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A Chronically Ill Earth: COVID Organizing as a Model Climate Response in Los Angeles

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I spent the January fires in Los Angeles arguing with my mother in a hotel room. She was shell-shocked, astonished at the scale of destruction in the neighborhood where she raised myself and my siblings. I was surprised at her surprise: as a lifelong Angelena and climate-literate member of generation Z, my question had not been *whether* the Palisades would burn but *when*. As I chatted with adults in the hotel where we'd gone to escape the smoke, though, I found my position to be an uncommon one: people spoke of how long rebuilding would take, how much it would cost, and how tragically *odd* the whole situation had been. The crisis was acute, a burst of bad luck. It had come from a combination of high winds and low rains – what, my little brother asked, did global *warming* have to do with the speed of the *wind*? Outside, people wandered, faces covered by N95s. "This feels like COVID," said one wild-eyed woman clutching two leashed Yorkies. "We're all in masks."

I offered her a handful of extras – masks, not dogs – feeling that, in a way, she was right: the structural dimension of the climate crisis, "like COVID," will soon become impossible for even society's most insulated to ignore. Hopefully, most of us understand the climate crisis better than my little brother – we know, for instance, that it's existential and accelerating, meaning the danger to places like LA will only increase as the planet heats[1,2]. And we know that it's anthropogenic, driven by unsustainable consumption patterns concentrated among the wealthiest citizens of the wealthiest countries, all of which have already subjected most of this country and the world to deadly temperatures, fire-flood cycles, rising seas, and dying

After all, the promised end to the pandemic has been more a matter of public relations than public health. The idea that a vaccinated society could "return to normal" was predicated on scientists' hope – since disproven – that vaccination would prevent infection and transmission[4,5]. As a result, the public health officials responsible for transitioning this country "out of the pandemic" were forced to contend with ongoing waves of infection. The combination —- of public impatience[6], widely circulated misinformation about the nature of COVID's spread[7,8], and corporate influence over institutional public health[9,10] – meant that, rather than mitigate ongoing risk by demanding comprehensive clean-air infrastructure and accessible healthcare, our leaders announced disabled and chronically ill people would have to "fall by the wayside."[11] Today, weekly COVID deaths continue to reach the thousands during semiannual "waves,"[12] and infection rates simmer at the "high" and "very high" levels that inspired widespread mitigations up to 2022[13, 14].

Furthermore, while vaccines have been extremely effective in reducing death rates, those of us who have never stopped "following the science" know that even mild COVID infections are dangerous. The phenomenon known as Long COVID poses a threat to even the healthiest individuals, with one of the largest studies finding that a quarter of young, fit Marines were impacted.[15] At present, at least ten percent of infections are understood to result in Long COVID, which can manifest as neurological and bodily pain, cognitive and physical weakening, mast cell activation (i.e. significant new allergies), dysautonomia, and other symptoms consistent with complex chronic illness[16, 17, 18, 19]. COVID's "silent" impacts, which can occur independently of Long COVID symptoms, include organ damage[20], cognitive decline[21], and higher vulnerability to heart attacks and strokes[22]. Reinfections "stack" cumulatively, increasing all of the above risks[23,24]. And COVID-19 causes immune dysregulation, potentially challenging the body's ability to respond to other infectious diseases[25].

Arguably worst of all, though, some half (half!) of Long COVID cases trigger myalgic encephalomyelitis[26] (ME). The hallmark symptom of ME is post-exertional malaise, or PEM, a kind of bodily overdraft fee that hits when people with ME expend energy beyond the slim "energy envelope" available to them[27]. Minutes or hours after exertion, the body finds itself starved for energy, leading to a "crash" characterized by feelings of whole-body "poisoning," "constant bouncing," or even "suffocation." The foundational nature of the illness – what bodily systems don't rely on energy? – limit the possibilities of escape even into one's own mind: people with ME (pwME) learn quickly that crying, processing too many sensory stimuli, or even thinking too much can drain their energy envelope. The best way to avoid PEM is "pacing," or carefully meting out one's limited supply of energy in hopes that the body can put whatever remains toward improvement.

furious response at the moment of crisis but by the absence of a need for intervention. But US society, like a new pwME still unfamiliar with the costs of PEM, is staring down a cycle of "crashes" from which we won't be able to easily return. We haven't treated bird flu as a serious health problem, and probably won't until it explodes into the population with the onset of airborne human-to-human transmission, at which point – if the COVID response is our example – we'll have lost hope of controlling it before the virus's significantly higher mortality rate strikes a meaningful blow. Long COVID isn't a problem until we can find no other explanation for why millions of people are unable to work[28], school performance and children's health decline in unison, and no one can remember what it feels like not to be sick all of the time[29]. The climate crisis requires no changes to our consumption patterns until our major cities burn, at which point the solution is to consume more. Our retroactive responses to these interlocking crises are both more resource-intensive and less effective than a paced approach.

Furthermore, relying on that kind of massive resource output requires an assurance that such assistance will come. The FEMA assistance quickly rushed to homeowners in the Palisades – many of whom are significant political donors – has flowed much more slowly to Asheville, North Carolina, where thousands were stranded in disastrous floods in 2024[30, 31]. The stringent COVID-19 precautions observed earlier in the pandemic melted away as it became known that Black and disabled people were most vulnerable to serious illness and death[32], and as Long COVID entered the canon of chronic illnesses ascribed to "hysteria" or "malingering" among their mostly-female sufferers[33,34].

Centering disability justice and refusing eugenicist logics are then essential to climate justice strategy for many familiar reasons: disabled people are (1) highly vulnerable to the climate crisis[35, 36], which is (2) disabling as well as deadly, and (3) too often addressed through "safety" or "sustainability" measures that are too inaccessible to truly provide either of the above. But I posit another: the climate resilience our society needs to build relies upon the skills and systems of pacing that disabled and chronically ill people have built to manage both their own symptoms and the ongoing COVID-19 pandemic. From the Black Panthers, as chronicled by Black disabled scholar Sami Schalk,[37] to ACT UP[38], multiply marginalized disabled people have led the charge of the twentieth century's most successful social movements. People left "by the wayside" are forced to develop enduring alternative networks of support, advocacy, and connection; when organizers experience energy-limiting chronic illnesses and disabilities in addition to other demands on their time, that lifesaving community work must be paced alongside other activities of daily living, meaning preparation in advance is not a choice but a necessity. It was that preparation that had MaskBlocLA, a collective of disabled and COVID-responsive organizers in Los Angeles,

illustration of the reality that no crisis is contained. While the city government's indifference

to the ongoing pandemic – our mayor floated a mask ban this summer[40] – hindered its response to another airborne emergency, COVID organizers' daily refusal to abandon each other to the pandemic allowed MBLA to rapidly expand their work once the general population was back in crisis mode.

Mutual aid is far from a recent invention. The synergy between COVID and wildfire response is not pre. But the whiplash between an institutional embrace of social welfare policies "during COVID" and the eugenicist logic required to disavow those policies five years later show us both what is present and what is possible for the climate justice movement: we can demand high-level societal realignment in the name of our common welfare, even as we collectively source the knowledge and resources needed to protect our communities in the meantime. We can "follow the science" even when it scares us, instead of insisting that "we have to live our lives" until those lives go up in flames. The most privileged can recognize both the harm our indulgences already create and the chance that harm will boomerang back in our direction: the COVID denial that excludes Long COVID patients and COVID-responsive people from public life also heightens everyone else's risk of "falling by the wayside." (For that matter, those who insist that "COVID is over" and "healthy Americans were not dying of COVID" might be surprised to find themselves in agreement with Robert F. Kennedy, Jr.).[41, 42] And we can "pace" such that our success is measured, not only by how prepared we are to meet a crisis, but by how many crises we prevent without ever knowing it. Finally, just as reducing individual emissions must be coupled with and enabled by a collective transition away from extracting and burning fossil fuels, pandemics are best defeated through structural change. Though widespread N95 masking is indisputably the most effective tool[43] for individuals to prevent COVID transmission, masking alone is both more resource-intensive and more reactive than collective interventions like paid sick leave for all workers, universal healthcare, and clean air standards requiring HEPA filtration and far-UVC light[44] to kill airborne virus in public spaces.

Climate disasters cannot be prevented or mitigated as easily as airborne disease transmission. But the experience of chronic illness is relevant here, too: many pwME reject the framework of total "recovery" as irrelevant to their day-to-day lives, preferring instead to celebrate the life-changing benefits of even tiny improvements. Adopting a pacing strategy towards the climate crisis then means not only celebrating every potential catastrophe we avoid but also embracing the ways in which each one could have been worse. In the same way that COVID-conscious and disabled people celebrate each chain of transmission broken, climate scientists recognize that each degree of warming we avoid will be a victory. It's time for everyone who cares about the latter to engage with the people, the methods, and the political commitments that make the former possible.

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