprogram \$13.15M in unspent federal COVID relief into unrelated capital upgrades and small business programs. This is a critical mistake. The money is still eligible for pandemic response and should be used to prevent a much larger fiscal threat: the \$12B in projected costs from Long COVID.

According to Harvard economist David Cutler, Long COVID is expected to cost the City more than \$12B over the next five years in lost wages, reduced workforce participation, rising disability, increased medical spending, and pressure on public benefit systems. These losses are already materializing across departments. They are growing every month the City delays a coordinated response. What is being dismissed today as a medical issue will very soon reveal a cavernous and structural budget problem if left unaddressed.

Long COVID is a disabling, multi-system condition affecting over 268,000 Angelenos. One in four people with Long COVID are unable to work. Nearly half have lost income. Less than 10% ever recover. This is a large, persistent economic driver that is increasing strain on housing, labor, health, and emergency systems. Despite that, there is no City infrastructure to address it. No plan, no budget line item, no public health accountability. The silence is conspicuous. It creates disorganization and leaves departments unsupported as they absorb rising costs and unmet needs.

Long COVID is not a previous historic one-time event. People are still getting Long COVID. It results from new, repeated, and ongoing COVID infections. Vaccines do not prevent Long COVID in any meaningful or reliable way. That means the risk is not behind us. It is active and compounding. As reinfection rates grow, so does the financial liability. Every delay increases the cost and the suffering. Without action, this will become one of the most expensive and embarrassing failures in the City's public health history.

The clearest, most effective use of the \$13.15M is to establish a permanent Office of Long COVID. The City has done this before. In 1989, Los Angeles created the AIDS Coordinator's Office in response to another federally neglected health and humanitarian crisis. That office was created when the number of affected residents was far smaller than it is today. It was led by patients complete with coordinated services, partnered with trusted groups, identified gaps, and reduced long-term costs through focused infrastructure. That model worked. It remains the best precedent for how to manage Long COVID today. The scale of Long COVID already exceeds that of HIV/AIDS in its early years. The severity is comparable, and the

vacuum of federal infrastructure has again left patients to take the lead. It is a mistake to assume the cost will ever become manageable without an organized, durable, patient-led response.

The \$13.15M in CF 24-0500-S3 includes \$4.23M in CARES Act CDBG-CV funds and \$8.92M in regular CDBG funds. HUD guidance allows these dollars to be used for post-COVID care coordination, case management, job reintegration, housing support, financial navigation, and related services. The CDBG-CV funds are not subject to the usual 15% public services cap. This is one of the last remaining federal funding sources that can legally be used for Long COVID response. If these funds are redirected away from COVID entirely, there is no alternate source waiting. The opportunity will be lost and needless and avoidable suffering will continue.

CDBG-CV funds cover exactly what Long COVID drives: loss of income, loss of housing, need for health access, case management, and job reintegration. The match is direct. HUD gave cities this flexibility for COVID's fallout. This is the clearest and most cost-saving use left on the table.

Applying this funding to a City of Los Angeles Office of Long COVID would reduce service demand, protect revenue, and ensure coordination across departments already impacted by rising costs. Redirecting the funds to generic capital upgrades and broad business uses provides no protection from the \$12B in projected losses. It leaves the costliest problem of the pandemic untouched. It trades long-term stability for short-term optics while leaving hundreds of thousands of Angelenos in physical and financial pain.

Not using this money as intended is not only a missed opportunity, it's a misuse of federal relief. These dollars were created to mitigate pandemic fallout. Long COVID is absolutely the costliest and most enduring part of that fallout. Refusing to address it does not make the crisis disappear. It makes the crisis more expensive, more fragmented, more difficult to contain, and more painful for all.

I urge you to amend Council File 24-0500-S3 to allocate the full \$13.15M to the creation of an Office of Long COVID in the City of LA Budget. Doing so would reduce long-term liability, use federal dollars as intended, and apply a proven model from the City's own history to meet this crisis with strategy, not delay. The economic case is clear. The cost is measurable. The moment is now.

Respectfully,

[YOUR NAME AND LOCATION]