TuSalud

Telehealth Is Vital for People With Long COVID. Don’t Let It Disappear.

Virtual care cuts hurt access for everyone, especially people with disabilities.

December 29, 2025 By Aly Laube and The Sick Times

Pockmarked asphalt dotted a steep incline between us and the hospital emergency room. And that was just one in a field of obstacles — we would also have to navigate a minefield of curbs, and debris from a construction zone.

My partner Dani was in their manual wheelchair, and I was assisting them, but neither of us had anticipated the degree of difficulty we would face. We both have long COVID, Dani was experiencing concerning cardiac symptoms, and neither of us had the energy to make it from the inaccessible bus station to the doors of the hospital.

Most days, we can avoid these kinds of exhausting situations by using telehealth.

When COVID-19 hit in 2020, medicine saw a surge of interest in virtual care delivery and a burst of advancements in telemedicine. As millions of people went online for care, both telehealth’s benefits and its challenges became increasingly apparent, and the platforms became more user-friendly over time.

But those options are now dwindling alongside pandemic urgency. In the U.S., Medicare is set to stop covering telehealth services in early 2026.

In British Columbia, Canada, where we live, legislators are considering capping the number of people who telehealth providers can assist during one appointment, limiting group visits that serve people with chronic diseases more efficiently. These changes are more than an inconvenience. For many of us, critical infrastructure is in jeopardy, and we urgently need government policy to protect it.

People with disabilities, seniors, those in remote locations, anyone with mobility needs — these are just a few of the populations that need telehealth care. Going to the hospital or clinic can be overwhelming for neurodivergent people and emotionally exhausting for people with medical trauma. It can be hard to navigate for people with post-traumatic stress disorders who struggle in loud, chaotic places. It can lead to or worsen debilitating symptoms for people with myalgic encephalomyelitis (ME).

My partner and I have both had long COVID since 2022. For Dani, it triggered a series of other conditions, including postural orthostatic tachycardia syndrome (POTS), ME, and fibromyalgia. For me, it worsened lifelong fatigue and cognitive symptoms. We understand firsthand how systemic and physical barriers can become insurmountable — and how telehealth can help bridge gaps to care.

If all of their medical visits were in person, they "would miss a good chunk of them just due to my fatigue and not being able to leave the house," Dani told me. With more support for telehealth, doctors could "help as many people as possible." Being able to attend appointments in bed is especially important for people with the most severe ME and long COVID symptoms, they added.

Even for non-disabled people, getting physical healthcare can feel high-risk and low-reward, with facilities worldwide overwhelmed and understaffed and the risk of infection high. Regular spikes in COVID-19 transmission throughout the year mean there are times when anyone would benefit from seeing their doctor from home.

The risks of in-person medical visits were demonstrated in a 2023 study published in the journal Antimicrobial Stewardship & Healthcare Epidemiology that analyzed SARS-CoV-2 infections acquired at Helsinki University Hospital. The researchers found that patients sharing rooms, poor ventilation, and higher COVID-19 spread in the surrounding community led to increased chances of outbreaks in the hospital.

People with long COVID and other chronic illnesses and disabilities know these risks well — reinfections can worsen our health. We often opt for telehealth over in-person visits, as remote options can keep vulnerable people out of places where they are likely to get sick, become further disabled, and spread airborne pathogens like SARS-CoV-2.

Adding to the risks: Where my partner and I live in British Columbia, and across the world, many frontline healthcare workers have stopped wearing masks, even though they frequently share space with people who have viral infections. Evidence shows that masking curbs those outbreaks, protecting both the workers themselves and their patients. Organizations like DoNoHarm BC are calling on the government to restore and enact mask mandates year-round.

When people with chronic illnesses delay or avoid healthcare appointments, however, it may exacerbate their health issues in the long term. One 2020 study found that people with underlying medical conditions, Black and Hispanic adults, young adults, and people with disabilities were most likely to avoid urgent or emergency care, leading to overall worse outcomes for these already-disadvantaged groups.

Telehealth doctors all over the world can also help more people in less time, reducing ER visits and alleviating the pressure on frontline workers. Specialists can broaden their reach, offering important knowledge and care solutions to systemically neglected populations like people with long COVID and its commonly co-occurring conditions.

Dani told me they would feel “lost” without being able to connect with specialists online to learn more about their conditions and how to manage them. They have found great support from an online group program for people with long COVID, ME, and fibromyalgia. The program offers educational sessions to many patients at once — a model that is more accessible and cost-effective than one-on-one sessions. This way, patients like Dani can ask questions about their conditions and get their medications refilled without going to see a doctor in person.

Having a robust and well-supported telehealth system would set us up to better respond to other pandemics in the future — which are, unfortunately, an inevitability. And we could prepare to mitigate the impact of climate change on healthcare systems. The people harmed by severe weather and hunger will continue to need emergency care, adding more bodies to already-overcrowded buildings.

Since it’s less expensive to provide and reduces emissions from transportation, telehealth is a cost-effective method of helping people infected by unmitigated viral outbreaks while reducing disease spread. To ensure a healthier future, we need to plan sooner and smarter now.

Telehealth isn’t just a luxury. It’s essential healthcare.

Why cut funds for virtual care programs only to need them again when the next pandemic comes around? Instead of cutting services, we should expand them for the disabled people who rely on telehealth now. Our needs matter, and in-person healthcare isn’t suitable for many.

A more accessible system is possible. Here are some options to advocate for that system.

- Sign petitions like this one: “Join the Fight for Access to Telemedicine Services, Regardless of Location.”
- Send your elected officials a letter about the importance of telehealth for ensuring equitable healthcare, why it matters to you, and why they should pass your concerns on to higher levels of government.
  - People in the U.S. can reference this Chronic Care Alliance letter and Action Network page .
  - While more specific templates for Canadians are lacking, guidelines on how to write your members of parliament (MPs), like this one from the Canadian Arthritis Patient Alliance, can offer a good place to start. DoNoHarm BC also has a phone script template.

Together, our efforts can help us keep telehealth accessible to the broader community.

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long COVID and other invisible chronic illnesses affecting their daily life, and they're a caregiver for their nesting partner, Dani, who also has long COVID, POTS, ME/CFS, EDS, and other conditions. Aly and Dani like to craft, hang out with their cat, and watch scary movies at home.

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