Robert DeRosa
[redacted]

October 17, 2026

Raquel Dancho, MP
House of Commons
Ottawa, ON K1A 0A6
raquel.dancho@parl.gc.ca

Re: Long COVID: research, care and parliamentary accountability

Dear Ms. Dancho,

I am writing to you in your role as Conservative Shadow Minister for Health to ask for sustained parliamentary attention to the continuing crisis of Long COVID. Your scrutiny of federal health policy could help turn existing research investments and clinical guidance into concrete improvements for people who remain severely ill. Your statement on becoming health critic highlighted timely access to innovative treatments. That concern closely matches the lack of therapeutic trials and treatment access that patients like me face. I would welcome your scrutiny of what federal research and regulatory policy can change.

[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.

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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 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] 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 take three concrete actions:

1. **Press for a therapeutic research and access plan.** Please ask the Minister of Health how Canada will expand rigorous Long COVID treatment trials, international collaboration and appropriate regulatory assessment of emerging therapies, identifying funding, responsibilities and timelines.

2. **Seek an account of access to care.** Please pursue written questions on timely diagnosis, specialist access and implementation of clinical guidance, and support a health committee study that hears directly from people with severe Long COVID.

3. **Meet with LCAC on practical opposition follow-up.** Please meet virtually with us to discuss parliamentary questions, ministerial correspondence and cross-party support for a funded national response, including adequate disability income.

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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