

7 Los Angeles County public health clinics to end clinical services

Marc Wells**19 February 2026**

Seven county-run public health centers in Los Angeles County will terminate clinical services on February 27, 2026. The decision, announced by the Los Angeles County Department of Public Health, will end vaccinations, tuberculosis screening and treatment, sexually transmitted infection testing and other services. The move impacts some of the county's most impoverished and medically underserved communities, deepening the crisis in a public health system that serves more than 10 million people.

County officials have attributed the closures to a \$50 million shortfall within the department's current budget and a projected \$2.4 billion deficit across the broader county health system over the next three fiscal years. The clinics slated for closure are located in Antelope Valley, South Los Angeles, Inglewood, Hollywood-Wilshire, Pomona, Torrance and at the Dr. Ruth Temple Health Center. In several of these communities, the centers being closed function as the primary or sole point of access for preventive and infectious disease care.

The Antelope Valley site serves a geographically isolated population where alternative facilities may be more than 50 miles away. In South Los Angeles and Inglewood, areas marked by entrenched poverty, the clinics have been central to vaccination drives and disease surveillance. The Dr. Ruth Temple Health Center will cease even non-clinical operations, removing a longstanding institutional presence from its surrounding neighborhood.

Notices of layoffs, reassignments and reductions are already being issued with potential layoffs of up to 5,000 county staff. A hiring freeze is already in effect and current staff are facing reassignments, job insecurity and the real possibility of termination if roles cannot be found or funded. Even if they are reassigned,

being forced to commute long distances serves as a "de facto" layoff for those who cannot manage.

Affected workers are in Service Employees International Union (SEIU) Local 721, the California Nurses Association (CNA) and other unions. As of this writing, the union bureaucracy has said nothing about this development, while tens of thousands of nurses are on strike in New York, California and Hawaii.

These closures are tied directly to sweeping reductions in federal and state funding, under Democrats and Republicans alike.

The restructuring and capping of Medicaid funding under H.R. 1 ("One Big Beautiful Bill Act") imposed structural limits on federal reimbursement, reducing projected support for Medi-Cal, California's Medicaid program. Government agencies removed large numbers of people from Medicaid rolls and imposed stricter qualification rules, causing hundreds of thousands to lose their health coverage.

The impact of H.R. 1 was immediate. Between July and November 2025, over 120,000 residents were removed from Medi-Cal, an average of 1,000 people per day.

These actions are part of a broader anti-science and anti-public health strategy that has defined the Trump administration, from the systematic undermining of vaccination and environmental measures to the dismantlement of entire agencies and hundreds of thousands of layoffs. Medicaid expansion, community health grants, disease prevention funding and regulatory oversight have all been targeted as illegitimate "entitlements" or bureaucratic excess.

At the state level, the Democratic administration of Governor Gavin Newsom has played a direct role in worsening the crisis. While posturing as an opponent of Trump, through the 2025-26 state budget the California

Democrats have curtailed expanded Medi-Cal eligibility for undocumented adults and reduced reimbursement rates, measures that further destabilize county clinics already under strain.

At the local level, the Democratic-controlled Los Angeles County Board of Supervisors has responded to the mounting deficit by shifting the burden onto working class residents. The “Essential Services Restoration Act,” placed on the June 2026 ballot as a referendum, would impose a temporary half-cent sales tax increase projected to raise roughly \$1 billion annually.

Sales taxes are inherently regressive, consuming a larger share of income from low-wage workers and poor families rather than from the wealthy. The proposed county tax would force those losing neighborhood clinics and preventive services to finance their partial restoration out of shrinking paychecks.

The trade union bureaucracy is deeply integrated with the Democratic Party, especially in California, and functions to corral the class struggle before it can threaten the status quo.

SEIU 721’s recent record illustrates this dynamic. A strike among 30,000 LAUSD support workers, was delayed and tightly managed, dissipating momentum at a critical moment. At KPC Health facilities in California, a planned five-day strike was called off, and workers were presented with a tentative agreement under conditions that limited rank-and-file scrutiny.

Last October, 55,000 Los Angeles County workers ratified a contract that union leaders promoted as a “breakthrough,” yet it addressed none of the concerns raised by members on living costs, relentless inflation, chronic understaffing, privatization and deteriorating working conditions.

This containment has created the political space for Democratic officials at the county and state levels to implement austerity measures with reduced risk of coordinated resistance from the broader public workforce.

California is home to vast wealth, from technology firms to entertainment conglomerates, yet Democratic leaders have restricted access to care rather than pursue redistribution.

In a market-driven framework, healthcare operates as a commodity. Capital flows to hospital chains, insurers and pharmaceutical corporations, while preventive

clinics in low income neighborhoods generate no returns. Tuberculosis outreach, STI tracking and free vaccinations are socially essential but financially marginal.

Programs like Medicaid once offset this imbalance, but those gains were always vulnerable. The attack on healthcare at the federal level under President Donald Trump further eroded public health protections. California officials have followed the same logic, shifting costs downward rather than confronting concentrated wealth.

The consequences are concrete. Clinic closures weaken disease surveillance, delay treatment and push preventable conditions into emergency rooms, raising costs and suffering alike. What is unfolding is not merely local mismanagement but part of a national erosion of public health gains won through decades of struggle.

Responsibility lies with a political order, bipartisan in character, that subordinates social need to profitability. The crisis in Los Angeles County is a systemic signal: Vast wealth exists, but under capitalism it is allocated according to accumulation at the top, not human well-being.



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