



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>

Thu, May 15, 2025 at 7:25 AM

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

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

From: **Walter Miramontes** <hello@hi-fen.com>

Date: Wed, May 14, 2025 at 9:22 PM

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

To: councilmember.blumenfield@lacity.org <councilmember.blumenfield@lacity.org>

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Dear LA City Council President Harris-Dawson and Esteemed Council Members,

I'm writing to make public comment and request urgent action from the LA City Council on two closely related matters: the \$1B budget crisis and existing \$13M that can solve it.

There are over 268,000 Angelenos living with Long COVID. More than \$13 million in unspent federal pandemic relief is on the table, dedicated to 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. In fact, funding us about to be misspent on unrelated, low-priority projects.

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

I urge you to act decisively on this disabling condition and integrate this funding where it was intended to go.

In February 2023, Director of LACDPH Barbara 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. 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. 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 public health meetings, with clear measurable goals and deadlines.

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,
[YOUR NAME AND LOCATION]

Sent from my iPhone