

Communication from Public

Name: Sara Johnson

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Council File No: 24-0500-S3

Comments for Public Posting: Dear City of Los Angeles, Community Prevention and Population Health Task Force and LACDPH Director Ferrer, This Task Force was created to advance equity, prevent long-term harm, and guide recovery shaped by the people it affects. That mission is now at risk. Ignoring Long COVID undermines your charter. Equitable recovery, population health, and action on unmet need cannot happen without it. I am one of over 268,000 Angelenos living with Long COVID. I urge you to act decisively on this disabling condition and fully integrate it into your strategic planning. In February 2023, Director Ferrer said, “There is temptation to say the pandemic is ending, and for some this experience is very real. For others, they continue to feel the impact daily—whether it is living with the loss of a loved one, the economic toll of the pandemic, or the effects of Long COVID. At Public Health, we have made a commitment to not leave these people behind.” That commitment must now be matched by action. More than \$13 million in unspent federal pandemic relief is on the table. These funds were intended to address pandemic-related health and economic fallout. Long COVID remains its most disabling and costly outcome. Yet not a single dollar is allocated to address it. Dedicated funds already exist. Council File 24-0500-S3 is about to reprogram over \$13 million that's meant exactly for Long Covid: • \$8,921,083.88 CDBG funds • \$4,230,880.26 CDBG-CV (CARES Act) funds Wasting these funds on unrelated projects while this crisis goes ignored is a misuse of emergency relief and a failure of public duty. Harvard economist David Cutler estimates that failing to act will cost LA \$12.08 billion over five years: • \$3.57 B in lost income • \$804 M in medical costs • \$4.38 B in lost quality-adjusted life years • \$11,189 per affected resident This \$4.23 million in pandemic-specific CDBG-CV funds is just 1.3% of the City’s \$1 billion budget gap. Directing that funding to exclusively Long COVID will prevent exponentially higher losses. Your Task Force has the authority to advise LA County and DPH on CHIP, CHA, and countywide health equity strategy. I urge you to: 1. Recommend the City revise Council File 24-0500-S3 to allocate pandemic relief funds exclusively to Long COVID services—education, clinical guidance, disability navigation, case management, workforce reintegration, and financial and legal

supports. 2. Recommend the County create a Joint Long COVID Office or Task Force with the City of LA, modeled on LA's 1989 AIDS response, when Mayor Tom Bradley launched the AIDS Coordinator's Office. 3. Ensure Long COVID patients and disability justice advocates hold paid leadership roles in any such body. Lived experience is key to efficiency and legitimacy. 4. Make Long COVID a standing agenda item at Task Force meetings. Include it in the next CHIP with clear goals. At the peak of the AIDS crisis, fewer than 10,000 LA County residents lived with HIV/AIDS. Today, over 25 times that number live with Long COVID. It causes equal or worse disability. Fatigue is comparable to that in HIV. Quality-of-life scores are lower than those in Stage IV cancer. Yet LA County has no office, program, or plan to address it. Long COVID affects 1 in 19 adults and is recognized as a disability. A 2024 study estimated 31% of 10.9 million confirmed COVID cases in California resulted in Long COVID—about 3.3 million people. Most had “mild” acute cases, but symptoms persist. Over half of all QALYs lost were in adults aged 18–49. These are working-age Angelenos. Long COVID disproportionately impacts Black, Latine, Indigenous, disabled, and immigrant residents. It is most common in high-risk, low-wage labor sectors like caregiving, food production, and education—where protections are weakest and job loss is hardest to absorb. Only 6–9% recover from Long Covid. Three in four report daily limitations. One in four can't work or go to school. Nearly half lose income or hours. Homelessness is rising as accommodations disappear and benefits lapse. Reporting confirms that Long COVID patients are being pushed out of housing and deeper into poverty. A 2025 study found patients lose nearly 100 work hours over three months (2.7 weeks of full-time work). This is a crisis affecting LA's frontline and care workforce. University of Michigan data and national reporting show Long COVID deepens racial disparities. Black Americans represent 32% of all cases and are more likely to be misdiagnosed or dismissed. Peer-reviewed research confirms that Black patients with fatigue or brain fog are less likely to be believed or referred for care. Racial equity metrics must be central in any Long COVID response. Most of this cost is preventable with coordinated services, patient inclusion, and targeted investment. This is a test of equity, leadership, and responsibility. I urge you to meet this moment. Sincerely, Sara Johnson Constituent of Eunisses Hernandez, First District, City of Los Angeles

To: LA County Community Prevention and Population Health Task Force
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CC: Barbara Ferrer, Director, Los Angeles County Department of Public Health
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May 14, 2025

Dear Community Prevention and Population Health Task Force and Director Ferrer,

This Task Force was created to advance equity, prevent long-term harm, and guide recovery shaped by the people it affects. That mission is now at risk. **Ignoring Long COVID undermines your core responsibilities.** Equitable recovery, improved population health, and attention to communities that have long gone underserved depend on direct action.

I am one of **more than 268,000 Angelenos living with Long COVID**. I urge you to take decisive action on this disabling condition, consistent with your role in public health planning, racial justice, and community well-being.

In February 2023, **Director Ferrer said:**

“There is temptation to say the pandemic is ending, and for some this experience is very real. For others, they continue to feel the impact daily—whether it is living with the loss of a loved one, the economic toll of the pandemic, or the effects of Long COVID. At Public Health, we have made a commitment to not leave these people behind.”¹⁵

I am asking you to act on that commitment. Over **\$13 million in unspent federal pandemic relief** is on the table. These funds were **intended to address the health and economic fallout of the pandemic. Long COVID remains the central economic and public health emergency of the pandemic yet not a single dollar is allocated to it.**

Council File 24-0500-S3 is about to reprogram:

- \$8,921,083.88 in unspent CDBG funds
- \$4,230,880.26 in unspent CDBG-CV (CARES Act) funds
- Total: \$13,151,964.14

These funds could directly support necessary work including public health messaging, clinical guidance, case management, workforce reentry, or social service coordination for Long COVID in Los Angeles. Redirecting them to unrelated capital upgrades is a misuse of emergency relief and a failure of public duty.

Harvard economist David Cutler predicts a **\$12.08 billion five-year cost to LA County** if we continue to ignore Long COVID¹⁴ by way of:

- \$3.57 billion in lost income
- \$804 million in added medical expenses
- \$4.38 billion in lost quality-adjusted life years
- \$11,189 per affected resident

By contrast, **the \$4.23 million in pandemic-specific CDBG-CV funds is just 1.3 % of the City's \$1 billion budget deficit.** Using these funds for Long COVID would prevent far greater losses. This is not a symbolic issue. It is a structural fix that aligns with federal intent. If this Task Force doesn't act, we risk failing the core equity mandate you were formed to uphold.

Your Task Force charter gives you power to **advise the Board of Supervisors and LA County Department of Public Health** on spending to guide priorities in the Community Health Improvement Plan (CHIP), the Community Health Assessment (CHA), and county-wide health equity strategy.

I urge you to:

1. Recommend that the **City of Los Angeles revise Council File 24-0500-S3 to allocate pandemic relief funds exclusively to Long COVID services**, including education, clinical guidance and mandatory clinician education, disability navigation, case management, workforce reintegration, and other legal, nutritional, and financial support programs.
2. Recommend that **LA County create a Joint Long COVID Office or Task Force with the City of Los Angeles** to coordinate messaging, services, and infrastructure. Model it after the 1989 AIDS response, when Mayor Tom Bradley launched the AIDS Coordinator's Office to consolidate funding and guide action.²
3. Ensure that **people with Long COVID** and disability justice leaders **hold paid positions in all Long COVID planning bodies**. Lived experience is essential to building efficient systems.
4. **Make Long COVID a standing agenda item** at all Task Force meetings. Include it in the next CHIP with clear equity goals.

At the peak of the AIDS crisis, fewer than 10,000 LA County residents lived with HIV or AIDS.³ More than 25 times that number now live with Long COVID. The condition causes similar or worse impairment. One study found **Long COVID fatigue equal to or greater than that in HIV.**⁴ Others show **quality-of-life scores worse than Stage IV lung cancer.**⁵ Despite this, LA County has no Long COVID office, program, or public health response.

Long COVID affects 1 in 19 adults and is federally recognized as a disability.⁶ A 2024 California-specific study found **confirms that widespread, lower-severity symptoms still create massive population-level impact. The study estimated that 31% of the 10.9 million confirmed COVID cases in California from March 2020 to December 2022 resulted in Long COVID, equating to roughly 3.3 million people.**⁹ This figure likely underestimates true prevalence, as it excludes unreported cases.

It disproportionately impacts essential workers, low-income communities, women, Black and Latine Angelenos, and people already disabled.⁷ **Black, Latine, Indigenous, disabled, and immigrant residents are more likely to have persistent symptoms and less likely to receive proper care.**⁸ Long COVID is most common in sectors with high exposure and weak protections (food production, caregiving, education) where job loss has the greatest impact.⁹ **These are the communities this Task Force is meant to protect.**

According to the Patient-Led Research Collaborative, only 6 - 9% of people with Long COVID recover within two to three years.⁷ Three in four report daily activity limits. One in four cannot work, go to school, or manage basic tasks.¹⁰

Long COVID also drives homelessness. Reports from *Rolling Stone* and others show that income collapse, loss of benefits, and lack of workplace accommodations are pushing people out of housing.¹¹ PLRC data confirms

that people with Long COVID are twice as likely to face housing instability. 52% lose income or work hours.⁷ These losses cascade into unpaid bills, food insecurity, and worsening health.

A national study by Naik et al. (2025) found that Long COVID–related work loss persisted for at least two years, even in people with mild acute illness.¹² And in May 2025, the *Journal of Occupational and Environmental Medicine* reported that people with **Long COVID lost** nearly 100 hours of productivity over three months, which is equal to **2.7 weeks of full-time work**.¹³ They experienced 15% greater weekly performance impairment than recovered peers. These losses match those in chronic migraine, MS, and rheumatoid arthritis. This is a crisis among low-wage, frontline, and care-sector workers.

Data from the University of Michigan and reporting from Capital B/AP confirm that Long COVID deepens racial and economic disparities.¹⁶ **Black Americans represent 32% of all Long COVID cases, second only to Latine residents.**¹⁷ They also face higher rates of gaslighting, misdiagnosis, and reduced access to care.²⁰ Peer-reviewed data shows that symptoms like fatigue and cognitive issues are more likely to be dismissed when reported by Black patients. That’s why **racial equity metrics must be built into any Long COVID response.**

The time to act is now. Your Task Force is positioned to respond to this test of equity, prevention, and public responsibility. Thank you for your urgent attention and continued service to the County.

Sincerely,



Sara Johnson
First District, City of Los Angeles
Constituent, Los Angeles County

References

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- ⁴ Walker, S. et al. “Fatigue in Post-COVID-19 Syndrome Compared to HIV.” *BMJ Open*, 2023
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- ¹⁰ CIDRAP. “Three in Four Long COVID Patients Report Activity Limits.” 2023
- ¹¹ *Rolling Stone*. “First They Got Long COVID. Then It Made Them Homeless.” 2024
- ¹² Naik, S. et al. “Work Loss and Long COVID.” 2025
- ¹³ *Journal of Occupational and Environmental Medicine*. “Productivity Loss in Long COVID Patients.” 2025
- ¹⁴ Cutler, D. “The Economic Cost of Long COVID in Los Angeles County.” Harvard University. 2025
- ¹⁵ Los Angeles County Department of Public Health Press Release. February 2023
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- ¹⁷ Capital B / Associated Press. “Black and Brown Americans Face a Hidden Epidemic: Long COVID.” 2025
- ¹⁸ NIHMS1892844. “Race and Symptom Dismissal in U.S. Healthcare.” 2020