UC DAVIS HEALTH | MEDICAL CENTER
Medical Interpreting Services

Medical Interpreting Services Department

Newsletter

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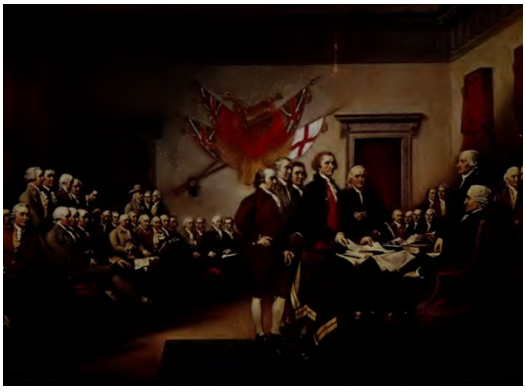
America's 250th Anniversary

Source: America's 250th Anniversary

July 4, 2026, will be the nation's semi quincentennial anniversary, marking 250 years since the signing of the Declaration of Independence.



The U.S. Semi quincentennial Commission was established by Congress (P.L. 114-196) in 2016 to lead the nationwide commemoration of this anniversary. The Commission's goal was to inspire Americans to participate in the 250th anniversary of the founding of the United States, and to orchestrate the largest and most inclusive anniversary observance in our nation's history.

On January 29, 2025, Executive Order 14189 established the White House Task Force on "Celebrating America's 250th Birthday Task Force 250" to provide a "grand celebration worthy of the momentous occasion of the 250th anniversary of American Independence on July 4, 2026." It is also the purpose of this order to take other actions to honor the history of our great Nation. This Task Force began on Memorial Day, 2025, and will continue through the end of 2026. "The White House is engaging all levels of government, the private sector, non-profit and educational institutions, and every citizen across the country to celebrate this historic milestone. To achieve this ambitious vision, we have created a new public-private partnership called Freedom 250."

Psychological therapies for children whose first language isn't English can become lost in translation, study warns

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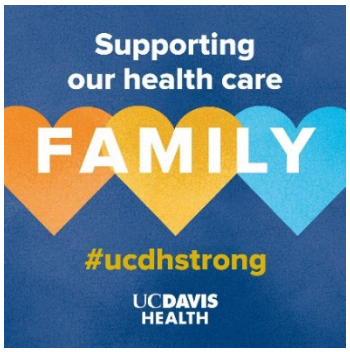
Current school-based mental health support for children from multilingual backgrounds can be "lost in translation" because it is reliant on good proficiency in English, a new study warns. The work says greater linguistic flexibility, including more choice over the languages used, is needed to improve mental health care for children with EAL.

Alongside language barriers, cultural differences and mental-health related stigma mean some aspects of the psychological therapies children can access in schools may be less effective and inaccessible for those who speak English as an additional language.

Researchers interviewed educational mental health practitioners (EMHPs) who administer low-intensity psychological therapies to EAL pupils with mental health difficulties in schools. The work was carried out by Katie Howard and Darren Moore from the University of Exeter.



July 2026 Calendar

National Minority Mental Health Awareness Month
Worldwide Bereaved Parents Month

1 – Canada Day
2 – Fast of Tammuz (Judaism)
2 – World UFO Day (International)
4 – Independence Day (US)
11 – Bonalu (Hinduism)
11 – World Population Day (International)
14 – Bastille Day (France)
15 – World Youth Skills Day (International)
16 – Our Lady of Mount Carmel (Christianity)
17 – World Day for International Justice
18 – Nelson Mandela International Day
22 – World Brain Day
24 – International Self-care Day
26 – National Aunt and Uncle Day (US)
28 – World Hepatitis Day
30 – Buddhist Lent Starts (Buddhism)

Most of the mental health practitioners interviewed described the linguistic challenges faced by EAL pupils when participating in psychological therapies, particularly when discussing emotions in their non-native language. This restricted EAL pupils' inclusion and engagement in psychotherapeutic interventions.

They described how conversations were frequently "lost in translation" and meant children often received less comprehensive mental health support due to misunderstandings and miscommunication.

Dr. Howard said, "If EAL pupils have difficulty understanding the mental health practitioner supporting them or feel misunderstood during sessions, then it is possible that support intended to alleviate their mental health difficulties could actually exacerbate the problems it seeks to address. EMHPs were generally skeptical that psychological therapies were as effective for EAL pupils as their monolingual peers, citing the reliance on the English language as the medium for therapy as a central barrier:

Practitioners noted how the lack of direct translation for key terms also made it more difficult for young people to discuss the support with their families in their home language, resulting in reduced parental input.

Indeed, Dr. Howard said, "The study also found that language barriers were especially prominent among the parents of EAL pupils, resulting in lower parental engagement and attendance, which are often crucial to the success of psychological support. For example, the reliance on written materials was identified as particularly problematic for parents. Consequently, a more frequent dropout rate among EAL families was reported."

Many of the practitioners reported that there were no or limited translated materials available to share with EAL pupils and their families, and that interpretation was either unavailable or hindered the therapeutic relationship.

EMHPs also considered school-based mental health support to be culturally inaccessible for many EAL pupils and their families, describing a "shame factor" associated with mental health among some ethnic groups, which served as a barrier to access. For this reason, practitioners often found it difficult to gain parental consent.

To remedy some of the challenges and concerns raised by the study, Dr. Howard said, "Increasing access to psychological therapies for EAL pupils will mean placing more emphasis on linguistic flexibility as practitioners in this study consistently highlighted the need for language choice, reduced reliance on written materials, and creative strategies to overcome language differences."

The AI push in health care is deepening medicine's trust crisis

*Source: The **AI push in health care is deepening medicine's trust crisis***

After OpenAI and Anthropic launched dedicated health care initiatives in January, a study published in February found that OpenAI's ChatGPT Health had a 50% error rate, incorrectly recommending that care be delayed in emergency test cases half the time.

That error rate, which was not identified before the app was rolled out, is a symptom of a broader problem: the rapid adoption of AI systems by health care systems and insurers, often skipping essential testing to determine how well these systems work and how safe they are for patients. This push to expand AI in health care is intensifying an existing trust crisis.

The decline of trust in health care in the U.S. has been ongoing and was worsened by the institutional responses to the Covid-19 pandemic. A national survey of more than 443,000 U.S. adults found trust in physicians and hospitals fell more than 30 percentage points between 2020 and 2024, from 72% to 40%, with declines across multiple sociodemographic groups. For Black, Latine, and Indigenous communities, this collapse layers onto preexisting medical mistrust rooted in a legacy and ongoing history of medical racism in the U.S. health care system. Research shows that patients who distrust their health care providers are more likely to delay care, including preventive screenings, and discontinue their medications, and that those patterns are associated with higher rates of hospitalization and premature death.

AI's documented harms compound this mistrust. For example, a widely cited algorithm affecting an estimated 200 million Americans systematically underestimated how sick Black patients were, after using medical expenses as a measure for illness. Patients were unaware that this tool was being used to determine the level of their care. Medicare Advantage insurers used AI tools that helped to double their denial rate for elderly patients; about 75% of the denials were overturned on appeal, but fewer than 1% of patients ever appealed. The federal government has since launched a pilot of AI-enabled prior authorization into traditional Medicare in six states.

Health care, accounting for $5.3 trillion or 18% of the GDP in 2024, is being heavily pursued by the AI industry. U.S. health organizations spent $1.4 billion on AI tools in 2025, nearly three times what they spent the previous year, for a range of functions, including analyzing medical images and automating billing and documentation. In addition to potential profits, the sector also provides what AI companies need to operate and, in many cases, to build and improve their systems: data, and a lot of it. This includes data in the form of electronic health records, insurance claims, diagnostic images, and genetic profiles of hundreds of millions of Americans, often collected without meaningful transparency about how it will be used and with no input from patients and communities.

The data show that AI's rapid adoption in health care is worsening the mistrust that Americans already have about our health care system. A February 2025 study that surveyed more than 2,000 Americans found that 66% reported low trust in their health care system to use AI responsibly, and 58% reported that their health care system would ensure an AI tool would not harm them.

Neither knowledge about AI nor health literacy changed these findings. The most important predictor was how much someone already trusted the health care system.

In a nationally representative survey, most patients said they wanted to know when AI was used in their diagnosis and treatment, yet there is no federal law requiring disclosure, and only a handful of states currently have laws to address this. When patients are not informed about what is happening to them or their data, and no one is required to share that information with them, it impacts all patients, but particularly those communities with the least trust to lose.

Patients who have experienced discrimination in health care are significantly less likely to trust health systems to use AI responsibly. Rolling out AI systems without meaningfully involving patients and communities in the decision-making only repeats the pattern that led to the mistrust in the first place.

What needs to change is who contributes to decisions about how AI tools are purchased, governed, and used. Patients and community members need formal decision-making roles, not just advisory positions. Health care systems and insurers need to publicly report performance, including across different racial/ethnic groups, before AI tools are rolled out. Patients need to be told clearly and in advance when AI is being used in their care. These are the basic conditions for a trustworthy system.

Health care systems and companies can make different choices, choices that earn the trust of their patients and the communities they serve. They have the capacity to move fast. The harder work is moving at the speed of trust. That means patients and community members have a say before these systems are even purchased, not after harm has been done.

New Staff Profile: Erika DSouza

Erika DSouza is the newest addition to our Russian and Ukrainian-language team. Erika is originally from Ukraine and began her career seven years ago in the medical coding an d billing field. She transitioned into medical interpreting after two years. For the past five years, she has worked as an interpreter with LanguageLine Solutions where she received extensive training as a professional interpreter. She is passionate about continuous learning in the medical field, helping others, and working across three languages and cultures. Erika is grateful to be part of the UC Davis Health Language Services team.

Outside of work, Erika enjoys playing and creating music, writing, and exploring philosophy and psychology. She takes pride in becoming a highly skilled professional in her field and strives to inspire others through her work and dedication.

Welcome aboard, Erika! We are excited to have you here!

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This issue was produced by UC Davis Health Medical Interpreting Services Department's editorial team.
https://health.ucdavis.edu/interpreting_services/

Questions? Comments?
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