DTES CHINESE ADVOCACY NETWORK

August 01, 2026

To The Honourable Josie Osborne
Minister of Health

PO Box 9050 Stn Prov Govt,
Victoria, BC, V8W 9E2

Dear Minister Osborne,

We are members of the Downtown Eastside Chinese Advocacy Network, and we are writing to urge the Ministry of Health to strengthen access to professional interpretation services within British Columbia's healthcare system. Persistent language barriers are directly undermining the health, safety, and trust of low-income Chinese seniors in Vancouver's Downtown Eastside as well as placing avoidable strain on healthcare providers, families, and community organizations.

Interpretation and translation needs have been felt in and by our community for many decades. To bring a bit more understanding to these long felt issues, our newly established Network conducted research interviews with non-profit frontline staff, healthcare professionals, and low-income Chinese seniors in the neighbourhood to better understand how language access creates barriers within the healthcare setting. What we found is promising, and we'd like to share it with you: it is not that BC lacks infrastructure for interpretation, but that there is a gap between what exists and how it is used in the care setting. The Provincial Language Service (PLS) system is close to meeting community needs, however, gaps in awareness, training, scope, and continuity mean it frequently fails the very seniors it was designed to support.

As a result, routine healthcare interactions often become moments of fear, confusion, and exclusion. Seniors delay care, misunderstand diagnoses, or mismanage medications; staff and clinicians improvise solutions outside their scope; and families are pulled into interpreting roles that compromise accuracy, autonomy, and dignity. These outcomes are not inevitable, instead they are symptoms of a system that has not yet been brought to its full potential.

What We See

Across interviews with seniors, frontline non-profit staff, and healthcare professionals, a consistent pattern emerged: resilient seniors are constrained by preventable barriers. Many have lived through wars, displacement, or long economic precarity. In Chinatown and the Downtown Eastside, seniors live quietly, stretching food budgets, sharing groceries, and relying on community kitchens, food banks, and long-standing informal support networks.

Although our population shows extreme resilience, language barriers create real health risks. Seniors feel nervous about being misunderstood by medical doctors, fearful of burdening family members, or embarrassed to ask for help. Some delay appointments altogether; other appointments may be attended, but often result in the senior not fully understanding the diagnoses or treatment instructions, sometimes mismanaging medications. Staff and clinicians noted that while BC has the Provincial Language Service to allay these issues, it is not available to many important stakeholders who interface with our seniors (e.g. medical administrative staff, pharmacists, technicians, etc), many healthcare providers do not know how to access it, and others do not know when it is appropriate to use.

The consequences of these gaps are broad: medical staff often rely on family members or volunteers as interpreters all of which raises ethical, emotional, and safety concerns, particularly in sensitive contexts such as mental health or end-of-life care. Miscommunication between patient and doctor can result in mislabeling patients as “behavioral” when they are actually experiencing pain or frustration. Meanwhile, non-profit and social service staff are asked to fill gaps outside their mandate, diverting time from essential work.

Gaps in the Current System

While BC has the foundational components of an effective language-access system, interviews highlighted persistent challenges:

1. **Interpretation is needed beyond the physician:** The PLS system is primarily accessible to physicians, meaning key moments of care beyond the physician and exam room (e.g. registration, diagnostics, transport, discharge) occur without language support.

2. **Lack of awareness among families and community staff**: Social service providers, families, and caregivers often do not know what interpretation services are available or how to request them. Without education, seniors and their supporters cannot effectively advocate for language access and default to informal interpretation.

3. **Continuity gaps:** Language support rarely travels with patients between services, either between facilities within a single setting like a hospital, or between service providers (from doctor, to specialist, to pharmacist, etc)

4. **Inconsistent awareness and use:** Busy doctors may bypass professional interpreters in favor of family members or shortcuts, risking miscommunication, errors, and compromised patient safety.

5. **Limitations of remote interpretation for seniors:** Video or phone interpretation often fails to convey body language, tone, and gesture, and is compounded by technical and sensory barriers that reduce comprehension for older adults

6. **Technical solutions can be insufficient for complex encounters:** Emotional, cultural, or mental-health discussions require robust interpretation, often more than a remote systems provide.

7. **Device scarcity:** Facilities often have too few devices for urgent access

These gaps show that the system is "almost there" but not fully realized. Addressing them will ensure language access becomes a reliable standard across care, rather than a patchwork of services.

What We Are Calling For

Language access is foundational to safe and effective care. When patients can understand and communicate with providers, they are more likely to follow treatment plans, seek care earlier, recover more effectively, and avoid unnecessary emergency interventions. Professional interpretation is therefore not an optional courtesy, it is a patient-safety function, a determinant of trust, and a marker of healthcare quality.

To bring British Columbia's language-access system to its full potential, we are calling for two coordinated actions:

1. An education and awareness campaign

This campaign would amplify the effectiveness of existing tools and ensure interpretation is consistently available wherever and whenever needed. Specifically, it should:

- Empower seniors and families to understand their right to receive healthcare in their own language and how to request interpretation.
- Equip administrative staff, clinicians, and allied health workers with clear, simple guidance on when and how to access professional interpretation, and why it is essential to quality care.
- Inform community organizations so they can support navigation and advocacy without being required to fill systemic gaps themselves.

2. A targeted system review to strengthen delivery, continuity and efficiency

In parallel, a focused review would identify service gaps and build on existing strengths to ensure language access is embedded across the full care journey. This includes examining:

- Which roles and settings have access to interpretation services, and where access is limited or unclear.
- The effectiveness of remote versus in-person interpretation for seniors and complex encounters.
- Device availability, continuity of language support across services, and points where interpretation routinely falls through the cracks.

Together, these actions would translate BC's commitments to equity and culturally safe, patient-centred care into consistent, lived experience—while improving system efficiency, reducing avoidable strain on families and non-profits, and strengthening public trust in the healthcare system.

We are not asking the Ministry to start something new, we are asking you to finish what has been started. The foundational structure and intent are already established; what is needed is a shared commitment to make the system's promise visible, reliable, and equitable.

We respectfully request a meeting to discuss advancing this initiative and exploring how the DTES Chinese Advocacy Network can assist in implementation.

Thank you for your leadership and commitment to equitable healthcare for all British Columbians.

With respect,

PJ Rayner,
Co-chair

The DTES Chinese Advocacy Network
https://chinatownadvocacy.org/

DTES CHINESE ADVOCACY NETWORK

About the DTES Chinese Advocacy Network

The DTES Chinese Advocacy Network is a collective of staff from non-profit organizations whose work is oriented to supporting the well-being of low-income, Chinese residents who utilize DTES services. We foster dialogue, relationships, and collaboration amongst our members, so that they can collectively respond to emerging issues relevant to this community and advocate for equitable solutions.

The community we support
More than 2,000 low-income Chinese residents need health and social services in Vancouver's Downtown Eastside, where they face multiple layers of interrelated and structural barriers. They are mostly racialized immigrants who are often linguistically isolated and have unresolved scarcity trauma due to surviving political turmoil and economic hardships in their home country. Many are seniors with precarious housing conditions and mobility issues.

Our Mission
We are a collective of staff from non-profit organizations whose individual work (either in part or in full) is oriented to supporting and fostering the well-being of low-income, Chinese residents who utilize DTES services. This Network aims to foster dialogue, relationships, and collaboration amongst its members so that they can collectively respond to emerging issues relevant to the DTES Chinese community and advocate for equitable solutions.

We build capacity in the community and adapt to their needs by striving to be a strong base from which we can:

- coordinate services and programs within the DTES for low-income Chinese seniors,
- collectively act on neighbourhood-wide priorities that have been flagged as having equity oriented implications for the lives and wellbeing for the DTES Chinese community
- inform and/or respond to consultation requests from organizations / initiatives who are seeking to reach low-income Chinese residents who utilize DTES services, infrastructure and programming.
- cultivate a sense of collegiality and us-ness amongst staff who serve the same population of Chinese residents but are otherwise fragmented by organizational boundaries.

Background and Context
There are estimated to be over 2000 low-income Chinese residents who utilize services in the DTES, all of which have a unique set of intersecting identities which need to be considered when developing and

delivering health and social services. Individuals from this population face multiple layers of interrelated and structural barriers; they are racialized; they are (for the most part) immigrants; they are (typically) linguistically isolated; they (often) have unresolved scarcity trauma due to surviving political turmoil and economic hardships in their home country; many have precarious housing conditions; and many are seniors with mobility issues. Taken as a complete whole, this population has a complex set of considerations that need to be taken into account in service delivery and neighbourhood planning.

There are not many professionals in the DTES however, that have the knowledge base, skills and community relationships needed to effectively work with this population. There is definitely an insufficient number of workers dedicated to the DTES Chinese population given its estimated size (which is likely an underestimation) and complex considerations. Moreover, the staff that are dedicated to this population are typically lone individuals in organizations whose mandate is weighted elsewhere. This leads to fragmented services, isolated professionals, and missed opportunities for advocating on community wide priorities. This network is being created within this context and is meant to help organize and cohere like-minded professionals in order to advocate for equitable services for the community.

Operating Principles

- Active participation and collective stewardship of this Network will be what makes it a strong body from which we can serve the community. We are committed to showing up for one another because we know that an active presence in this Network is a proactive investment for the health and wellbeing of low-income, DTES Chinese residents.
- We acknowledge that each organization represented in the Network has differing goals and objectives, and this Network is not a platform to advance the objectives of any one individual organization. Rather, we come together in the spirit of collaboration to build community capacity and address systemic challenges.
- We recognize that all participating members have a full workload within their home organizations and have limited bandwidth for additional priorities; as such, this Network is committed to keeping time and energy demands low and will only engage in activities which dovetail with the core functioning of members' individual roles.
- This network is a coordinated body who will be both proactive in advocating for the inclusion of Chinese residents in community planning and services, as well as responsive to emergent issues in the community that require a coordinated response (e.g. COVID, warming centers, etc).
- Relationships are what enable nimble responses to collective needs, and as such, we invest and prioritize maintaining healthy relationships between staff in disparate organizations.

Operating Values

- *Commitment* to prioritizing attendance and showing up for one another in Network functioning.
- *Patience* and *persistence* in building a strong Network so that it can be mobilized in service of its community.
- *Transparency* in strategy, management, and operations within the Network
- *Mutual respect* for one another core responsibilities within each others home organizations
- *Advocacy* for senior's autonomy, agency, and holistic well-being