Robert DeRosa
[redacted]

October 17, 2026

Dr. Danielle Martin, MP
House of Commons
Ottawa, ON K1A 0A6
danielle.martin@parl.gc.ca

Re: Long COVID — parliamentary leadership and petition e-7076

Dear Dr. Martin,

I am writing to ask for your leadership on the continuing crisis of Long COVID. As a physician, former Chair of Family and Community Medicine at the University of Toronto, and newly elected Member of Parliament, you bring clinical experience and an understanding of health policy that place you in a unique position to champion an issue that has received far too little sustained political attention.

[Personal details redacted]

Before becoming ill, I spent nearly fifteen years as an international educator and department head. I earned a Master in Public Policy from the National University of Singapore, ran marathons, trekked to Everest Base Camp, and hoped to eventually contribute to public service and policymaking. [redacted]

[Personal details redacted]

My experience was featured on the front page of The Hamilton Spectator on June 2, 2025, in an article titled “I can't live like this” (attached). Although my circumstances are personal, the systemic failures behind them affect many Canadians living with disabling post-infectious illness.

I recently founded Long COVID Action Canada (LCAC), an emerging patient-led initiative advocating for stronger biomedical research, accessible clinical care, meaningful disability support, and government accountability.

The federal response to House of Commons Petition e-7076 illustrates why stronger leadership is urgently needed.

The petition called for a national inquiry, consistent standards for diagnosis and care, and financial and disability supports that reflect the realities of prolonged illness. Yet the government's response

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largely points to existing research investments, clinical guidance initiatives, and support programs without establishing a clear, funded plan to address the gaps patients continue to experience.

These investments have value. But funding research networks and publishing clinical guidance are not the same as ensuring that patients can access knowledgeable physicians, effective treatments, or adequate financial support.

Our analysis of the government's response is available here: https://longcovidaction.ca/federal-response.

Three issues particularly concern me.

First, Canada urgently needs a stronger commitment to therapeutic research and treatment access. Research into viral persistence, immune dysfunction, and other biological mechanisms is advancing, yet patients have limited opportunities to participate in Canadian interventional trials evaluating promising treatments. Novel antivirals, monoclonal antibodies, and other targeted therapies deserve rigorous investigation where supported by scientific evidence. We need sustained trial funding, stronger international research collaboration, and regulatory processes capable of responding efficiently to emerging evidence while maintaining appropriate safety standards.

Second, clinical guidance must translate into actual clinical competence. Despite the development of Canadian Long COVID guidelines, patients continue to encounter healthcare professionals who lack the training or resources to recognize and manage complex post-infectious conditions. [redacted] As a former leader in family medicine, you understand that guidelines alone cannot change clinical practice. Canada needs sustained investment in continuing professional education, knowledge translation, and practical care pathways, developed collaboratively with provincial governments and professional bodies.

Third, existing disability supports are failing to protect people with severe chronic illness from poverty. [redacted] The financial consequences of Long COVID extend well beyond lost employment income to include medications, treatment expenses, and the additional costs of living with disability. A benefit system that leaves severely disabled Canadians dependent on food banks and family assistance cannot reasonably be considered adequate.

These are not entirely new concerns. Canada's own Chief Science Advisor's task force identified the need for coordinated research, accessible care pathways, clinician education, and stronger socioeconomic supports in 2022. Years later, the gap between those recommendations and patients' lived experiences remains substantial.

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I am asking you to use your position in Parliament to advance three concrete actions:

1. **Seek a substantive written response** from the Ministers of Health and Jobs and Families addressing the outstanding demands of Petition e-7076, including what new actions, funding, responsibilities, and timelines the federal government is prepared to commit to.

2. **Raise the need for a funded National Long COVID Strategy** through parliamentary and committee channels, with sustained biomedical and therapeutic research, clinician education, coordinated care, measurable outcomes, and stronger disability-income protections, including a substantial increase to the Canada Disability Benefit.

3. **Meet virtually with me and representatives of Long COVID Action Canada** to discuss these gaps and identify practical opportunities for parliamentary leadership, including engagement with relevant ministers, researchers, and patient organizations.

I recognize that healthcare delivery is primarily a provincial responsibility. However, the federal government has important responsibilities in research funding, health policy coordination, regulation, and income support. These are areas where meaningful federal leadership is both possible and necessary.

I did not expect to spend what should have been productive years of my life fighting to obtain basic medical care, financial security, and recognition of a disabling illness. Yet I am determined to use my experience and background in public policy to advocate for changes that could prevent others from facing the same circumstances.

After six years of severe illness, I am not asking for promises of a cure. I am asking for a credible national response that gives patients access to informed care, a meaningful chance of treatment, and the financial security necessary to live with dignity.

I would sincerely appreciate your response and the opportunity to discuss what concrete steps you may be willing to take.

Thank you for your time and consideration.

Sincerely,

Robert DeRosa
Founder, Long COVID Action Canada
[redacted]
https://longcovidaction.ca

Enclosures:
1. LCAC analysis summary and selected media coverage (1 page).
2. Full petition e-7076 and government response (3 pages).
3. LCAC's full analysis of petition e-7076 (4 pages).
4. The Hamilton Spectator printed newspaper article and readable text copy (4 pages).

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