

Lengua inglesa 3: Vocabulary**1 Health care services**

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

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

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

20 Most employees and their families (together with the affluent) are normally insured
21 for health care through private insurance schemes. These may be organized individually, by
22 employers or by labour unions against the cost of health treatment and loss of income if
23 workers fall ill. Insurance premiums, which tend to be expensive, are made by deductions
24 from wages and salaries or by individual contributions.

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

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

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

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

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

Lengua inglesa 3: Vocabulary

64 Some 13.4 per cent of GDPⁱ derives from the provision of US private and public
65 health care services, which constitute a very large business sector. This GDP figure is
66 considerably larger than in most other industrialized countries. Much of it stems from the
67 high incomes of the medical profession (with doctors having an average annual salary of
68 \$170,000)ⁱⁱ, management or administrative costs and the expense of equipment and drugs.
69 Critics argue that the American public is not receiving the full benefit of such expenditure,
70 particularly when medical services can vary greatly, as in rural and poor areas. Compared
71 with other countries, the US spends more on health care but helps fewer people.

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

81 A second reason for escalating health care costs is the number of AIDS (acquired
82 immune deficiency syndrome) and HIV (human immunodeficiency virus) patients in the US.
83 In 1994 there were 44,052 deaths from AIDS and the rate of new cases doubled in 1993 to
84 103,500. These illnesses have increasingly affected sections of the population which lack
85 health insurance. Cases continue to grow more rapidly among women than among men and
86 African American and Latinos are disproportionately represented in the totals.

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

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

96

Housing

97

98

99

100

101

102

103

104

105

106

107

108

109

110

111

112

113

114

115

116

117

118

119

120

121

122

123

124

125

126

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.

Lengua inglesa 3: Vocabulary

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

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

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

146
147 *The homeless*

148
149 Local, state or federal governments in the US, as in other industrialized countries, have
150 consequently failed to provide sufficient amounts of low-cost rented accommodation for low-
151 income groups and the federal government has reduced subsidies for such housing since the
152 1980s. Since the number of poor Americans also increased in the 1980s and 1990s, this
153 situation has resulted in a greater number of homeless people throughout the nation.
154 Estimates of their numbers vary, ranging from unofficial figures of up to 3 million and official
155 figures from the Department of Housing and Urban Development of about half a million.

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

160
161 **Attitudes to social services**

162
163 While most Americans today are successful, independent and provide for themselves, some
164 do not succeed, have varied problems and need help. This was even more true in the past.
165 At the beginning of the twentieth century, it is estimated that between 50 to 60 per cent of
166 the population lived in relative poverty. This percentage decreased to some 22 per cent in
167 1959 and about 11 per cent in 1973. But it increased again at the end of the 1980s and
168 reached 15.1 per cent in 1994.

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

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

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

185 But the debate is not only about the poor and needy. It also involves the question of
186 whether the US should adopt a nationally organized European-type 'welfare state', which
187 would provide comprehensive social and medical schemes for all, funded out of general
188 taxation. Historically, the biases against a centralized system have been considerable and
189 the influence of private enterprise economics is felt in the social services sector. Arguably,
190 the provision of a national system depends on political will, public acceptance and the power

Lengua inglesa 3: Vocabulary

191 of vested interests. Proposals for change involve questions of the organization, level and
192 extent of services and how much public responsibility should be embraced.

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

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

206 But relative poverty and need still exists and the number of people on welfare has
207 grown since the 1950s. The population has increased, people are living longer, the elderly
208 require more health care, society has become more complex and the demands upon social
209 institutions and services have increased. It is inevitable perhaps that social services costs will
210 continue to rise in real terms and that all societies will contain a number of individuals who
211 must be provided for at public expense by a social safety net. Some critics argue that the US
212 is politically unwilling to take on the kind of social responsibility and commitment for the
213 whole community that this situation supposedly requires. In the meantime, the Social
214 Security and Medicare systems are increasingly put under pressure as larger numbers of
215 people reach retirement.

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

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

229

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