Robert DeRosa
[redacted]

October 17, 2026

Gord Johns, MP
House of Commons
Ottawa, ON K1A 0A6
gord.johns@parl.gc.ca

Re: Long COVID: research, care and parliamentary accountability

Dear Mr. Johns,

I am writing to you in your role as NDP Health Critic 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 recent call for lasting federal health commitments is relevant to patients who need continuity of care over years. I am asking you to bring that focus to Long COVID, where research announcements have yet to ensure accessible clinical services.

[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.

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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. **Bring Long COVID into health funding scrutiny.** Please ask the Minister of Health how sustained federal funding and coordination with provinces and territories will improve access to knowledgeable Long COVID care, with measurable outcomes and timelines.

2. **Press for biomedical and therapeutic research.** Please support scrutiny of interventional trial funding, international collaboration and the translation of emerging evidence into safe treatment access. Please seek answers beyond descriptions of existing research networks.

3. **Support patient testimony and meet with LCAC.** Please advocate for accessible patient participation in a focused parliamentary study, support cross-party follow-up to petition e-7076 and meet virtually with LCAC to discuss next steps.

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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