

Health care services in the U.S.**Objectives**

Students will learn to

- identify main ideas in an academic text and the secondary ideas, examples and illustrations that support each idea (thus applying their cognitive skills)
- read through the lines and infer the answers to questions about the text which are not direct or straightforward
- answer questions using as much as possible and whenever possible their own words (paraphrasing)
- summarize a text into about a 5% of its original length (thus applying their synthesizing skills)
- identify lexical items when reading and / or listening to the text with the help of the context (thus using their compensation skills)

Contents**Lexicogrammatical and discursive**

- Format and characteristics of academic texts
- Collocations (adjective + noun)

Domain areas

- Social services (health care and housing)
- Insurance provision
- Health problems
- Attitudes to social services
- Legal language
- Medical language

Activities**Block I**

1. Read the following extract from *American Civilization. An Introduction* by Mauk, D. and Oakland, J. (1997). Routledge.

Health care services

Some Europeans have negative feelings to the American health care system. They feel that it lacks a publicly funded and comprehensive National Health Service since federal funds pay for only 40 per cent of all health care. This aid covers some people of all income groups, but not all the population.

American critics (and popular opinion) also itemize the system's alleged limitations and present a diverse picture of medical provision. They suggest that available and adequate care may depend upon the wealth, gender, residential and ethnic background of the patient. White males living in affluent neighbourhoods and some of the poor and elderly may be relatively well covered by private and public facilities respectively. But people under 65, those of average income, females generally, those from a non-White background and people who live in rural areas or inner city locations may have difficulties in obtaining satisfactory health care.

American health and medical services are divided between the private and the public sectors. Private hospitals, clinics and surgeries are in general well equipped and efficient and may be run by a variety of commercial organizations or religious groups. Many of those in the public sector, financed by state and federal funds, tend to lack resources and adequate funding. Doctors, particularly those in the private sector, generally have high incomes and constitute an influential professional interest group.

Most employees and their families (together with the affluent) are normally insured for health care through private insurance schemes. These may be organized individually, by

READING PRACTICE 1

2008/09

employers or by labour unions against the cost of health treatment and loss of income if workers fall ill. Insurance premiums, which tend to be expensive, are made by deductions from wages and salaries or by individual contributions.

But, generally, no one health insurance policy covers all possible eventualities and many individuals may have to subscribe to several policies in order to protect themselves adequately. Nevertheless, they may still themselves eventually have to pay for some treatment which is not covered by the insurance policies. A considerable number of Americans (estimated at 37 million people) have no health insurance cover either because they cannot afford it or for other reasons (although they may have the income to buy insurance). The irony is that while the US has high quality and extensive medical facilities, particularly in the private sector, gaining access to them remains a problem for a substantial proportion of the population.

People's anxieties about possible illness are conditioned not only by relatively high insurance premiums, but also by the cost of treatment, which (especially for serious illness) is very expensive. There is some hostility towards the medical profession, whom the public often suspect of pushing up medical costs for its own profit. It was this situation that the Clinton administration tried to address by its proposals for a universal health care scheme. These failed, to some extent, because of opposition by employers and employees to high compulsory contributions to the programme. It is therefore not only doctors and insurance companies who are opposed to public (or 'socialized') medicine in the US.

In the public sector, health care is available to those requiring it, but who lack money and insurance to pay for the service. The federal non-contributory Medicaid programme provides federal grants to states for the free treatment of the poor and the needy, blind and disabled people and dependent children. However, because of matching-fund policies, the scope of Medicaid varies among the states and some provide more aid than others. Medicaid apparently covers only about 40 per cent of the poor nationwide.

Nevertheless, state and local governments provide a range of public health facilities for many categories of people from the poor to war veterans and the armed forces. They operate or support hospitals, mental institutions, retirement homes and maternity and child health services. Public facilities may also be supplemented by voluntary organizations, universities and other bodies, which provide free health care for the local population. But, ultimately, public medical and care services suffer from varying standards, inadequate coverage of the needy and differences in the amount of money spent on them. This means that a large majority of Americans under 65 are dependent upon private medical insurance schemes and the private sector.

A second federal health programme, Medicare (formed in 1965), covers much of the costs for the medical treatment of elderly (over 65) and disabled people and amounts to some 8 per cent or \$195 billion (1996) of federal budget spending. This is dependent upon Social Security contributions during an employee's lifetime. Additionally, because of the incomplete coverage of Medicare, many elderly people may not be able to cover the full cost of some types of treatment, particularly the most expensive. They usually have to depend on additional private insurance or savings for the balance of their medical fees.

Some 13.4 per cent of GDPⁱ derives from the provision of US private and public health care services, which constitute a very large business sector. This GDP figure is considerably larger than in most other industrialized countries. Much of it stems from the high incomes of the medical profession (with doctors having an average annual salary of \$170,000)ⁱⁱ, management or administrative costs and the expense of equipment and drugs. Critics argue that the American public is not receiving the full benefit of such expenditure, particularly when medical services can vary greatly, as in rural and poor areas. Compared with other countries, the US spends more on health care but helps fewer people.

Critics have commented on other serious developments in recent years which have added to health-care costs. The first is well-publicized lawsuits for damages by patients against doctors and hospitals because of alleged inadequate or wrong treatment. Lawyers can profit considerably by fighting personal injury lawsuits on a contingency fee basis. But the rise in such cases forces doctors to insure themselves against the risks of being sued. Medical care and vital decisions can be consequently influenced by these considerations. Drug companies may also have to pay high compensation when medicines damage patients. Lawyers' fees, expensive insurance policies and higher drug prices increase the overall cost of treatment which is passed onto the patient or insurer.

A second reason for escalating health care costs is the number of AIDS (acquired immune deficiency syndrome) and HIV (human immunodeficiency virus) patients in the US. In 1994 there were 44,052 deaths from AIDS and the rate of new cases doubled in 1993 to 103,500. These illnesses have increasingly affected sections of the population which lack

READING PRACTICE 1

2008/09

health insurance. Cases continue to grow more rapidly among women than among men and African American and Latinos are disproportionately represented in the totals.

The problem of paying for the treatment of these patients, who must be helped because of health threats to the population, has become urgent. The number of patients who receive treatment under Medicaid varies between states but while states and cities have increased their funding to cope with the problem, increased federal finance is also needed.

However, despite the limitations of the American health care system, life expectancy in 1994 was 72 years for men and 79 for women. Deaths resulting from serious diseases and illnesses, like heart problems, have declined in recent years. These improvements are partly due to better diets, increased exercise and greater health awareness in the population, as well as better medical care.

Housing

Homes and houses are very important for many Americans and their families. They give a sense of possession and material satisfaction, personal identification and individual lifestyle, around which family activities take place. But the average American may also move home many times and home-ownership is very much associated with socio-economic mobility. A young family unit will move frequently in the early years from apartments to houses and up the housing market. There may be further moves in the middle age from urban situations to the suburbs. Some people may restrict themselves to a particular location, but many Americans move large distances throughout the country.

Most Americans want to own their own homes, after usually renting in the early adult years, and two-thirds prefer to live in suburban areas. Many achieve this ambition, and home-ownership (of houses or apartments) is very high at two-thirds of the housing market (107 million housing units in 1993). But some people do not succeed. Mobility is influenced by poverty, deprivation and unemployment. The housing market in the US is consequently divided between the private sector for those who are able to buy and the public sector for those who require assistance in obtaining low-rent property.

Some two-thirds of the housing units in the private sector are 'single-family dwellings', often of a detached type and usually having front and back yards or gardens. Other people live in apartments (whether purchased or rented) and the rest occupy a variety of different housing units.

Private houses and apartments are in general reasonably priced across a broad band, although they are subject to price fluctuations in the housing market. They are usually of good standard and comfortable, with many amenities. Most owners borrow money (a mortgage) which is secured by the value of their house and income in order to pay for them. In 1995, the median (or representative) house cost \$109,000 and had an average mortgage of 8 per cent. This entailed a monthly repayment on the mortgage of \$643, which amounted to 19.9 per cent of average family income. House prices rose faster than incomes in the 1980s, but the housing market then suffered from the economic recession of the early 1990s.

Public sector housing in the US is meant to provide for the minority of Americans who are unable to buy property or to afford private high-rent accommodation. Such housing has been historically affected by the bias towards private provision and self-reliance. Individuals have been expected to make their own housing arrangements, rather than expecting these to be a public responsibility.

But the growth of urban slums and substandard housing in the nineteenth century, together with social misery and threats to public health, resulted in the creation in 1934 of the Federal Housing Administration. This department provided loans to those organizations which were willing to build low-rent accommodation for needy people. Local and state governments also built public housing, and implemented stricter building codes, health codes and public sanitation regulations to deal with slum conditions.

However, attempts to create more low-cost public housing with federal funds in the cities and other areas (which were relatively successful in the 1960s and 1970s) have frequently been opposed by property owners and sometimes by state and local governments. Although racial and religious discrimination in renting such housing has been curtailed, it still exists, often in veiled forms. While many states and cities have implemented fair-housing laws and fair-housing commissions, a large number of low-income people and minority groups in large urban centres continue to live in barely habitable housing. Bad housing conditions are also experienced by people in small towns and rural communities.

The homeless

Local, state or federal governments in the US, as in other industrialized countries, have consequently failed to provide sufficient amounts of low-cost rented accommodation for low-income groups and the federal government has reduced subsidies for such housing since the 1980s. Since the number of poor Americans also increased in the 1980s and 1990s, this situation has resulted in a greater number of homeless people throughout the nation. Estimates of their numbers vary, ranging from unofficial figures of up to 3 million and official figures from the Department of Housing and Urban Development of about half a million.

Voluntary organizations attempt to help the homeless by providing shelter and food for limited periods. Most of the funding for these bodies comes from private donations, although some finance is also provided by local and city governments. However, federal government finance for the homeless continues to be very small.

Attitudes to social services

While most Americans today are successful, independent and provide for themselves, some do not succeed, have varied problems and need help. This was even more true in the past. At the beginning of the twentieth century, it is estimated that between 50 to 60 per cent of the population lived in relative poverty. This percentage decreased to some 22 per cent in 1959 and about 11 per cent in 1973. But it increased again at the end of the 1980s and reached 15.1 per cent in 1994.

Occasional Gallup opinion polls on the causes of poverty consistently show that one-third of Americans feel that people are poor or become poor due to their own lack of effort; one-third think that people are poor because of circumstances beyond their control; and one-third believe that poverty stems from a mixture of both reasons.

On one level, the social services debate in the US is concerned with the problems of the needy and poor. As the polls above indicate, it is divided between traditional notions of self-reliance and the question of whether society should do much more in this field. It may appear that Americans lean too far in favour of individuals providing for themselves and do not give enough thought for those in need. A common expression in this context, which is frequently heard, is 'The Lord helps those who help themselves'.

The virtues of self-reliance are stressed by people who are already able to provide for themselves. Americans can sometimes be uncharitable to those citizens who are less successful or fortunate and may be unsympathetic to their position. Many feel that welfare has detracted from traditional virtues of responsibility, thrift and hard work and has contributed to a dependency culture. Until the 1960s dependency upon welfare was widely perceived to be shameful and shaming.

But the debate is not only about the poor and needy. It also involves the question of whether the US should adopt a nationally organized European-type 'welfare state', which would provide comprehensive social and medical schemes for all, funded out of general taxation. Historically, the biases against a centralized system have been considerable and the influence of private enterprise economics is felt in the social services sector. Arguably, the provision of a national system depends on political will, public acceptance and the power of vested interests. Proposals for change involve questions of the organization, level and extent of services and how much public responsibility should be embraced.

There does seem to be a scepticism about centralized control in the US. A *Los Angeles Times* poll in 1994 found that 69 per cent of those interviewed thought that the federal government controlled too much of the people's daily lives. *International Social Attitudes 1993/94* (Jowell *et al.* 1993) asked respondents whether there should be a definite government responsibility to provide certain social services. Of the US respondents, only 40 per cent wanted this for health care, 40 per cent for decent pensions, 21 per cent for decent housing and 14 per cent for decent unemployment benefits. These percentages were considerably below the responses in European countries. There seems to be an unwillingness to contribute financially to national plans and a preference for personal decisions on how to spend one's money.

Nevertheless, public social services in the US have expanded relatively successfully since the 1930s; absolute poverty has declined; living standards have risen generally; greater public expectations have been created; and social institutions have developed.

But relative poverty and need still exists and the number of people on welfare has grown since the 1950s. The population has increased, people are living longer, the elderly require more health care, society has become more complex and the demands upon social institutions and services have increased. It is inevitable perhaps that social services costs will continue to rise in real terms and that all societies will contain a number of individuals who must be provided for at public expense by a social safety net. Some critics argue that the US

READING PRACTICE 1

2008/09

is politically unwilling to take on the kind of social responsibility and commitment for the whole community that this situation supposedly requires. In the meantime, the Social Security and Medicare systems are increasingly put under pressure as larger numbers of people reach retirement.

Historically, American public social services have expanded in the face of opposition but some recent developments seem to be regressive. In 1996, the Clinton administration cut federal welfare programmes and restructured AFDCⁱⁱⁱ. In 1993, it also controversially tried to introduce universal health care, which would cover all the population and improve the delivery of health services by controlling costs. It was to be funded by increased income taxes and larger insurance contributions from workers and corporations. It would also depend on the support of employers and private medicine for its success. But the plans collapsed. They were probably too ambitious; their costing was ill thought out; corporate interests, insurance companies and private medicine were opposed; and the proposals did not find favour among many ordinary Americans.

Yet when a 1995 *Time/CNN* poll asked how well respondents could cover the cost of medical care if their family was affected by major illness, 40 per cent said that they could cope easily, 44 per cent with difficulty and 14 per cent said not at all. (2869 words)

2. Answer the following questions. Write your answers where appropriate.

1. **Health care services.** What opinion do Europeans have of the health care system in the U.S.?

2. **Health care services.** How are medical and sanitary assistance services organized in the U.S.? List their main differences.

3. **Health care services.** Can Americans with a single insurance policy cover all possible eventualities as far as health care is concerned? If not, how do they do it, then?

4. **Health care services.** True or False: 37.000.000 Americans cannot afford to have health insurance.

5. **Health care services.** Why did former president B. Clinton's attempts to reform health care in the U.S. fail?

6. **Health care services.** There are two health care programs that are run not by state governments but by the federal government of the U.S. Briefly explain their main characteristics.

7. **Health care services.** What factors have influenced the escalation of medical costs for the Americans, according to the text?

8. **Housing.** The housing market in the US is divided in two large sectors, public and private. Describe briefly and in your own words the kind of buyers that fall into each sector and the kind of housing, in terms of price and house characteristics, that is offered in each sector.

9. **Housing.** What is a mortgage, according to the text?

10. **Housing.** What were the social conditions in the US that led to the creation in 1934 of the Federal Housing Administration. What measure was taken by this department of the federal government? Did the local and state governments take any action in the same direction, to complement federal measures?

11. **Attitudes to social services.** According to the information in the text, what do you think is the meaning of the sentence "Americans provide for themselves"? How does this idea relate to the average American?

READING PRACTICE 1

2008/09

3. Synonyms. Look for words or phrases in the text which mean (approximately) the same as the following:

1. A sum of money saved, collected or provided for a particular purpose
2. Money that is earned from doing work or received from investments
3. Considered to be what is said, but without proof
4. An amount of money paid to obtain insurance
5. The benefit or advantage that can be achieved by a particular action or activity
6. The outer area of a town, rather than the shopping and business centre in the middle
7. Something, such as a swimming pool or shopping centre, that is intended to make life more pleasant or comfortable for the people in a town, hotel or other place
8. To make something necessary, or to involve something
9. A tendency to support or oppose a particular person or thing in an unfair way by allowing personal opinions to influence your judgment
10. A very poor and crowded area, especially of a city

4. Antonyms. Find words or expressions in the text which mean (approximately) the opposite to the following:

1. Decreasing
2. Risen
3. Expanded, increased
4. Direct or clearly expressed
5. Said of something that is limited, not complete or does not include everything that is necessary

Block II

Now read the text again and find words or expressions which mean (approximately) the same as the following.

1. The central part of a city where people live and where there are often problems because people are poor and there are few jobs and bad houses
2. The buildings, equipment and services provided for a particular purpose
3. Something unpleasant or unexpected that might happen or exist in the future
4. The range of a subject covered by a book, programme, discussion, class, etc.
5. A group of people who have joined together for a particular reason
6. The total amount of money that a government or person spends
7. Changes or variations, especially continuously and between one level or thing and another
8. To become a particular amount
9. The careful use of money, especially by avoiding waste

READING PRACTICE 1

2008/09

10. People or organizations who have a financial or personal interest in a business, company or existing system

Block III**1. Study these collocates for some of the words in the text.**

- ... and loss of income if workers **fall ill**.
- ... many individuals may have to **subscribe to** several **policies** in order to ...
- ..., **gaining access** to them remains a problem for a substantial proportion of the population.
- Most owners **borrow money** (a mortgage) which ...
- Many **achieve** this **ambition**, and ...

2. Now fill in the gaps with one of the adjectives presented below.

- a. uncanny
- b. dreadful
- c. crowning
- d. grudging
- e. outright
- f. glowing
- g. chronic
- h. pronounced
- i. ready
- j. widespread

1. Outside show business, it is difficult to think of too many people with a _____ accent who have been successful.
2. He helped survey thousands of acres in the mountains of West Virginia and gave a _____ account of the country he had seen, of its endless tracts, of forests full of game, and of its clear streams alive with fish.
3. U.S. denies _____ abuse of inmates at prison in Iraq.
4. Several important archaeological discoveries demonstrate once again the _____ accuracy of the Bible.
5. A 27.9% respondents reported both having a firearm in the household and _____ access to one.
6. The critics say that "Looking for Richard" is no doubt Al Pacino's _____ achievement.
7. The gradual, and somewhat _____, acknowledgement by the heterosexual public that consenting adults ought to be free to do as they like in private, effectively lifted the lid of a Homosexual 'Pandora's Box'.
8. Several attempts at death penalty reform and even _____ abolition are part of Colorado's history.
9. The most _____ accident recorded in the history of Railroads occurred at Norwalk, Conn. (on the New Haven Railroad) on the 6th of May.

10. Smoking is a huge problem; a _____ addiction to nicotine that causes cancer of the lungs, larynx, stomach, and many other organs.

3. Study the following structures.

- There is some hostility towards the medical profession, **whom** the public often suspect of pushing up medical costs for its own profit.

- **While** most Americans today are successful, independent and provide for themselves, some do not succeed.

- ... may have to subscribe to several policies in order to protect themselves adequately. **Nevertheless**, they may still themselves eventually have to pay for some treatment ...

- However, **despite** the limitations of the American health care system, life expectancy in 1994 was 72 years for men and 79 for women.

- But the growth of urban slums and substandard housing in the 19th century, **together with** social misery and threats to public health, resulted in ...

4. Now rephrase the following sentences using one of the structures presented above.

1. Although the evidence against him was only circumstantial, the jury considered it was enough to find him guilty.

2. Let me introduce you to Mike. I'm working with him in this case.

3. Increased use of renewable energy and greater energy efficiency will be major factors.

4. Although a growing pile of dot-com companies have failed, Internet usage has remained steady, a survey found.

5. I don't like him very much, but if my sister is happy with him then I'll accept him willingly.

ⁱ Gross Domestic Product

ⁱⁱ If €1 = \$0.98, then \$170.000 = €173.469 (approximately, 28.800.000 former ptas)

ⁱⁱⁱ Aid to Families with Dependent Children