Women's History Month 2026

Source: https://www.history.com/articles/womens-history-month

Women's History Month is a celebration of women's contributions to history, culture and society and has been observed annually in the month of March in the United States since 1987. Women's History Month 2026 will take place from Sunday, March 1-Tuesday, March 31, 2025.

Why Do We Celebrate Women's History Month?

Women's History Month is a dedicated month to reflect on the often-overlooked contributions of women to U.S. history. From Abigail Adams to Susan B. Anthony, Sojourner Truth to Rosa Parks, the timeline of women's history milestones stretches back to the founding of the United States.

The actual celebration of Women's History Month grew out of a weeklong celebration of women's contributions to culture, history and society organized by the school district of Sonoma, California, in 1978. Presentations were given at dozens of schools, hundreds of students participated in a "Real Woman" essay contest and a parade was held in downtown Santa Rosa.

A few years later, the idea caught on within communities, school districts and organizations across the country. In 1980, President Jimmy Carter issued the first presidential proclamation declaring the week of March 8 as National Women's History Week. The U.S. Congress followed suit the next year, passing a resolution establishing a national celebration. Six years later, the National Women's History Project successfully petitioned Congress to expand the event to the entire month of March.

International Women's Day

International Women's Day, a global celebration of the economic, political and social achievements of women, took place for the first time in March of 1911. Many countries around the world celebrate the holiday with demonstrations, educational initiatives and customs such as presenting women with gifts and flowers.

The United Nations has sponsored International Women's Day since 1975. When adopting its resolution on the observance of International Women's Day, the United Nations General Assembly cited the following reasons: To recognize the fact that securing peace and social progress and the full enjoyment of human rights and fundamental freedoms require the active participation, equality and development of women; and to acknowledge the contribution of women to the strengthening of international peace and security.

Women's History Month Theme 2026

The National Women's History Alliance designates a yearly theme for Women's History Month. The 2026 theme, "Leading the Change: Women Shaping a Sustainable Future," celebrates the contributions of women who are leading sustainability efforts across environmental, economic, educational, and social justice movements.

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HAPPY St. Patrick's Day

March 2026 Calendar

American Red Cross Month
National Women's History Month

1 – Peace Corps Birthday

3 – Holika Dahana (Hinduism)

3 – Purim (Judaism)

6 – World Day of Prayer (Christianity)

8 – International Women's Day

8 – Daylight Savings Day (International)

12 – Aztec New Year (Mexico)

14 – Pi Day (International)

17 – St. Patrick's Day (Christianity)

19 – National Certified Nurses Day (US)

20 – Eid al-Fitr (Islamic)

21 – International Day for the Elimination of Racial Discrimination

29 – Palm Sunday (Christianity)

AI translation is replacing interpreters in family medicine—here's why that's troubling

Source:https://medicalxpress.com/news/2025-12-ai-family-medicine.html

When a doctor can't find an interpreter, many now reach for Google Translate. It seems like a practical fix to a pressing problem. But a new study warns this quick solution may be putting refugee and migrant patients at serious risk—exposing them to translation errors that could lead to misdiagnosis, wrong treatment or worse.

The study, led by an interdisciplinary team of researchers at the University of Limerick—of which we were part—examined how artificial intelligence (AI) is being used to bridge language gaps between doctors and patients. The findings reveal a troubling pattern: AI translation tools are increasingly replacing human interpreters in GP surgeries, even though none of these apps have been tested for patient safety.

Anyone who has tried to explain themselves across a language barrier knows how easily meaning can slip away. In everyday situations—from the nail salon to the car mechanic—we often manage with gestures, guesses and good humor. But health care is different.

Clear communication between a patient and their doctor must be accurate and safe. It is the cornerstone of good medical care, especially when symptoms, risks or treatment decisions are involved, and it allows patients to feel heard and to participate meaningfully in decisions about their own health.

When a patient and doctor do not speak the same language and rely instead on an AI translation app such as Google Translate, communication becomes less certain and more problematic. What appears to be a convenient solution may obscure important details at precisely the moment when clarity matters most.

The recognized standard for cross-cultural communication in health care is access to a trained interpreter. The role of an interpreter is to provide impartial support to both the patient and the doctor. However, interpreters are often inaccessible in practice, due to availability, time pressures and limited resources in general practice.

Consequently, doctors report that they increasingly turn to the device in their pocket—their phone—as a quick, improvised solution to bridge communication gaps during consultations. Google Translate is now being used as an interpreter substitute, despite not being designed for medical communication.

My colleagues and I examined international studies from 2017 to 2024 and found no evidence that an AI-powered tool can safely support the live, back-and-forth medical conversations needed in clinical consultations.

Errors create serious risks

In all the studies we reviewed, doctors relied on Google Translate, and they consistently raised concerns about its limitations. These included inaccurate translations, failure to recognize medical terminology and the inability to handle conversations that unfold over multiple turns.

The studies reported translation errors that risk misdiagnosis, inappropriate treatment and, in some cases, serious harm. Worryingly, the research found no evidence that Google Translate has ever been tested for patient safety in general practice.

In other studies, Google Translate was shown to misinterpret key medical words and phrases. Terms such as congestion, drinking, feeding, gestation, vagina and other reproductive organs were sometimes mistranslated in certain languages.

It also misinterpreted pronouns, numbers and gender, and struggled with dialects or accents, leading to confusing or inaccurate substitutions. Alarmingly, researchers also reported "hallucinations"—where the app produced fluent-sounding but entirely fabricated text.

Relying on Google Translate to support doctor-patient communication carries the risk of displacing human interpreters and creating an overdependence on AI tools that were not designed for medical interpretation. It also normalizes the use of AI apps that have not undergone the safety testing expected of health care technologies.

It is difficult to imagine any other area of medical practice where such an untested approach would be considered acceptable.

The study found that refugee and migrant advocates prefer human interpreters, particularly in maternal health care and mental health. Patients also raised concerns about consenting to the use of AI and about where their personal information might be stored and how it might be used.

To deliver safe health care to refugees and migrants, doctors should ensure that patients have access to trained interpreters, whether in person, by video, or by phone. Clear instructions for accessing these interpreters must be available in every health care setting so that staff can arrange support quickly and confidently.

The evidence shows that AI tools not specifically designed and tested for medical interpreting should no longer be used, as they cannot yet provide safe or reliable communication in clinical situations.

New Staff Profile: Deny Machuca

Deny is our newest Spanish interpreter to join the UC Davis Health Medical Interpreting Services team. For Deny, interpreting has always been more than just a job, it is something that genuinely fascinates her. She often says that finding the right word is like solving a puzzle: it has to carry the correct meaning, tone, and feeling, and it can't be forced.

She began her career in 2003 in Sacramento and has since worked in various cities and states, taking assignments with a wide range of agencies. Over time, she has come to believe that compassion and empathy are at the heart of good interpreting. Without them, the work can feel mechanical, and the quality inevitably suffers. In her experience, the people most affected by that loss are often those who are already underserved and relying on clear communication the most.

Working with multiple agencies has given Deny firsthand insight into how vital interpretation is across different settings. It is not just about language access, but instead, it is about making sure people receive care and services in a way that respects their dignity. Seeing the challenges others face has deepened her sense of shared humanity, something she brings into both her professional and personal life.

Outside of work, Deny enjoys giving back by volunteering her time to encourage and support others. When she's not interpreting, she loves spending time with family and friends, baking, cooking, reading, listening to music, and discovering new places through travel.

Welcome aboard, Deny! We are happy to have you as a part of the UC Davis Health family!