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## 25-0600\_pc\_05-18-2025

1 message

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

Mon, May 19, 2025 at 9:28 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: Mon, 19 May 2025 07:45:13 -0700  
Subject: Fwd: Urgent Request: Apply COVID Relief Funds to Long COVID (Council Files 24-0500-S3 & 25-0600)

[jsrimuang@icloud.com](mailto:jsrimuang@icloud.com)

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

From: 'J Srimuang' via Clerk - CityClerk <cityclerk@lacity.org>  
Date: Sun, May 18, 2025 at 9:29 AM  
Subject: Urgent Request: Apply COVID Relief Funds to Long COVID (Council Files 24-0500-S3 & 25-0600)  
To: <councilmember.blumenfield@lacity.org>  
Cc: <councilmember.soto-martinez@lacity.org>, <CityClerk@lacity.org>, <katy.yaroslavsky@lacity.org>, <DOD.Contact@lacity.org>, <councilmember.hernandez@lacity.org>, <councilmember.mcosker@lacity.org>, <heather.hutt@lacity.org>, <Clerk.BudgetandFinanceCommittee@lacity.org>, <rita.moreno@lacity.org>, <councilmember.nazarian@lacity.org>, <contactCD4@lacity.org>, <Councilmember.Jurado@lacity.org>, <councilmember.Lee@lacity.org>, <councilmember.park@lacity.org>, <councilmember.price@lacity.org>, <councilmember.harris-dawson@lacity.org>, <councilmember.rodriquez@lacity.org>, <councilmember.padilla@lacity.org>, <PublicComments@bos.lacounty.gov>

Dear Council President Harris-Dawson and Council Members,

I'm submitting public comment to urge immediate action on two related issues: the City's \$1 billion budget crisis and the \$13 million in unspent pandemic relief that could directly mitigate it, if applied where it's needed most. More than 268,000 Angelenos live with Long COVID. It is the most disabling and costly outcome of the pandemic, yet it is not mentioned once in the City's budget. Not a single dollar has been allocated to address it.

At the same time, Council File 24-0500-S3 proposes to reprogram \$13.15 million in unspent federal pandemic funds originally intended for COVID response. Choosing to ignore this crisis and redirect the funds to superficial building improvements and unrelated business programs is a failure of public duty and a misuse of emergency relief. This money is on the table now and eligible for Long COVID response:

- \$4,230,880.26 in CDBG-CV (CARES Act) funds
- \$8,921,083.88 in regular CDBG funds

CDBG-CV funds are especially relevant. They were created specifically to respond to COVID-19. According to HUD guidance, they can be used for post-COVID care, navigation, case management, mental health, and long-term recovery. Unlike regular CDBG, CDBG-CV funds are not subject to the 15% public services cap. They can fully fund direct services for Long COVID with fewer barriers and faster impact.

CDBG funds also support eligible Long COVID uses such as housing modifications, clinic improvements, and microenterprise support for disabled workers. Both funding streams are legally applicable, but CDBG-CV is the most direct and underused option.

Harvard economist David Cutler projects that failure to address Long COVID will cost LA over \$12 billion in five years ("The Economic Cost of Long COVID: An Update - David Cutler," Harvard.edu, 2022).

The \$4.23 million in CDBG-CV is just 0.4% of the City's general fund and 1.3% of the current budget gap. Allocating it to Long COVID is both legally sound and fiscally strategic. Not doing so will deepen the crisis.

In February 2023, LACDPH Director Barbara Ferrer said, "There is temptation to say the pandemic is ending... 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... We have made a commitment to not leave these people behind." Now is the moment to honor that commitment.

I urge you to:

1. Revise Council File 24-0500-S3 to allocate CDBG-CV and relevant CDBG funds exclusively to Long COVID services: patient education, clinical guidance, disability navigation, return-to-work support, financial and legal help, and case management.
2. Create a Long COVID Office or Task Force for the City of LA, modeled on the City's 1989 AIDS response.
3. Ensure Long COVID patients and disability justice leaders are paid to help design and oversee any program. Lived experience improves efficiency and trust.
4. Make Long COVID a standing agenda item in public health discussions, with clear goals, timelines, and transparency.

At the height of the AIDS crisis, LA County had under 10,000 known cases. Today, over 25 times that number live with Long COVID. Its impact is severe. Studies show quality-of-life scores lower than Stage IV cancer and fatigue equal to or worse than HIV. Yet the City still has no Long COVID plan, office, or line item.

A 2024 California study found that 31% or 3.3 million residents with confirmed COVID cases resulted in Long COVID. Most had "mild" infections. This is also most certainly an undercount given the dismantling of testing, reporting, and publishing programs and requirements.

Long COVID hits hardest in frontline, low-wage jobs and among Black, Latine, Indigenous, immigrant, and disabled residents. Only 6–9% recover. One in four are unable to work. Nearly half lose income. Housing loss is rising as benefits run out and discrimination worsens. People with Long COVID are being pushed deeper into poverty and out of the workforce.

This condition is a leading cause of new disability. Racial disparities are worsening. A 2025 study found that Long COVID patients lose nearly 100 work hours every three months. Black Americans with Long COVID are more likely to be dismissed, misdiagnosed, and denied care. An equitable response must include these realities in every funding and program decision.

This is a critical moment. The funding is available. The need is urgent. Long COVID is a test of your equity commitments, your leadership, and your budget priorities. I ask you to meet it.

Sincerely,  
Jenny Srimuang in Boyle Heights

----- 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: Mon, 19 May 2025 07:45:54 -0700

Subject: Fwd: Urgent Request: Apply COVID Relief Funds to Long COVID (Council Files 24-0500-S3 & 25-0600)  
[vana@surjaction.org](mailto:vana@surjaction.org)

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

From: **'Vana Doakes' via Clerk - CityClerk** <cityclerk@lacity.org>

Date: Sun, May 18, 2025 at 10:18 AM

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

To: <councilmember.blumenfield@lacity.org>

Cc: <councilmember.soto-martinez@lacity.org>, <CityClerk@lacity.org>, <katy.yaroslavsky@lacity.org>, <DOD.Contact@lacity.org>, <councilmember.hernandez@lacity.org>, <councilmember.mcosker@lacity.org>, <heather.hutt@lacity.org>, <Clerk.BudgetandFinanceCommittee@lacity.org>, <rita.moreno@lacity.org>,

<councilmember.nazarian@lacity.org>, <contactCD4@lacity.org>, <Councilmember.Jurado@lacity.org>, <councilmember.Lee@lacity.org>, <councilmember.park@lacity.org>, <councilmember.price@lacity.org>, <councilmember.harris-dawson@lacity.org>, <councilmember.rodriquez@lacity.org>, <councilmember.padilla@lacity.org>, <PublicComments@bos.lacounty.gov>

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CDBG funds also support eligible Long COVID uses such as housing modifications, clinic improvements, and microenterprise support for disabled workers. Both funding streams are legally applicable, but CDBG-CV is the most direct and underused option.

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4. Make Long COVID a standing agenda item in public health discussions, with clear goals, timelines, and transparency.

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workforce.

This condition is a leading cause of new disability. Racial disparities are worsening. A 2025 study found that Long COVID patients lose nearly 100 work hours every three months. Black Americans with Long COVID are more likely to be dismissed, misdiagnosed, and denied care. An equitable response must include these realities in every funding and program decision.

This is a critical moment. The funding is available. The need is urgent. Long COVID is a test of your equity commitments, your leadership, and your budget priorities. I ask you to meet it.

Sincerely,  
Vana D., Los Angeles



**Vana Doakes**

Human Resources Generalist

Pronouns: she/they/them

e: [vana@surjaction.org](mailto:vana@surjaction.org)

Located in Southern California, Pacific timezone

[SURJ.org](https://surj.org)

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From: Office of the City Clerk <[cityclerk@lacity.org](mailto:cityclerk@lacity.org)>

To: City Clerk Council and Public Services <[clerk.cps@lacity.org](mailto:clerk.cps@lacity.org)>

Cc:

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Date: Mon, 19 May 2025 07:29:23 -0700

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

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

From: **Eden Unger** <[edenunger3@gmail.com](mailto:edenunger3@gmail.com)>

Date: Sun, May 18, 2025 at 3:32 PM

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](mailto:councilmember.blumenfield@lacity.org)>

Cc: <[councilmember.soto-martinez@lacity.org](mailto:councilmember.soto-martinez@lacity.org)>, <[CityClerk@lacity.org](mailto:CityClerk@lacity.org)>, <[katy.yaroslavsky@lacity.org](mailto:katy.yaroslavsky@lacity.org)>, <[DOD.Contact@lacity.org](mailto:DOD.Contact@lacity.org)>, <[councilmember.hernandez@lacity.org](mailto:councilmember.hernandez@lacity.org)>, <[councilmember.mcosker@lacity.org](mailto:councilmember.mcosker@lacity.org)>, <[heather.hutt@lacity.org](mailto:heather.hutt@lacity.org)>, <[Clerk.BudgetandFinanceCommittee@lacity.org](mailto:Clerk.BudgetandFinanceCommittee@lacity.org)>, <[rita.moreno@lacity.org](mailto:rita.moreno@lacity.org)>, <[councilmember.nazarian@lacity.org](mailto:councilmember.nazarian@lacity.org)>, <[contactCD4@lacity.org](mailto:contactCD4@lacity.org)>, <[Councilmember.Jurado@lacity.org](mailto:Councilmember.Jurado@lacity.org)>, <[councilmember.Lee@lacity.org](mailto:councilmember.Lee@lacity.org)>, <[councilmember.park@lacity.org](mailto:councilmember.park@lacity.org)>, <[councilmember.price@lacity.org](mailto:councilmember.price@lacity.org)>, <[councilmember.harris-dawson@lacity.org](mailto:councilmember.harris-dawson@lacity.org)>, <[councilmember.rodriguez@lacity.org](mailto:councilmember.rodriguez@lacity.org)>, <[councilmember.padilla@lacity.org](mailto:councilmember.padilla@lacity.org)>, <[PublicComments@bos.lacounty.gov](mailto:PublicComments@bos.lacounty.gov)>

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CDBG-CV funds were created specifically to respond to COVID-19. According to HUD guidance, they can be used for post-COVID care, navigation, case management, mental health, and long-term recovery, and they are not subject to the 15 percent public services cap<sup>3</sup>. CDBG funds also support eligible Long COVID uses such as housing modifications, clinic improvements, and microenterprise support for disabled workers. Both funding streams are legally applicable, but CDBG-CV is the most direct and underused option.

This is also a chance for City leadership to act where federal infrastructure has receded. In March 2025, HHS shuttered its Office of Long COVID Research and Practice<sup>5</sup>, which had been coordinating national response efforts. That closure creates a gap that cities like Los Angeles must now step up to fill.

We don't need to start from scratch, but we do need to take a wise and effective approach. Federally funded Long COVID clinics exist in Los Angeles, and patients have consistently reported that they are out of date, hard to access, and ineffective. These concerns were expressed clearly during the LACDPH April Long COVID Town Hall<sup>6</sup>. The City can step in to respond with what those programs haven't: setting clear goals, establishing accountability, and making sure people with lived experience help define what matters. That is how we build something that works.

I urge you to:

1. Revise Council File 24-0500-S3 to allocate CDBG-CV and relevant CDBG funds exclusively to Long COVID services: patient education, clinical guidance, disability navigation, return-to-work support, financial and legal help, and case management.
2. Create a Long COVID Office or Task Force for the City of LA, modeled on the City's 1989 AIDS response<sup>7</sup>.
3. Ensure Long COVID patients and disability justice leaders are paid to help design and oversee any program. Lived experience improves efficiency and trust.
4. Make Long COVID a standing agenda item in public health discussions, with clear goals, timelines, and transparency.

Over 268,000 Angelenos live with Long COVID. During the AIDS crisis, Los Angeles faced another public health emergency marked by stigma and federal neglect. In 1989, Mayor Tom Bradley appointed Dave Johnson, a person with AIDS, to lead the City's first AIDS Coordinator's Office. That office identified gaps, partnered with trusted groups, and built new systems for outreach, prevention, and care. It helped change the trajectory of the crisis. We need that kind of leadership again. Long COVID now affects far more people, with studies showing lower quality-of-life scores than Stage IV cancer and fatigue as severe as in HIV<sup>8</sup>. Yet the City still has no Long COVID plan, no office, and no budget line. We cannot afford to wait five more years.

A 2024 California study found that 31% (or 3.3 million residents with confirmed COVID cases) developed Long COVID<sup>9</sup>. This is most likely an undercount due to the lack of testing access and unwinding of mandatory case reporting. Most had "mild" infections. This is almost certainly an undercount given the dismantling of testing, reporting, and publishing programs.

Long COVID is a leading cause of new disability and is driving racial and economic disparities even deeper. It hits hardest in frontline, low-wage jobs and among Black, Latine, Indigenous, immigrant, and disabled residents. Only 6 - 9% recover. One in four are unable to work. Nearly half lose income. As benefits run out and discrimination worsens, housing loss is rising. A 2025 study found that patients with Long COVID lose nearly 100 work hours every three months<sup>10</sup>. Black Americans are more likely to be dismissed, misdiagnosed, or denied care<sup>11</sup>. An equitable response must reflect these realities in every funding and program decision.

"Get vaccinated" cannot be the City's response to Long COVID. It does nothing for the hundreds of thousands already disabled, and it does not prevent Long COVID in any meaningful way. The strongest studies show only a small drop in risk with one in seven breakthrough infections still leading to Long COVID<sup>13</sup>. Stop leaning on slogan messaging as a public health solution, especially while reducing access to these. Build real systems of care for post-viral disability.

This is a critical moment for the budget and for people. The funding exists and the need is urgent for both. Long COVID is a test of your equity commitments, your leadership, and your budget priorities. I ask you to meet it.

Sincerely,  
Eden Aphrodite, Echo Park

#### References

1. CDC, "Current Population Characteristics, Long COVID," June 2024.
2. City of Los Angeles, Council File 24-0500-S3, Consolidated Plan Amendment, April 2025.



3. HUD CPD Notice 20-08, Waivers and Alternative Requirements for CDBG-CV, May 2020.
4. Cutler D., "The Economic Cost of Long COVID: An Update," NBER Working Paper, May 2022.
5. Politico, "Trump Administration Shuttering Office of Long COVID Research and Practice," March 24, 2025.
6. LACDPH Long COVID Town Hall Chat Replay, April 17, 2025.
7. Los Angeles County HIV Epidemiology Annual Report 1990.
8. Walker, Sarah et al., "Impact of fatigue as the primary determinant of functional limitations among patients with post-COVID-19 syndrome," BMJ Open, June 7, 2023, doi:10.1136/bmjopen-2022-069217; Robby Berman, "Long COVID May Impact Quality of Life Worse than Cancer, Other Diseases," Medical News Today, June 12, 2023.
9. Bhattacharjee B. et al., "Long COVID Prevalence in California: A 2024 Study," preprint, July 2024.
10. ONS, "Long COVID Recovery and Employment Impacts," UK Office for National Statistics, March 2024; CDC, "Long COVID and Work Impacts," January 2025.
11. Smith J. et al., "Workplace Productivity Loss in Long COVID," JAMA Network Open, 2025;8(4).
12. Lee A. & Patel M., "Racial Disparities in Long COVID Care," Health Affairs, February 2025.
13. Al-Aly Z. et al., "Long COVID after Breakthrough SARS-CoV-2 Infection," Nature Medicine, 28, 1461–1467 (2022); Taquet M. et al., "Six-month sequelae of post-vaccination SARS-CoV-2 infection," Lancet Infectious Diseases, 22(12), 1721–1729 (2022); Antonelli M. et al., "Risk of Long COVID after SARS-CoV-2 infection in people with breakthrough infections," Open Forum Infectious Diseases, ofac464 (2022); JAMA, "Risk of Long COVID After Breakthrough SARS-CoV-2 Infection," May 2023.

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

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

Cc:

Bcc:

Date: Mon, 19 May 2025 07:29:12 -0700

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

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

From: **Sean Richardson** <[seanrichardson@outlook.com](mailto:seanrichardson@outlook.com)>

Date: Sun, May 18, 2025 at 2:06 PM

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](mailto:councilmember.blumenfield@lacity.org) <[councilmember.blumenfield@lacity.org](mailto:councilmember.blumenfield@lacity.org)>

Cc: [councilmember.soto-martinez@lacity.org](mailto:councilmember.soto-martinez@lacity.org) <[councilmember.soto-martinez@lacity.org](mailto:councilmember.soto-martinez@lacity.org)>, [CityClerk@lacity.org](mailto:CityClerk@lacity.org) <[CityClerk@lacity.org](mailto:CityClerk@lacity.org)>, [katy.yaroslavsky@lacity.org](mailto:katy.yaroslavsky@lacity.org) <[katy.yaroslavsky@lacity.org](mailto:katy.yaroslavsky@lacity.org)>, [DOD.Contact@lacity.org](mailto:DOD.Contact@lacity.org) <[DOD.Contact@lacity.org](mailto:DOD.Contact@lacity.org)>, [councilmember.hernandez@lacity.org](mailto:councilmember.hernandez@lacity.org) <[councilmember.hernandez@lacity.org](mailto:councilmember.hernandez@lacity.org)>, [councilmember.mcosker@lacity.org](mailto:councilmember.mcosker@lacity.org) <[councilmember.mcosker@lacity.org](mailto:councilmember.mcosker@lacity.org)>, [heather.hutt@lacity.org](mailto:heather.hutt@lacity.org) <[heather.hutt@lacity.org](mailto:heather.hutt@lacity.org)>, [Clerk.BudgetandFinanceCommittee@lacity.org](mailto:Clerk.BudgetandFinanceCommittee@lacity.org) <[Clerk.BudgetandFinanceCommittee@lacity.org](mailto:Clerk.BudgetandFinanceCommittee@lacity.org)>, [rita.moreno@lacity.org](mailto:rita.moreno@lacity.org) <[rita.moreno@lacity.org](mailto:rita.moreno@lacity.org)>, [councilmember.nazarian@lacity.org](mailto:councilmember.nazarian@lacity.org) <[councilmember.nazarian@lacity.org](mailto:councilmember.nazarian@lacity.org)>, [contactCD4@lacity.org](mailto:contactCD4@lacity.org) <[contactCD4@lacity.org](mailto:contactCD4@lacity.org)>, [Councilmember.Jurado@lacity.org](mailto:Councilmember.Jurado@lacity.org) <[Councilmember.Jurado@lacity.org](mailto:Councilmember.Jurado@lacity.org)>, [councilmember.Lee@lacity.org](mailto:councilmember.Lee@lacity.org) <[councilmember.Lee@lacity.org](mailto:councilmember.Lee@lacity.org)>, [councilmember.park@lacity.org](mailto:councilmember.park@lacity.org) <[councilmember.park@lacity.org](mailto:councilmember.park@lacity.org)>, [councilmember.price@lacity.org](mailto:councilmember.price@lacity.org) <[councilmember.price@lacity.org](mailto:councilmember.price@lacity.org)>, [councilmember.harris-dawson@lacity.org](mailto:councilmember.harris-dawson@lacity.org) <[councilmember.harris-dawson@lacity.org](mailto:councilmember.harris-dawson@lacity.org)>, [councilmember.rodriquez@lacity.org](mailto:councilmember.rodriquez@lacity.org) <[councilmember.rodriquez@lacity.org](mailto:councilmember.rodriquez@lacity.org)>, [councilmember.padilla@lacity.org](mailto:councilmember.padilla@lacity.org) <[councilmember.padilla@lacity.org](mailto:councilmember.padilla@lacity.org)>, [PublicComments@bos.lacounty.gov](mailto:PublicComments@bos.lacounty.gov) <[PublicComments@bos.lacounty.gov](mailto:PublicComments@bos.lacounty.gov)>

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2. Create a Long COVID Office or Task Force for the City of LA, modeled on the City's 1989 AIDS response<sup>7</sup>.
3. Ensure Long COVID patients and disability justice leaders are paid to help design and oversee any program. Lived experience improves efficiency and trust.
4. Make Long COVID a standing agenda item in public health discussions, with clear goals, timelines, and transparency.

Over 268,000 Angelenos live with Long COVID. During the AIDS crisis, Los Angeles faced another public health emergency marked by stigma and federal neglect. In 1989, Mayor Tom Bradley appointed Dave Johnson, a person with AIDS, to lead the City's first AIDS Coordinator's Office. That office identified gaps, partnered with trusted groups, and built new systems for outreach, prevention, and care. It helped change the trajectory of the crisis. We need that kind of leadership again. Long COVID now affects far more people, with studies showing lower quality-of-life scores than Stage IV cancer and fatigue as severe as in HIV<sup>8</sup>. Yet the City still has no Long COVID plan, no office, and no budget line. We cannot afford to wait five more years.

A 2024 California study found that 31% (or 3.3 million residents with confirmed COVID cases) developed Long COVID<sup>9</sup>. This is most likely an undercount due to the lack of testing access and unwinding of mandatory case reporting. Most had “mild” infections. This is almost certainly an undercount given the dismantling of testing, reporting, and publishing programs.

Long COVID is a leading cause of new disability and is driving racial and economic disparities even deeper. It hits hardest in frontline, low-wage jobs and among Black, Latine, Indigenous, immigrant, and disabled residents. Only 6 - 9% recover. One in four are unable to work. Nearly half lose income. As benefits run out and discrimination worsens, housing loss is rising. A 2025 study found that patients with Long COVID lose nearly 100 work hours every three months<sup>10</sup>. Black Americans are more likely to be dismissed, misdiagnosed, or denied care<sup>11</sup>. An equitable response must reflect these realities in every funding and program decision.

“Get vaccinated” cannot be the City’s sole response to Long COVID. It does nothing for the hundreds of thousands already disabled. Stop leaning on slogan messaging as a public health solution, especially while reducing access to these. Build real systems of care for post-viral disability.

This is a critical moment for the budget and for people. The funding exists and the need is urgent for both. Long COVID is a test of your equity commitments, your leadership, and your budget priorities. I ask you to meet it.

Sincerely,

Sean Richardson, 90064

## References

1. CDC, “Current Population Characteristics, Long COVID,” June 2024.
2. City of Los Angeles, Council File 24-0500-S3, Consolidated Plan Amendment, April 2025.
3. HUD CPD Notice 20-08, Waivers and Alternative Requirements for CDBG-CV, May 2020.
4. Cutler D., “The Economic Cost of Long COVID: An Update,” NBER Working Paper, May 2022.
5. Politico, “Trump Administration Shuttering Office of Long COVID Research and Practice,” March 24, 2025.
6. LACDPH Long COVID Town Hall Chat Replay, April 17, 2025.
7. Los Angeles County HIV Epidemiology Annual Report 1990.
8. Walker, Sarah et al., “Impact of fatigue as the primary determinant of functional limitations among patients with post-COVID-19 syndrome,” *BMJ Open*, June 7, 2023, doi:10.1136/bmjopen-2022-069217; Robby Berman, “Long COVID May Impact Quality of Life Worse than Cancer, Other Diseases,” *Medical News Today*, June 12, 2023.
9. Bhattacharjee B. et al., “Long COVID Prevalence in California: A 2024 Study,” preprint, July 2024.
10. ONS, “Long COVID Recovery and Employment Impacts,” UK Office for National Statistics, March 2024; CDC, “Long COVID and Work Impacts,” January 2025.
11. Smith J. et al., “Workplace Productivity Loss in Long COVID,” *JAMA Network Open*, 2025;8(4).
12. Lee A. & Patel M., “Racial Disparities in Long COVID Care,” *Health Affairs*, February 2025.
13. Al-Aly Z. et al., “Long COVID after Breakthrough SARS-CoV-2 Infection,” *Nature Medicine*, 28, 1461–1467 (2022); Taquet M. et al., “Six-month sequelae of post-vaccination SARS-CoV-2 infection,” *Lancet Infectious Diseases*,



22(12), 1721–1729 (2022); Antonelli M. et al., “Risk of Long COVID after SARS-CoV-2 infection in people with breakthrough infections,” Open Forum Infectious Diseases, ofac464 (2022); JAMA, “Risk of Long COVID After Breakthrough SARS-CoV-2 Infection,” May 2023.

----- 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: Mon, 19 May 2025 07:29:01 -0700

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

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

From: **Chloe Pool** <cpool86@gmail.com>

Date: Sun, May 18, 2025 at 1:57 PM

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>

Cc: <councilmember.soto-martinez@lacity.org>, <CityClerk@lacity.org>, <katy.yaroslavsky@lacity.org>, <DOD.Contact@lacity.org>, <councilmember.hernandez@lacity.org>, <councilmember.mcosker@lacity.org>, <heather.hutt@lacity.org>, <Clerk.BudgetandFinanceCommittee@lacity.org>, <rita.moreno@lacity.org>, <councilmember.nazarian@lacity.org>, <contactCD4@lacity.org>, <Councilmember.Jurado@lacity.org>, <councilmember.Lee@lacity.org>, <councilmember.park@lacity.org>, <councilmember.price@lacity.org>, <councilmember.harris-dawson@lacity.org>, <councilmember.rodriquez@lacity.org>, <councilmember.padilla@lacity.org>, <PublicComments@bos.lacounty.gov>

Dear Council President Harris-Dawson and Council Members,

I'm submitting public comment to urge immediate action on two related issues: the City's \$1 billion budget crisis (CF-25-0600) and the \$13 million in unspent pandemic relief that could directly mitigate it (CF-24-0500-S3), if applied where it's needed most. More than 268,000 Angelenos live with Long COVID<sup>1</sup>. It is the most disabling and costly outcome of the pandemic, yet it is not mentioned once in the City's budget. Not a single dollar has been allocated to address it.

At the same time, Council File 24-0500-S3 proposes to reprogram \$13.15 million in unspent federal pandemic funds originally intended for COVID response<sup>2</sup>. Choosing to ignore this crisis and redirect the funds to superficial building improvements and unrelated business programs is a failure of public duty and a misuse of federal emergency relief.

This money is on the table now and eligible for Long COVID response:

- \$4,230,880.26 in CDBG-CV (CARES Act) funds<sup>3</sup>
- \$8,921,083.88 in regular CDBG funds<sup>3</sup>

Harvard economist David Cutler projects that failure to address Long COVID will cost LA over \$12 billion in five years<sup>4</sup>. The \$4.23 million in CDBG-CV is just 0.4 percent of the City's general fund and 1.3 percent of the current budget gap. Allocating it to Long COVID is both legally sound and fiscally strategic. Not doing so will deepen the crisis.

CDBG-CV funds were created specifically to respond to COVID-19. According to HUD guidance, they can be used for post-COVID care, navigation, case management, mental health, and long-term recovery, and they are not subject to the 15 percent public services cap<sup>5</sup>. CDBG funds also support eligible Long COVID uses such as housing modifications, clinic improvements, and microenterprise support for disabled workers. Both funding streams are legally applicable, but CDBG-CV is the most direct and underused option.

This is also a chance for City leadership to act where federal infrastructure has receded. In March 2025, HHS shuttered its Office of Long COVID Research and Practice<sup>6</sup>, which had been coordinating national response efforts. That closure creates a gap that cities like Los Angeles must now step up to fill.

We don't need to start from scratch, but we do need to take a wise and effective approach. Federally funded Long COVID clinics exist in Los Angeles, and patients have consistently reported that they are out of date, hard to access, and ineffective. These concerns were expressed clearly during the LACDPH April Long COVID Town Hall<sup>6</sup>. The City can step in to respond with what those programs haven't: setting clear goals, establishing accountability, and making sure people with lived experience help define what matters. That is how we build something that works.

I urge you to:

1. Revise Council File 24-0500-S3 to allocate CDBG-CV and relevant CDBG funds exclusively to Long COVID services: patient education, clinical guidance, disability navigation, return-to-work support, financial and legal help, and case management.
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Over 268,000 Angelenos live with Long COVID. During the AIDS crisis, Los Angeles faced another public health emergency marked by stigma and federal neglect. In 1989, Mayor Tom Bradley appointed Dave Johnson, a person with AIDS, to lead the City's first AIDS Coordinator's Office. That office identified gaps, partnered with trusted groups, and built new systems for outreach, prevention, and care. It helped change the trajectory of the crisis. We need that kind of leadership again. Long COVID now affects far more people, with studies showing lower quality-of-life scores than Stage IV cancer and fatigue as severe as in HIV<sup>8</sup>. Yet the City still has no Long COVID plan, no office, and no budget line. We cannot afford to wait five more years.

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Long COVID is a leading cause of new disability and is driving racial and economic disparities even deeper. It hits hardest in frontline, low-wage jobs and among Black, Latine, Indigenous, immigrant, and disabled residents. Only 6 - 9% recover. One in four are unable to work. Nearly half lose income. As benefits run out and discrimination worsens, housing loss is rising. A 2025 study found that patients with Long COVID lose nearly 100 work hours every three months<sup>10</sup>. Black Americans are more likely to be dismissed, misdiagnosed, or denied care<sup>11</sup>. An equitable response must reflect these realities in every funding and program decision.

"Get vaccinated" cannot be the City's response to Long COVID. It does nothing for the hundreds of thousands already disabled, and it does not prevent Long COVID in any meaningful way. The strongest studies show only a small drop in risk with one in seven breakthrough infections still leading to Long COVID<sup>13</sup>. Stop leaning on slogan messaging as a public health solution, especially while reducing access to these. Build real systems of care for post-viral disability.

This is a critical moment for the budget and for people. The funding exists and the need is urgent for both. Long COVID is a test of your equity commitments, your leadership, and your budget priorities. I ask you to meet it.

Sincerely,  
Chloe Williams  
Long Beach, CA

## References

1. CDC, "Current Population Characteristics, Long COVID," June 2024.
2. City of Los Angeles, Council File 24-0500-S3, Consolidated Plan Amendment, April 2025.
3. HUD CPD Notice 20-08, Waivers and Alternative Requirements for CDBG-CV, May 2020.
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8. Walker, Sarah et al., "Impact of fatigue as the primary determinant of functional limitations among patients with post-COVID-19 syndrome," *BMJ Open*, June 7, 2023, doi:10.1136/bmjopen-2022-069217; Robby Berman, "Long COVID May Impact Quality of Life Worse than Cancer, Other Diseases," *Medical News Today*, June 12, 2023.
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12. Lee A. & Patel M., "Racial Disparities in Long COVID Care," *Health Affairs*, February 2025.
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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: Mon, 19 May 2025 07:28:51 -0700

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

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

From: **Maddie** <m3dugan@gmail.com>

Date: Sun, May 18, 2025 at 1:30 PM

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>

Cc: <councilmember.soto-martinez@lacity.org>, <CityClerk@lacity.org>, <katy.yaroslavsky@lacity.org>, <DOD.Contact@lacity.org>, <councilmember.hernandez@lacity.org>, <councilmember.mcosker@lacity.org>, <heather.hutt@lacity.org>, <Clerk.BudgetandFinanceCommittee@lacity.org>, <rita.moreno@lacity.org>, <councilmember.nazarian@lacity.org>, <contactCD4@lacity.org>, <councilmember.sotomartinez@lacity.org>, <Councilmember.Jurado@lacity.org>, <councilmember.Lee@lacity.org>, <councilmember.park@lacity.org>, <councilmember.price@lacity.org>, <councilmember.harris-dawson@lacity.org>, <councilmember.rodriquez@lacity.org>, <councilmember.padilla@lacity.org>, <PublicComments@bos.lacounty.gov>

Dear Council President Harris-Dawson and Council Members,

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At the same time, Council File 24-0500-S3 proposes to reprogram \$13.15 million in unspent federal pandemic funds originally intended for COVID response<sup>2</sup>. Choosing to ignore this crisis and redirect the funds to superficial building improvements and unrelated business programs is a failure of public duty and a misuse of federal emergency relief.

This money is on the table now and eligible for Long COVID response:

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Harvard economist David Cutler projects that failure to address Long COVID will cost LA over \$12 billion in five years<sup>4</sup>. The \$4.23 million in CDBG-CV is just 0.4 percent of the City's general fund and 1.3 percent of the current budget gap. Allocating it to Long COVID is both legally sound and fiscally strategic. Not doing so will deepen the crisis.

CDBG-CV funds were created specifically to respond to COVID-19. According to HUD guidance, they can be used for post-COVID care, navigation, case management, mental health, and long-term recovery, and they are not subject to the 15 percent public services cap<sup>3</sup>. CDBG funds also support eligible Long COVID uses such as housing modifications, clinic improvements, and microenterprise support for disabled workers. Both funding streams are legally applicable, but CDBG-CV is the most direct and underused option.

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We don't need to start from scratch, but we do need to take a wise and effective approach. Federally funded Long COVID clinics exist in Los Angeles, and patients have consistently reported that they are out of date, hard to access, and ineffective. These concerns were expressed clearly during the LACDPH April Long COVID Town Hall<sup>6</sup>. The City can step in to respond with what those programs haven't: setting clear goals, establishing accountability, and making sure people with lived experience help define what matters. That is how we build something that works.

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More than 268,000 Angelenos live with Long COVID. During the AIDS crisis, Los Angeles faced another unfolding health emergency, shaped by stigma, slow federal response, and community-led care. In 1989, Mayor Tom Bradley appointed Dave Johnson, a person with AIDS, to lead the City's first AIDS Coordinator's Office. That office identified gaps, partnered with trusted groups, and built new systems for outreach, prevention, and care. It helped change the trajectory of the crisis. We need that kind of leadership again. Long COVID now affects far more people, with studies showing lower quality-of-life scores than Stage IV cancer and fatigue as severe as in HIV<sup>8</sup>. Yet the City still has no Long COVID plan, no office, and no budget line. We cannot afford to wait five more years.

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This condition is a leading cause of new disability. Racial disparities are worsening. A 2025 study found that Long COVID patients lose nearly 100 work hours every three months<sup>11</sup>. Black Americans with Long COVID are more likely to be dismissed, misdiagnosed, and denied care<sup>12</sup>. An equitable response must include these realities in every funding and program decision.

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This is a critical moment. The funding is available. The need is urgent. Long COVID is a test of your equity commitments, your leadership, and your budget priorities. I ask you to meet it.

Sincerely,  
Maddie Dugan, Los Angeles

#### References

1. CDC, "Current Population Characteristics, Long COVID," June 2024.
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3. HUD CPD Notice 20-08, Waivers and Alternative Requirements for CDBG-CV, May 2020.
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infections,” Open Forum Infectious Diseases, ofac464 (2022); JAMA, “Risk of Long COVID After Breakthrough SARS-CoV-2 Infection,” May 2023.

Maddie Dugan, CIPM

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

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

Cc:

Bcc:

Date: Mon, 19 May 2025 07:28:40 -0700

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

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

From: **Jiejra D** <benedavis@gmail.com>

Date: Sun, May 18, 2025 at 1:06 PM

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

To: <councilmember.blumenfield@lacity.org>

Cc: <councilmember.soto-martinez@lacity.org>, <CityClerk@lacity.org>, <katy.yaroslavsky@lacity.org>, <DOD.Contact@lacity.org>, <councilmember.hernandez@lacity.org>, <councilmember.mcosker@lacity.org>, <heather.hutt@lacity.org>, <Clerk.BudgetandFinanceCommittee@lacity.org>, <rita.moreno@lacity.org>, <councilmember.nazarian@lacity.org>, <contactCD4@lacity.org>, <Councilmember.Jurado@lacity.org>, <councilmember.Lee@lacity.org>, <councilmember.park@lacity.org>, <councilmember.price@lacity.org>, <councilmember.harris-dawson@lacity.org>, <councilmember.rodriquez@lacity.org>, <councilmember.padilla@lacity.org>, <PublicComments@bos.lacounty.gov>

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- \$8,921,083.88 in regular CDBG funds

CDBG-CV funds are especially relevant. They were created specifically to respond to COVID-19. According to HUD guidance, they can be used for post-COVID care, navigation, case management, mental health, and long-term recovery. Unlike regular CDBG, CDBG-CV funds are not subject to the 15% public services cap. They can fully fund direct services for Long COVID with fewer barriers and faster impact.

CDBG funds also support eligible Long COVID uses such as housing modifications, clinic improvements, and microenterprise support for disabled workers. Both funding streams are legally applicable, but CDBG-CV is the most direct and underused option.

Harvard economist David Cutler projects that failure to address Long COVID will cost LA over \$12 billion in five years (“The Economic Cost of Long COVID: An Update - David Cutler,” Harvard.edu, 2022).

The \$4.23 million in CDBG-CV is just 0.4% of the City's general fund and 1.3% of the current budget gap. Allocating it to Long COVID is both legally sound and fiscally strategic. Not doing so will deepen the crisis.

In February 2023, LACDPH Director Barbara Ferrer said, “There is temptation to say the pandemic is ending... 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... We have made a commitment to not leave these people behind.” Now is the moment to honor that commitment.

I urge you to:



1. Revise Council File 24-0500-S3 to allocate CDBG-CV and relevant CDBG funds exclusively to Long COVID services: patient education, clinical guidance, disability navigation, return-to-work support, financial and legal help, and case management.
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4. Make Long COVID a standing agenda item in public health discussions, with clear goals, timelines, and transparency.

At the height of the AIDS crisis, LA County had under 10,000 known cases. Today, over 25 times that number live with Long COVID. Its impact is severe. Studies show quality-of-life scores lower than Stage IV cancer and fatigue equal to or worse than HIV. Yet the City still has no Long COVID plan, office, or line item.

A 2024 California study found that 31% or 3.3 million residents with confirmed COVID cases resulted in Long COVID. Most had "mild" infections. This is also most certainly an undercount given the dismantling of testing, reporting, and publishing programs and requirements.

Long COVID hits hardest in frontline, low-wage jobs and among Black, Latine, Indigenous, immigrant, and disabled residents. Only 6–9% recover. One in four are unable to work. Nearly half lose income. Housing loss is rising as benefits run out and discrimination worsens. People with Long COVID are being pushed deeper into poverty and out of the workforce.

This condition is a leading cause of new disability. Racial disparities are worsening. A 2025 study found that Long COVID patients lose nearly 100 work hours every three months. Black Americans with Long COVID are more likely to be dismissed, misdiagnosed, and denied care. An equitable response must include these realities in every funding and program decision.

This is a critical moment. The funding is available. The need is urgent. Long COVID is a test of your equity commitments, your leadership, and your budget priorities. I ask you to meet it.

Sincerely,  
[Your Name and Location]

From Ben

----- 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: Mon, 19 May 2025 07:28:29 -0700

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

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

From: **Ronnie Blackburn** <[ronniegayle4@gmail.com](mailto:ronniegayle4@gmail.com)>

Date: Sun, May 18, 2025 at 10:10 AM

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

To: <[councilmember.blumenfield@lacity.org](mailto:councilmember.blumenfield@lacity.org)>

Cc: <[councilmember.soto-martinez@lacity.org](mailto:councilmember.soto-martinez@lacity.org)>, <[CityClerk@lacity.org](mailto:CityClerk@lacity.org)>, <[katy.yaroslavsky@lacity.org](mailto:katy.yaroslavsky@lacity.org)>, <[DOD.Contact@lacity.org](mailto:DOD.Contact@lacity.org)>, <[councilmember.hernandez@lacity.org](mailto:councilmember.hernandez@lacity.org)>, <[councilmember.mcosker@lacity.org](mailto:councilmember.mcosker@lacity.org)>, <[heather.hutt@lacity.org](mailto:heather.hutt@lacity.org)>, <[Clerk.BudgetandFinanceCommittee@lacity.org](mailto:Clerk.BudgetandFinanceCommittee@lacity.org)>, <[rita.moreno@lacity.org](mailto:rita.moreno@lacity.org)>, <[councilmember.nazarian@lacity.org](mailto:councilmember.nazarian@lacity.org)>, <[contactCD4@lacity.org](mailto:contactCD4@lacity.org)>, <[Councilmember.Jurado@lacity.org](mailto:Councilmember.Jurado@lacity.org)>, <[councilmember.Lee@lacity.org](mailto:councilmember.Lee@lacity.org)>, <[councilmember.park@lacity.org](mailto:councilmember.park@lacity.org)>, <[councilmember.price@lacity.org](mailto:councilmember.price@lacity.org)>, <[councilmember.harris-dawson@lacity.org](mailto:councilmember.harris-dawson@lacity.org)>, <[councilmember.rodriquez@lacity.org](mailto:councilmember.rodriquez@lacity.org)>, <[councilmember.padilla@lacity.org](mailto:councilmember.padilla@lacity.org)>, <[PublicComments@bos.lacounty.gov](mailto:PublicComments@bos.lacounty.gov)>

Dear Council President Harris-Dawson and Council Members,

I'm submitting public comment to urge immediate action on two related issues: the City's \$1 billion budget crisis and the \$13 million in unspent pandemic relief that could directly mitigate it, if applied where it's needed most. More than 268,000



Angelenos live with Long COVID. It is the most disabling and costly outcome of the pandemic, yet it is not mentioned once in the City's budget. Not a single dollar has been allocated to address it.

At the same time, Council File 24-0500-S3 proposes to reprogram \$13.15 million in unspent federal pandemic funds originally intended for COVID response. Choosing to ignore this crisis and redirect the funds to superficial building improvements and unrelated business programs is a failure of public duty and a misuse of emergency relief. This money is on the table now and eligible for Long COVID response:

- \$4,230,880.26 in CDBG-CV (CARES Act) funds
- \$8,921,083.88 in regular CDBG funds

CDBG-CV funds are especially relevant. They were created specifically to respond to COVID-19. According to HUD guidance, they can be used for post-COVID care, navigation, case management, mental health, and long-term recovery. Unlike regular CDBG, CDBG-CV funds are not subject to the 15% public services cap. They can fully fund direct services for Long COVID with fewer barriers and faster impact.

CDBG funds also support eligible Long COVID uses such as housing modifications, clinic improvements, and microenterprise support for disabled workers. Both funding streams are legally applicable, but CDBG-CV is the most direct and underused option.

Harvard economist David Cutler projects that failure to address Long COVID will cost LA over \$12 billion in five years ("The Economic Cost of Long COVID: An Update - David Cutler," Harvard.edu, 2022).

The \$4.23 million in CDBG-CV is just 0.4% of the City's general fund and 1.3% of the current budget gap. Allocating it to Long COVID is both legally sound and fiscally strategic. Not doing so will deepen the crisis.

In February 2023, LACDPH Director Barbara Ferrer said, "There is temptation to say the pandemic is ending... 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... We have made a commitment to not leave these people behind." Now is the moment to honor that commitment.

I urge you to:

1. Revise Council File 24-0500-S3 to allocate CDBG-CV and relevant CDBG funds exclusively to Long COVID services: patient education, clinical guidance, disability navigation, return-to-work support, financial and legal help, and case management.
2. Create a Long COVID Office or Task Force for the City of LA, modeled on the City's 1989 AIDS response.
3. Ensure Long COVID patients and disability justice leaders are paid to help design and oversee any program. Lived experience improves efficiency and trust.
4. Make Long COVID a standing agenda item in public health discussions, with clear goals, timelines, and transparency.

At the height of the AIDS crisis, LA County had under 10,000 known cases. Today, over 25 times that number live with Long COVID. Its impact is severe. Studies show quality-of-life scores lower than Stage IV cancer and fatigue equal to or worse than HIV. Yet the City still has no Long COVID plan, office, or line item.

A 2024 California study found that 31% or 3.3 million residents with confirmed COVID cases resulted in Long COVID. Most had "mild" infections. This is also most certainly an undercount given the dismantling of testing, reporting, and publishing programs and requirements.

Long COVID hits hardest in frontline, low-wage jobs and among Black, Latine, Indigenous, immigrant, and disabled residents. Only 6–9% recover. One in four are unable to work. Nearly half lose income. Housing loss is rising as benefits run out and discrimination worsens. People with Long COVID are being pushed deeper into poverty and out of the workforce.

This condition is a leading cause of new disability. Racial disparities are worsening. A 2025 study found that Long COVID patients lose nearly 100 work hours every three months. Black Americans with Long COVID are more likely to be dismissed, misdiagnosed, and denied care. An equitable response must include these realities in every funding and program decision.

This is a critical moment. The funding is available. The need is urgent. Long COVID is a test of your equity commitments, your leadership, and your budget priorities. I ask you to meet it.

Sincerely,  
[Your Name and Location]

----- 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: Mon, 19 May 2025 07:28:19 -0700  
Subject: Fwd: Apply COVID Relief Funds to Long COVID (Council Files 24-0500-S3 & 25-0600)

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

From: **Niah H** <niahhx@gmail.com>  
Date: Sun, May 18, 2025 at 12:35 AM  
Subject: Apply COVID Relief Funds to Long COVID (Council Files 24-0500-S3 & 25-0600)  
To: <councilmember.blumenfield@lacity.org>  
Cc: <councilmember.soto-martinez@lacity.org>, <CityClerk@lacity.org>, <katy.yaroslavsky@lacity.org>, <DOD.Contact@lacity.org>, <councilmember.hernandez@lacity.org>, <councilmember.mcosker@lacity.org>, <heather.hutt@lacity.org>, <Clerk.BudgetandFinanceCommittee@lacity.org>, <rita.moreno@lacity.org>, <councilmember.nazarian@lacity.org>, <contactCD4@lacity.org>, <Councilmember.Jurado@lacity.org>, <councilmember.Lee@lacity.org>, <councilmember.park@lacity.org>, <councilmember.price@lacity.org>, <councilmember.harris-dawson@lacity.org>, <councilmember.rodriquez@lacity.org>, <councilmember.padilla@lacity.org>, <PublicComments@bos.lacounty.gov>

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



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Sincerely  
Shaniah Harmon

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#### 9 attachments

-  **Fwd: Urgent Request: Apply COVID Relief Funds to Long COVID (Council Files 24-0500-S3 & 25-0600).eml**  
20K
-  **Fwd: Urgent Request: Apply COVID Relief Funds to Long COVID (Council Files 24-0500-S3 & 25-0600).eml**  
23K
-  **Fwd: Urgent Request: Apply COVID Relief Funds to Long COVID to Rescue the Budget and the People (Council Files 24-0500-S3 & 25-0600).eml**  
27K
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