

HEALTH



Perspectives from the ESOL Community in Charlottesville, VA

Charlottesville City Schools
Adult English for Speakers of Other Languages Program

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The ESOL Health Curriculum Project

By Leslie A. Furlong

This publication consists of articles written by students in 4 classes of the Charlottesville City Schools Adult Education ESOL Program. Their work is part of a first-run of a 10-week-long health curriculum, the development and implementation of which have been funded in part by an EL Civics Grant awarded by the State of Virginia. The purpose of the journal is to share experiences of health care systems and concerns in the U.S. and elsewhere from the perspective of the Charlottesville ESOL population.

Over 22 different countries and 18 different languages are represented in the Charlottesville Adult Education Program. People come to Charlottesville for many different reasons and plan to stay for varying lengths of time, ranging from months to years to entire lifetimes. They come with wide ranges in educational and professional backgrounds, from non-literacy to advanced degrees. They all struggle with English proficiency.

The main goal of the health curriculum has been to help ESOL students in the Charlottesville area better navigate the U.S. health care system. It is understood that, in order for this to happen, there needs to be a process of mutual information sharing between health care providers and the ESOL population: the ESOL population needs to understand the U.S. medical system in order to use it effectively, and health care providers need to understand the world views and experiences of the ESOL population. By better understanding the people they want to serve and the ways limited English proficiency complicates the process of health care, health care providers can modify their approaches to more effectively address these concerns.

A further goal of the curriculum has been to empower students to become teachers and community leaders. As part of this process, students have been encouraged to voice cross-cultural comparisons of health care experiences both in students' cultures of origin and in the U.S. There also have been in-class discussions of the civil rights of limited English speakers and patients' rights as put forth by University of Virginia Hospital.

Furthering the effort to meet all of these goals, a panel presentation of students was organized in collaboration with Dr. Fern R. Hauck, Associate Professor and Director of Research in the Department of Family Medicine at the University of Virginia Hospital. It took place at Grand

Rounds at the Family Medicine Clinic on May 10th, 2002. Sixty-four people attended, 50% of whom were health care providers and 50% were ESOL students and teachers. Three students presented papers followed by a question/answer period between students and health care providers. These presentations have been included in this journal.

Part of the implementation of the health curriculum also included developing research skills. After exploring and problem-solving collectively a particular health concern, students were encouraged to research and make presentations of health topics of their own choosing. Topics chosen included oral cancer; breast cancer; car accidents; nutrition; dieting; mineral balance; feeding your newborn; herbal medicine; green tea; hot springs in Japan; Tibetan spirituality; spirituality in Spanish-America; stress; insomnia; sandstorms in China, Korea and Japan; allergies; and air pollution, among others. Summaries of some of these presentations also have been included in this publication. The range of topics is informative in that it reveals a varied scope of concerns and interests. Students used both an allopathic approach of targeting specific diseases to research *and* explored the value of more holistic pragmatic and preventative views toward health.

Most students, though not all, were familiar with a variant of western allopathic medicine. Rarely, however, was it the only healing system they were familiar with. Even those who were used to western medicine found significant surprises when trying to navigate the U.S. system. Predominant concerns included: anxiety over the cost of care and the problem of insurance; frustration over the amount of waiting that occurs at each step of the process; anxiety and frustration over the problems of communication both in terms of understanding health care providers and being understood by them; concern over lack of respect and differential treatment toward limited English speakers; concern over length of hospital stays; and a sense that U.S. medicine is good but overly reliant on strong drugs, and those who also use non-western medicine believe western medicine only addresses surface symptoms, not root causes, of illness.

Finally, the authors here are individuals and do not attempt to speak for all members of the cultures they represent. Most, furthermore, are not professionals in the field of health care. Rather, they are sharing from a lay perspective their own experiences and understandings of health care systems both abroad and in the U.S.

Comparisons of Health Care Systems around the World

By Danica Dobric

Presentation to Family Medicine Grand Rounds at University of Virginia Hospital on May 10th, 2002.



Although health care systems around the world have similar goals to protect, maintain and regain the good health of people, there

are many ways to do this. After learning from each other about our health care experiences in our own countries, we have come to some conclusions about how health care is different outside the U.S. This is a summary of our findings.

Technology and equipment:

Some students wrote about (1) the difference between the equipment in their countries and that in the U.S., and (2) diagnosing and treating certain health conditions within their health care systems.

A **Russian** student contrasted her health care system with that of the U.S., saying, “American clinics possess very good equipment. The Russian clinics don’t always have normal equipment.”

A student from **Togo** also reported, “The big difference is the equipment. America is developing every time new equipment according to different types of diseases. It is normal because it is rich, but in my country some equipment dates from independence (1960). This poor condition makes detection of some sicknesses impossible.” Another Togolese student wrote, “In America, all illnesses can be treated, so there is lower death than in Africa.”

A student from **Ukraine** wrote that in his country, they do “not have up-to-date medical equipment for hospitals and diagnostics. So the people from Ukraine who have enough money go abroad for medical services.”

A **Romanian** student wrote that equipment was available in her country, but very expensive: “In the private offices you can receive good health care. They

can offer you the latest medication, very new methods of treatments, and almost everything that I saw was also here in the U.S. But most people don’t have enough money to pay for a private clinic. Then you must choose the cheaper solution. I want to specify that prices are very, very small compared to here. Even so, the Romanians don’t have enough money for their health.”

Most countries have an ambulance service that is free or low-cost. **India**, however, doesn’t have many ambulance services, and in **Myanmar** (formerly Burma), there is no emergency telephone number and ambulance.

Insurance:

Many countries also have insurance and ways of paying that are different from the U.S. Most have public and private hospitals and clinics, but the public services are used more and are not so expensive.

In **Colombia**, for example, “Everyone must pay for health insurance according to their income level, like a tax. This tax is 13% of the salary, honorary, or any other income by work. This payment gives you the right to use the General Health System. If a person doesn’t have work and doesn’t have money, he/she can go to the health system. This solidarity system is paid with a tax (1% of income) that is imposed on people with high salaries. If this tax is not enough, the government pays.”

In **China**, insurance is not taken from taxes, but “people can buy their own insurance plan or from the government if you work for the government. If you have insurance, you best go to the hospital. It is cheap for them. A clinic does not accept insurance. In the countryside, they do not have insurance.”

In **Russia**, you don’t have to buy insurance; it is free.

In **El Salvador**, everyone who is employed can use
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public health care: “For most employees, there is health insurance, called *seguro social*. With this insurance we go to ISSS. This is like the workers’ hospital, and we don’t pay any money for the visit, the doctor, or the medicine.”

Japan, too, “has public insurance which covers almost all health conditions except normal pregnancy. For normal pregnancy, the state government pays the fee to the family to make an accurate family register.”

All people in the former **Yugoslavia** had health insurance, as is the case with most people in **Chile**. However, in Chile, “if you don’t have insurance, you have a problem because you need to spend a lot of money for yourself, and you have to pay cash.”

In **Tibet**, there is health insurance only for government workers and teachers, and in **India** only for government workers. Other people in these countries don’t have insurance, but in both countries medicine and seeing a doctor is not expensive. In India, you can purchase a card for a whole year to pay for general health care.

In some countries, like **India** and **Togo**, people pay in the hospital from their pocket for treatment at the time of their visit. Doctors know more about the cost of different treatments and can tell patients if asked. A student from Togo said, “Every service has a specific price that you know before you get the treatment. But sometimes some people die because they don’t have money.”

While not all countries have free or low-cost health care, many, such as **India** and **Iran**, offer vaccinations and other services at no cost. In **Tibet**, some clinics don’t charge local residents for medical fees. In the former **Yugoslavia**, some diseases, like diabetes, cancer, TB, and mental illness, are paid for by the government. In India, the government hospital gives poor people free treatment.

Appointments:

Another difference from the U.S. is that in many countries, such as **Togo**, **Myanmar**, **El Salvador**, **China**, and **Tibet**, you are not required to make an appointment to see a general practitioner.

In **Chile**, you must make an appointment, but a doctor will come to the home for children and old people. In **Russia**, if your baby has a high fever, the doctor also will come to your home.

The time you must wait for an appointment in most countries is generally very low, if there is any waiting period at all. Most places, you don’t have a primary care doctor who sees you every time. There are different waiting periods once you get to the clinic or hospital.

In **El Salvador**, in addition to the workers’ hospital, there are private hospitals that offer faster service, but they are very expensive. The public hospitals are open to everyone, and people pay for prescriptions only, but sometimes you need to wait for a long time.

In **China**, you don’t need an appointment at either the private clinic or public hospital. You have to take a number and wait a long time in the hospital, but it is cheap. If you go to private clinics, you don’t have to wait a long time, but they are very expensive.

Herbal medicine:

While doctors are consulted for illnesses around the world, they are not always the only people who will diagnose or treat a person. In many countries, herbal and other treatments are part of the regular health care system.

For example, according to a Togolese student, “In **Togo**, if somebody is sick, first of all the family or the parent of the patient tries to find out what the person is suffering from. And if they find out what the person is suffering from, they can treat the patient at home with herbs if possible.”

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Comparisons of Health Care Systems around the World

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Other Togolese students talked about using herbal treatments, too. “There are some diseases, like fever, headache, or stomachache, that we treat by herbs. This kind of treatment is so common that some families are herbalists from grandparents to sons.” “As an African, I periodically cook some medical plants (herbs) and drink them for several days. I boil the plants in water, and I drink the infusion. I like doing this activity because it is a better way to stay healthy in my country.” “In my country, most of the sicknesses are treated at home with herbs because maybe they don’t have a lot of money. Some diseases have been treated by spirit men.”



A student from **Tibet** feels similarly about using herbal treatment. “Our people usually like to have herb medicine because they come from nature. We Tibetans do not really like chemical medicine.”

Another student writes, “In **China**, we have two kinds of medicine, traditional medicine and western medicine. We don’t need to get a prescription from the doctor. You must know the problem yourself, then go to a pharmacy and buy medicine. We like traditional medicine because herbs have fewer side effects.”

A student from **India** tells about her husband’s experience with chronic back pain. “He was having trouble lifting, and he went to the doctor (in the U.S.) and got some medicine and treatment. He still did not get better. He went back to India to get traditional treatment, and his back pain was gone.”

A student in **Korea** also talked about the use of spas as a part of the health care system: “First of all, it’s important for me to relax. Also, a spa is good for me. My hometown is near the ocean. So we have several spas. When I am in a spa, I just relax. We have many kinds of baths in a spa. For example, one is Jasmine, one is salt, and one is mud.”

In conclusion, while the health care system of each country is, of course, different from others, the major differences between the U.S. health care system and health care in other countries are related to the type of equipment and procedures used for treatment and detection of illnesses, the methods of payment and types of insurance, the time we need to wait to see a doctor, and the use of non-allopathic medicine.

Hot Springs in Japan

By Kumiko Hiroswawa

Which do you like better, taking a bath or just taking a shower? I like taking a bath. Sometimes I take a bath three or four times a day in summer.

Where do hot springs appear? They appear near volcanic zones. Dig deeply in the ground and we can find the source of hot springs.

Ingredients which are included in hot springs are different. We can use hot springs for their ingredients and their effects. Degree Fahrenheit is different by place. The best Fahrenheit is a little warmer than our body temperature. But



many hot springs are adjusted hotter than this. Many Japanese five-star hotels have bathrooms inside and outside. From the outside baths, we can enjoy beautiful views in all seasons: spring blossoms, summer green, fall red leaves, and winter snow. And they prepare dinner and breakfast, too (sometimes only breakfast). Price depends. The average price of staying one night with dinner and breakfast is about \$120 per person. At the hotel, you sleep wearing a *Yukata* (Japanese robe). But the tie is easily untied, so you must be careful. It’s not good if you catch cold. A delicious meal and comfortable bath and beautiful view make you return to health.

When you go to hot springs in Japan, ask somebody. They will tell you where there are nice hot springs near you.

A Comparison of U.S. and Japanese Medical Systems

By Noriko Egawa

Presentation to Family Medicine Grand Rounds at University of Virginia Hospital on May 10th, 2002.

There are many differences between the U.S. and Japanese medical systems. The biggest difference is the insurance system.

Insurance: In the U.S., each person has their own insurance, and it covers medical treatment and healthcare checkups individually.

In Japan, everybody has the same insurance run by the Japanese government, and it covers medical treatment and medicine, not healthcare checkups. Now, people who have full-time jobs, except the self-employed, are covered for 80% of medical treatment fees and medicine fees. Their family, the people who work by themselves, and people who don't have full-time jobs are covered for 70%. But the patient doesn't have to pay more than \$600 a month. Elderly people, older than 70 years old, and handicapped people are covered for almost all medical costs. People with high incomes pay more for insurance, and those with low incomes pay less.

Adding to this insurance, we also have private company's insurance. This insurance is a combination of life-insurance and health and accident insurance. For example, my mother has a private company's insurance. When she had an operation for breast cancer, she stayed in a hospital for one month. She got more money from the private insurance company than she paid the hospital.

Visits and Length of Hospital Stays: Compared to the U.S., in Japan, patients stay in the hospital longer. For example, for appendicitis, people stay in the hospital for at least one week in Japan compared to 0-1 one day in the U.S.; for prostatectomy, the stay is about 3 weeks in Japan, and about 3 or 4 days in the U.S. In Japan, when a patient stays in the hospital longer and when a patient visits a doctor more, the hospital earns more. So, when I had an injury and got stitches in Japan, the doctor said to me, "Visit me

every day to clean your wound and change your bandage." On the other hand, when I cut my finger last year here in Charlottesville, I went to the ER at Martha Jefferson Hospital. After the doctor stitched one stitch, he said, "Buy antibacterial liquid for cleaning your wound and bandage at a drugstore. And clean your wound and change your bandage by yourself." I was very surprised because I had never done it at home in Japan. I always went to the hospital every day. In the U.S., patients do medical treatment by themselves that they can do. It seems to me very individual.

Preventative checkups: In Japan, I get a postcard every year from my city. It says when, where, what kinds of health care checkups you want to receive. I usually get health care checkups at the city health care center. When I asked my American friends about checkups, one of them said, "I know about my health condition. I am healthy, so I don't need to get an annual checkup. But my pets can't say about their health, so I visit the veterinarian every year." I was surprised.

In Japan, medical doctors can do almost all medical treatment including the filling of prescriptions. The work done by nurses and paramedics is limited in Japan. Compared to here, they can't do many things.

Prescriptions: In Japan, at a drugstore, we can buy only weak over-the-counter medicines without a prescription. And it is very expensive. So, I always go to a hospital and consult a specialist directly when I have a headache, stomachache, cold, and so on. To go to a hospital and get medical treatment and medicine is cheaper than to buy medicine at a drugstore.

Japanese government insurance doesn't have enough money now. The Ministry of Health and Labor is trying to change the medical system. The details are not clear yet, but the system will change to one similar to the U.S. Many people, including me, think the Japanese system will collapse if the government continues to pay so much money for all the people in Japan.



My Medical Experiences in the U.S.

By Daesung Oh

I have experienced several medical services since I have lived in the U.S. Among those experiences I'd like to introduce two cases to you. One is about emergency service, and the other is about dental service.

It was when I stayed in California that I met a medical accident. One day about 6 years ago, my family went on a trip to Disneyland. It was exciting for us to ride attractions in Disneyland. Especially, the roller coaster was most exciting for my children. But, unfortunately, it was an evil for my wife. After riding a roller coaster, she fainted and fell down. Immediately, a Disneyland employee came to me and asked if I wanted to call an ambulance. I said, "Yes." Shortly after dialing 911, the ambulance arrived and carried my wife to the hospital. On the way to the hospital, she regained consciousness faintly. As soon as the ambulance got to the hospital, my wife was conveyed to the emergency room. But I was not allowed to see her at first, which made me more and more afraid. About an hour passed before I saw her. I asked the doctor what was happening to my wife. But the doctor answered, "There was no problem with her. She just fainted." Having recovered, my wife said to me that she was just lying on the bed with neither treatment nor injection nor medicine for about an hour. She was only getting stabilized. It was fortunate that she did not have any physical problem. We came out of the hospital and went directly home to San Francisco, giving up sightseeing the rest of the resort. Two months later, I received a bill from the hospital. The bill was for about \$1,000, which consisted of the ambulance fee, the physician fee, and the hospital fee. As I remember, the ambulance fee was about \$400. However, I was told by a medical person at the Family Medicine Grand Rounds Presentation that in Charlottesville, there is no charge for using an ambulance because it is operated by volunteers and donations. In some cities in Virginia, however, the ambulance is not free.

I have another example of using the U.S. medical system. A couple of months ago, I felt strange inside

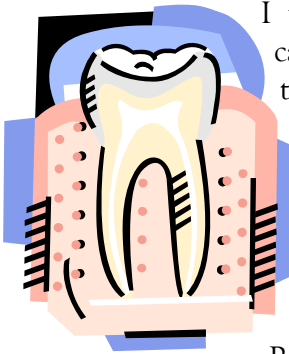
my mouth. Looking at the gum, I saw it was swollen a little. By the way, the gum was part of a tooth which was crowned by a bridge. I was afraid the tooth might be decayed because, if I lost the tooth, I would have a big hole in my mouth where three teeth should be. As a result, I might suffer somewhat, having difficulty speaking and eating food. The very next day, I tried to call a dental office in Charlottesville to make an appointment. But I couldn't find a dentist who was available until I called several places. Fortunately, because a patient had canceled his appointment, I was able to see a dentist that morning. According to the Yellow Pages, there are a lot of dentists in Charlottesville. Nonetheless, it was rather difficult to see a dentist right away.

As soon as I visited the dental office, first of all, a dental assistant took an x-ray of my tooth. After examining the film, the dentist came and said to me that, unfortunately, my tooth had a serious problem, and it should be extracted. I was desperate upon hearing his strong suggestion. I couldn't decide what to do at that moment. I thought I needed to gather more opinions from a better specialist. Thus, I tried to call UVA Hospital. The receptionist told me that the next appointment would be available in two months. Accordingly, I called another dentist in Washington, D.C., who is Korean. He was encouraging to me and gave me an appointment immediately. I expected that maybe he could save the tooth. Unfortunately, however, he reached the same diagnosis as the previous doctor did. I could do nothing but have the tooth extracted and cut off the bridge there. I paid \$260 for the whole procedure.

The emergency costs as well as the dental costs, which I mentioned above, were so much higher than in my country. Luckily, the former was covered by my medical insurance, but the latter I paid. It is strange that the number of medical doctors has been increasing every year in the U.S.; nevertheless, so far the medical costs are rising constantly. That is what I can't understand about the medical service system of the U.S.

Teeth and Dental Care

By Wataru Nakamura



I was a dentist in Japan, but I can't treat your dental cavities in the U.S. So, today I would like to just show and tell about teeth.

This is a section of a tooth. Each tooth has 4 main parts: Enamel, Dentin, Pulp, and Root.

Enamel is the outer layer of the tooth. It is hard like a shell that protects the tooth against environmental conditions. If your dental cavity is limited in enamel, there is no problem.

Pulp is a part of the inside of the tooth that contains the nerve. Because the nerves receive everything as pain, if your dental cavity reaches to the pulp, you may suffer severe pain.

The root is the part of the tooth that secures it into the jaw. If your tooth has decayed to the root, you might not feel pain any more because your pulp might be dead. And, unfortunately, the decayed tooth might have to be extracted.

There are a lot of dental treatments for your dental cavities or decays; however, the best way to maintain your health is through prevention. Prevention is better than the cure because it is easy and there is no pain. One of the ways of prevention is to use toothpaste when you clean your teeth by brushing. This toothpaste contains fluoride which can strengthen enamel, the outer layer of the teeth. It is very effective.

But if you already feel some pain, you had better go to a dental clinic as soon as possible because toothpaste can not cure your cavity.



Successes and Challenges: Statements by ESOL Students on Navigating the U.S. Health Care System

By Luis Enrique Arbelaez

Presentation to Family Medicine Grand Rounds at University of Virginia Hospital on May 10th, 2002.

The following are some phrases I have taken which were written by ESOL students in the health curriculum classes at Charlottesville Adult Education. I have only changed grammar errors. My goal is to transmit the sense of their feelings when they have used the health care system in the U.S.

Successes:

- "They (health care providers) were very kind and helpful."
- "I was satisfied. They gave me good medicine and treatment."
- "The doctor was good – he took care of his patient."
- "I got a lot of good information for my health."
- "The doctor was very kind. He checked me out completely."
- "The doctor in intensive care was very nice and tried to explain the problem to me."
- "I went to the Free Clinic and obtained free testing, important information for my health, and health products."

Challenges:

- "We need more knowledge about the U.S. health care system."
- "We have to wait and wait..."
- "Sometimes we receive disrespectful treatment."
- "We have language problems."
- "We need to know our Civil Rights."

Knowledge about the U.S. Health Care System:

- "I didn't know there was a difference between private and public hospitals."

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Successes and Challenges

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- “I didn’t know about the Health Department.”
- “I didn’t know where to go.”
- “I didn’t know about costs.”
- “When we first moved, I did not have any conception about medical services here. We did not hurry to buy insurance.”
- “I was absolutely sure that a doctor could come to our place because in Russia it is the normal thing.”
- “It was a surprise for us when he (a friend) told us that you can call 911 only if you think you are dying.”

Wait and wait...:

- “I had to wait two months before going to the doctor after making an appointment.”
- “I had to wait two hours for an interpreter.”
- “I had to wait for attention in the emergency room.”
- “I had to wait for three hours to take a test.”
- “I had to wait for a specialist.”
- “We waited for one hour before some woman took us to the examining room. She weighed our daughter, took her temperature, and showed us a room where we could wait for the doctor. After half an hour a medical student came, asked a lot of questions, saw our daughter and went away. We waited for the doctors for a half an hour more. He did not see his patient because the medical student had told him everything. His advice was to wait five days and if nothing changed come again. My daughter was really tired after two hours and we did not hear any advice. I felt that it was not acceptable to wait.”

Disrespectful treatment:

- “The receptionist told me to wait. I waited two hours to pay my bill, and finally the nurse told me I could go home. They sent the bill to my home.”
- “The nurses were very rough.”
- “The receptionist was not friendly.”
- “In the future, I need to insist on better

treatment.”

Language problems:

- “I think that a translator is necessary for people who don’t know English very well when they are not sure how to explain their problem.”
- “I asked the receptionist what to do about paying. Maybe she didn’t understand.”
- “I understand the doctor so-so. I don’t understand when I should go to the next appointment.”
- “I couldn’t understand everything.”
- “The doctor tried to speak in French, but he did not know the words too well.”
- “Many doctors came and stood around the cot and asked her why she did not sign the authorization paper. She didn’t understand. Finally, because she hurt so much, she signed.”
- “I understood *two* weeks, not *three*.”
- “In the garage parking lot, I didn’t understand I had to take a ticket.”
- “I didn’t understand the doctor. I understood only with an interpreter.”

“I had to wait two months before going to the doctor after making an appointment.”

Very Expensive:

- “My wife told me that she was just lying on the bed with neither treatment nor injection nor medicine for about an hour. She was there in the bed for one hour to stabilize... I received a bill from the hospital. The bill was about \$1,000.”
- “We went to the private hospital. It was very expensive.”
- “The emergency cost and the dental cost ... were much higher than I could imagine in my country.”

Civil Rights:

- “I was surprised because the doctor never told me about the source of my sickness.”
- “I asked the doctors to wait and not to do the operation until my son, who speaks good English, came to the hospital. The doctor didn’t want to wait. During the operation, they decided to take out her appendix anyway even though it was healthy and we didn’t agree to anything.”

Student Experiences of Health Care in the U.S.

The following consist of further excerpts of student writings from the ESL Health Curriculum of the Charlottesville Adult Education Program. To honor their privacy, names have not been included.

"I needed medical assistance when I came to the U.S. Maybe because I was cracking stone in Ghana, the stone dust glued to my left eye. Through the International Rescue Committee, I booked an appointment at the UVA eye clinic. I was not satisfied by the service. I was really deceived. I had to wait for two months before going to the doctor. By then, I treated my eye by reflexology and never went to the eye clinic. It is like we cannot be sick in the U.S. For prevention, I have to have my family care doctor who pays attention to my health problems. There are some small sicknesses which can easily kill someone. So if there is no correction of the waiting time before being received by a doctor, people will die terribly at the hospital with small diseases."

"My kids needed vaccinations to be enrolled in the kindergarten and child-care center. I didn't know the difference between private and public hospitals, and we went to a private hospital. It was very expensive, surprisingly \$400 for the first time injections. We were not at all satisfied with the treatment. Neither were my kids. Nurses in the hospital were rough and injected roughly. Soon after that, we noticed that vaccinations were free at some public hospitals. If we had made more effort to find a cheaper hospital, we could have. My request to the receptionist: Be more friendly, smile more. She treated me like I was her husband whom she was about to divorce."

"I was with some friends on vacation in Chincoteague, and on our first day, one of our friends had a big pain, a kidney stone attack. We called 911 because there wasn't any other solution. The ambulance came very quickly, but the patient had to go in the car because of the small space. We drove one hour to the nearest hospital. We waited the whole night, and in the

morning we could go home and waited to eliminate the stone. My friend is a doctor, and he has the same problem with the doctors. I learned that it is better not to be sick in the U.S. We waited a long time, and we didn't receive any medication. We had only to have only a lot of patience. And finally we also had problems with money, even though my friend has health insurance. Only after many phone calls and letters they paid only a part of the bill."

"The persons who are very, very sick get more attention than someone who just has a small pain."

"I needed medical assistance when I had pains in my chest. My English is not good, but I thought that it was not necessary to have a translator, and the doctor understood me. I was satisfied with my treatment. There weren't any surprises, and my chest pain was not a big problem, like I thought. From the experience I learned that a translator is necessary for people who don't know English well when a person is not sure how to explain very well his problem."

"When I came to the U.S., I had a liver problem and constipation. I went to UVA Primary Care. My doctor prescribed two medicines: Philipp's and Fibercom capsules. I took them, and I was satisfied. Later, I had a blood test to check if my liver was working well. I got the result from my doctor. It's okay. I don't eat more bread and drink 7 or 8 cups of water per day. He is a good doctor. He takes care of his patients."

"I have been sick and went to the hospital in the U.S. The problem was about a headache that I had. I wasn't really satisfied. Of course, there were surprises. The doctor never notified me of the source of my sickness, and in spite of the prescriptions he gave me, my pain never went away forever. The thing I learned from the experience is that here in the U.S., the persons who are very, very sick get more attention from the doctor than someone who just has a small pain. To prepare for the next time, I think it'll be better to insist and ask for serious treatment. And also for best treatment, I think that it would be better to have a private doctor."

The Medical System in China

By Qiong Qin

I have never had any experience with the U.S. medical system. So, I can only say something about China.

Insurance: Our insurance is different from the U.S. If we have a job, our company will give us insurance. The insurance is different for everybody because it depends on the medical policy of our company; also, it depends on our position. In China, almost every company takes care of its workers, and most companies have a health center or a clinic. If we get sick, we can go to our health center or clinic to get free diagnosis and medicine. Of course, the scope of the health center or clinic depends on if the company is rich or poor. But if we get very sick, we must go to a general hospital. When we go to a hospital, we must pay our bill first, then bring the bill to the finance office of our company. The finance office will pay our bill, depending on the medical policy. How much must we pay by ourselves? It depends on our position and number of years we have worked. For example, two years ago, my company gave me a policy where I could get 100% of the bill under 300 Chinese money (about \$35), and if my bill was over that, I would pay 25% by myself. But my boss only needed to pay 10% by himself when his bill was over 800 Chinese money (about \$100). Also, the company paid medical bills for workers' children, but only for children who are under 14 years old. The father's company pays 50%; the mother's company pays another 50%. But some companies can pay; some companies can't pay. It still depends on the company.

Physical examinations: It totally depends on our company. Some companies maybe never do it for their workers; some companies may do it once every two or five years; some companies do it once a year. So, in China to get a good job is a very important thing. But now our government is beginning to change this situation. They want to give everybody

the same medical policy. I think the change will make some people happy, and some people sad.

How to see a doctor in China: For me, I think how to choose the hospital and doctor is very interesting and important. I believe everybody knows China has two different medical systems: they are western medicine and traditional medicine. So if we get sick, first we must think about which kind of treatment we want to get and which treatment will be better for us. Taking herbs takes some trouble and the effect is slower than western treatment, but Chinese people still like to choose traditional medicine because we believe western medicine can only cure the surface of the disease and can't cure the source.

“We believe western medicine can only cure the surface of the disease and can't cure the source.”

For me, I believe in and like traditional medicine. I think it's magical and helpful. We have a friend who is an herbalist doctor. I often went to see him with my mother. If he had free time, I asked him to treat me, but I didn't tell him anything about the situation of my body. He only put his two fingers on the artery of my wrist and didn't use any instrument. But he always told me about the variations inside my body. Talking with an herbalist doctor is a very enjoyable thing because from your pulse they can know a lot of details of your body, and they will tell you the source of each.

In China, almost every big city has a big traditional medical hospital. But now, the young don't want to study traditional medicine because an herbalist must work harder than a western medical doctor. An herbalist doctor must have a comprehensive knowledge of medicine and the body. So, when we go to see the traditional medical doctor, we don't need to choose the subject of which disease we may have. But if we go to see the western medical doctor, first, we must know where is the problem with ourselves.

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The Medical System in China

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Appointments: We don't need to make an appointment before going to the hospital. We can choose any time to go to the hospital, but we must ask another person to go there with us because we will have too many things we need to do. In China, a general hospital usually has a large hall. When we want to see a doctor, we need to get in line. First, we need to queue to get a register number. Second, we bring our register number to find the office of the doctor we want to see. In China, every patient has a case history notebook; we must bring it with us to see our doctor. So outside the doctor's office, we can sit in waiting seats and put our case history notebook on the desk to queue instead of us. But we need to check it frequently. When it is our turn, we come into the office to see the doctor. The doctor asks some questions and checks our problem. Sometimes we need to have an examination. The doctor gives an examination form to us. We need to go back down the hall to find out the cost and pay it. Then we go to the examination office. Sometimes we get the results immediately, and sometimes we need to wait one day to one week. After we get the result, we come back to the same doctor. He writes a medical certificate and some notes of what we must be careful of in our case history notebook, and a prescription. Then we bring the prescription back to the hall to get our medicine. Of course, we can get the medicine in a drugstore outside of the hospital. The cost is the same, but our company only pays the bill if it comes from the hospital.

Usually, a big general hospital works with a medical university, like UVA hospital. So, if we go there, we have a big choice as to which doctor we will see because every specialty has a doctor ranking. The best one is the presiding professor; next, is the deputy professor; then, a presiding doctor; the worst one is the deputy doctor. When we come to the hospital, we must choose which kind of doctor we

“In China, doctors work very hard every day because there are too many patients and they do everything by themselves.”

want. The registration fee is different depending on the doctor's rank. One day has only one presiding professor and deputy doctor working for one specialty. Also, they only see 20 patients a day because they have some classes. So if my mother went to the hospital, we always came to the hall before 6:30 a.m. We could register at 7:00 a.m., and all hospital work began at 8:00 a.m. So after we got the register number, we went out to eat breakfast and roamed in the street. Why did we choose the best doctor? Although the registration fee is more expensive than the common doctor, the best doctor can find the disease problem fast; they care about the feelings of the patient and are very patient; also, their treatment has good effects. Although the fee for the common doctor is cheap and we can see them at any work time, some common doctors are not good; sometimes they gave us expensive medicine that was not effective, so we had to go to the hospital again. In China, doctors work very hard every day because there are too many patients and they do everything by themselves. Usually, we can't see a nurse if we don't need to get a shot. They always work in the hospitalization part.

Dentists: Finally, I want to say a little bit about dentists. We have a dentistry hospital. Also, the general hospital has specialty in dentistry. But if we get tooth disease, we usually go to the dentistry hospital. Our company pays the bill from the dentistry hospital, too. But we never do dental exams if we aren't feeling bad. In my life, I have only gone to the dentistry hospital five to seven times. I wonder why the American people need to check their teeth every year.



Health Care in Croatia and in the U.S.

By Seka Baljak

The main differences between health care in my country, Croatia, and the U.S. are insurance, “ambulance” (clinic) treatments, equipment, bedside manner, and the need for appointments. The similarities are quick diagnosis, means of treatment, and post-treatment (in difficult cases) at spas.

In my native country, all people have State-provided health care. The State collects funds for health care in the following ways. Every employer withholds funds from each employee and then sends those funds to the State. Self-employed agricultural workers pay property taxes to the State. Students and disabled persons have health care without paying any taxes because the State sets aside 2% of the budget for them.

“Ambulance treatment” is a form of health care at a clinic which every sick person can ask for at any time, day or night, and no appointment is necessary. It is something like Family Medicine in the U.S. Treatment there is very brief, except for serious cases in which the doctor diagnoses and then sends the patient to a specialist.

The medical equipment is outdated and very often out of order. Sanitary and medical supplies are scarce. The doctors, in serious cases, are ambiguous when giving diagnoses to the patient. Usually, doctors first inform family members of the patient’s condition, and sometimes the patient dies without ever knowing the true nature of his illness. I consider this to be a good practice, because the patient is not exposed to the extra shock while he is alive.

As I stated before, no appointment is necessary except at the CT because they are very rare and only in a couple of big cities. People from all over the country come to the CTs for treatment. So to spare them from having to stay more days, appointments

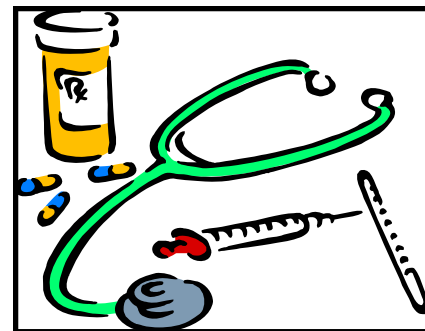
are necessary.

Thanks to the doctors’ skills (like here in the U.S.), diagnosis is very quick. Of course, because of the influence of money, the equipment is much better here. Treatments depend on the diagnosis, and most of them are available in my native country, but some very serious cases are sent to the U.S., France, or Germany. These treatments are very expensive and only a small group of people can afford it. Because of that, humanitarian funds exist and can be activated if necessary, especially for young people. In some cases of serious illness or for preventative treatment, you can be sent to one of 80 spas in my native country. Of course, some people abuse doctors’ friendships to obtain that advantage, which is very bad.

All of this information is from a couple of years ago. Today, I have received information about changes in insurance, medicine, and treatment. The equipment is still in bad condition, but people believe in a better future.

In conclusion, insurance and medical equipment are very different in my country and in the U.S.

“Usually, doctors first inform family members of the patient’s condition, and sometimes the patient dies without ever knowing the true nature of his illness.”





Stress in Colombia and in the U.S.

By Luis Enrique Arbelaez

What is stress? I have felt stress many times. I need to take care of myself because I have a high stress level. In the first place, my country, Colombia, suffers an acute war and has high levels of delinquency, so my family, my friends, and I are at risk all the time, and we can't feel safe.

When I am in Colombia, I work all day, and at night and on weekends I study. I don't have time to relax, and often I feel sick and very tired. I often feel symptoms of stress, such as anxiety, cynicism, defensiveness, difficulty concentrating, irritability, and pessimism. I am an ambitious guy, and I am very disciplined and strict with myself. For example, now I want to learn English quickly in order to take the TOEFL test and apply to the University of Virginia. But I know that maybe I don't have enough time and money, and then I cannot achieve my goals. I worry when I think about it. Besides, I have a family, and I need to take care of their needs. All the time, I think about their risks and what I must do to protect them.

In Charlottesville, there isn't war, but each person has problems. Stress occurs when you perceive outside demands as being greater than your resources. Stress is the physical and psychological reactions you have to these "unbalanced" situations, which may last minutes or for years. They may be situations everyone considers stressful – losing a job or a loved one – or they may be situations that you consider stressful but others would find thrilling, such as speaking in front of many people. For example, in Charlottesville, there are many university students, and I can see them very worried about their exams and their homework. How many students here have worries similar to my own?

Stress and health: Chronic stress contributes to an increased risk of worsening of heart disease, migraines, asthma attacks, cancer, immune system dysfunction, peptic ulcers, constipation, heartburn, and irritable bowel syndrome.

Symptoms:

1. Physiological symptoms of stress:

- Muscle tension and aches
- Digestive changes
- Fatigue
- High blood pressure
- Grinding teeth
- Headaches
- Pounding heart

2. Psychological symptoms of stress:

- Anger, anxiety, apathy, depression
- Feelings of hopelessness or worthlessness
- Feelings of being unappreciated
- Insecurity, irritability
- Pessimism, sadness
- Withdrawal from others
- Procrastination

3. Behavioral symptoms of stress:

- Increased smoking
- Increased use of alcohol or drugs
- Nail biting
- Neglect of responsibility
- Poor job performance
- Readiness to argue

4. Treatments:

Relaxation techniques are one of the most common approaches to stress reduction. These include meditation, progressive muscle relaxation, visualization, and breathing exercises.

- Practice relaxation response and similar techniques.
- Learn progressive muscle relaxation.
- Do visualizations.
- Practice relaxed breathing exercises.
- Write about your stress.
- Express your feelings.
- Deflate the danger of your fears.
- Remove stressors.
- Manage your time.
- Maintain a healthy diet.
- Exercise, socialize, and seek therapy.

For more information: go to <http://www.intelihealth.com>. It is a health encyclopedia.

Health Care in Togo, Burma (Myanmar), and Tibet

In my country, Togo, there are two categories of health care system: dispensaries for the first treatment and the hospital for chronic illness, emergency, surgery, some department specialties (maternity, gynecology, etc.), and exams and x-rays.

In the dispensary, which is small, there are one or two medicine men and one nurse and sometimes a midwife. They consult and treat the patients who have fever, headaches, and minor pains. Here, the patient can have some blood tests or exams. If you don't feel better after three days or one week, they send you to the hospital. In the hospital there are different doctors, specialists, many machines and materials, and many departments. Sometimes you can be treated immediately, sometimes by appointment.

There are chemical treatments. There are also treatments by herbal medicine. There are also P.I.M., social security associations created to take care of children and women waiting for a baby.

In the U.S., I see that there is everything to take care of you in different departments. You can get some results immediately. The doctor can let you know what you have and what you need to treat you. But you can't get the treatment immediately: sometimes you need an appointment for 1 month or 2.

By Philomene Amari Dogble

The month of May 2002 is my 11th month of living in the U.S. In spite of this short period, I have some experiences with the health care system in the U.S. that I am going to compare with my country, Togo.

In my country, if somebody is sick, first of all, the family or the parent of the patient tries to find out what the person is suffering from. If they find out what the person is suffering from, they can treat the patient at home with herbs if possible or take him to

the doctor.

In my country, you don't have to make an appointment to go to the doctor. But, on the contrary, in the U.S. system, you have to make an appointment and can't treat a patient even if you are a doctor and member of the family of the patient.

By Ehonam M. Agbati

“In [Togo], if somebody is sick, ... the family or the parent of the patient tries to find what the person is suffering from. If they find [what it is], they can treat the patient at home with herbs ... or take him to the doctor.”

My country is Burma, also called Myanmar. Our country's health care system is really bad. The people have big problems when we feel seriously ill, when we have an accident or when something happens.

We cannot call a doctor and an ambulance immediately because there is no emergency telephone number and ambulance. If you need to check with a doctor, you do not need to make an appointment. But then there is not enough money to treat the people. In the hospital, if you cannot give more money to the doctors, they are not careful. The doctors take bribes in our country. The hospitals are also very dirty, so that is dangerous for health.

By Mya Soe

In my country, Tibet, health care still uses very traditional care. If you have any problems and you want to check with a doctor, you do not have to make an appointment. You can go straight into the hospital and ask the nurse what problem you have and what kind of doctor you want to see. They will make an appointment for you straight away on that same day and time.

Our people usually like to have herbal medicines because they come from nature. We Tibetans do not really like chemical medicines. The doctors in Tibet are very kind, and they take care of you individually. They always take time with the patients, and you are always very comfortable with the doctors.

By Gyaltsen Sangpo

Nasal Allergies

By Heeyoung Lim

In the world, 20% of the people have allergies. They suffer every allergy season. Especially if you have experienced nasal allergy problems, you understand how harmful it is, not to mention sleepless nights due to the problem. There are many kinds of allergies. However, the most prevalent kind of allergy is nasal problems.

What are allergies?

Allergies are reactions you have to otherwise harmless substances called **allergens**. Normally, your immune system protects you against invading agents such as bacteria and viruses. If you have allergies, otherwise harmless allergens cause your body to react as if they were dangerous invaders. In effect, your immune system is responding to a false alarm. The immune system thinks it is protecting you by generating large amounts of a type of antibody specific to the particular allergen you're allergic to (www.zyrtec.com).



Why are some people allergic and others not?

It may be all in the family heredity. If one of your parents has an allergy, you have a 25% chance of having an allergy, too. If both your parents have allergies, you have a 75% chance of having an allergy.

What are the symptoms?

Allergy symptoms may be itchy, red, watery eyes; sneezing; stuffy, itchy nose; etc. If you have these symptoms, you can't smell or taste.

Before you go to a hospital, it is important to know what your symptoms are and how they are different from a common cold. If you have itchy eyes and clear nasal discharge, it is probably an allergy. If you have a fever, sore throat, and achiness, it is probably a cold.

What are the sources of allergens?

- Indoor allergens: pets, molds, feathers, etc.
- Outdoor allergens: trees, grass, weeds, pollen, etc.
- Pollen can be a problem from January through September, depending upon where you're located.
- In allergy season, before you go out, you'd better

check a pollen forecast.

- In Charlottesville, we have many kinds of trees and flowers that can be causes of allergies.

How to prevent an allergy attack:

- When you're driving, close all the windows.
- Don't open windows at home early in the morning (5 a.m. – 9 a.m.).
- Clean the house as often as possible (clean furniture, counter tops, surfaces, etc.)
- When you come home, wash your face and hands.

Treatments:

- Avoid allergens.
- Take medicine.
- Change physical condition to increase the immune system.

My experiences:

I have had an allergy since last year. When I first came to Charlottesville, I didn't have any health problem. But one year later, I got an allergy. At that time, I thought I had a cold. But, a week later, I felt itchy eyes. So, I asked a friend who experienced an allergy about my problem. She told me that it was not a cold, but an allergy. So I bought generic medicine for allergies in the drug store that does not require a doctor's prescription (Tylenol for allergies). It seemed to work fine then. This year, I got the allergy again. It started at the end of January and was worse than last year. I took the generic medicine again, but it didn't work. Then, I visited a private clinic (a Korean doctor). The doctor gave me a prescription of Zyrtec. I took a tablet a day, and it was effective. But it also has side effects, like other medicines. The side effects include drowsiness and dizziness.

I hope my research can be a useful source of information someday when the ESOL community gets allergies. You can find more information about allergies at the website of Zyrtec (www.zyrtec.com).

Sandstorms in China, Korea, and Japan

By Yanan Yuan

Sandstorms have become a big problem for China. Persistent sandstorms that have plagued China are now creating mayhem and discomfort across much of northern Asia, including Korea and Japan. In the last few years it has begun to move toward us very quickly. The dune crawls closer, by 20 meters every year; the villagers can only wait and watch as this silent invader creeps down their street and into their homes in LongBaoshan, North China.

The sandstorms are threatening to swallow the village of LongBaoshan. The first of its houses will begin to disappear beneath the dunes in about 2 years. If you lose your house, that means you lose your shelter.

The source of sandstorms: Sandstorms are one kind of air pollution. Each spring, dust blowing off the Mongolian desert chokes north China. The problem has worsened in recent years.

Reasons:

A. Overgrazing and deforestation:

Between Mongolia and Inner Mongolia of China, there are many farms; sheep and cows overeat grasses, and tree cutting in the mountains has also taken away the roots that could have stopped the sands from spreading so quickly. That has caused grasslands and forests to disappear; the desert begins to move, carried on the wind. Overgrazing and deforestation across the north has damaged the fragile ecosystem, rendering oases and rivers to dry up, and worsening the desert environment.

B. A drought and an unusually mild winter with record warm temperatures:

Four years of drought, in what has been termed central Asia's dust-storm zone, have also aggravated the drifting desert sands.

What is the effect? When the sandstorm happens, temperatures plummet, pungent grit with wind around everywhere and an eerie yellow color stains the sky.

Prevention and treatment of "sandstorm disease":

During the day, you best stay home, close windows and doors. If you go outside, wear a hat, glasses and bring an umbrella. Women can walk with a silk scarf in order to mask the choking dust. You must clean the house as often as possible. When you feel a sore throat coming on, aspirin, chewing gum, ice drinks are best when there is swelling or pain. Eating agaric can prevent pneumoconiosis.

Treatment of sandstorms: Dust storms, made worse by extensive deforestation, sweep across northern China each spring. The government is trying to mitigate the effects through massive tree-planting programs in the capital and across the northern plateau.



The State Forestry Administration (SFA) is scheduled to launch the fourth phase of the world's largest ecological project – "China's Great Green Wall", the 4,480 kilometer belt of forest spanning the country's drought and desert-prone northern areas. To date, the shelterbelt has succeeded in protecting over 60% of China's more than 133 hectares of cultivated land, preventing them from being ravaged or damaged by moving sand dunes.

Although we have to wait because it cannot change in a few years, experts believe by 2050, all reclaimable desertified land will have been brought under basic control, and co-ordinated economic, social and ecological development will prevail in areas currently afflicted by desertification.

Conclusion: It is our responsibility to protect the environment. Keeping the natural environment wonderful is important for our health. No one can just run away from sandstorms. They are becoming international phenomena. People in different countries facing the same problems ought to help each other to fight the sand and preserve the environment.

Air Pollution

By Shangho Choi



As we all know, air around the world is becoming polluted gradually. While rural areas, like Charlottesville, are not serious yet, air pollution is very serious in large metropolitan cities, like Seoul and New York.

Air pollution has existed since humans first used fire. The problem has become significant since the industrial revolution in the 19th century. Almost all air pollutants are the result of burning fossil fuels, either in the home, by industry, or in internal combustion engines. Some of the common air pollutants are carbon monoxide, carbon dioxide, nitrogen oxide, hydrocarbons, ozone, particulates, lead chlorofluorocarbons, and sulphur dioxide.

Generally, air pollution affects human health. One may have symptoms, such as headaches, irritation of the eyes, nose and throat, nausea, and general ill-feeling.

Air pollution also affects plants. Some plants are sensitive to pollutants. Lichens can be as a bio-indicator. Other plants may be destroyed by altered mud acidity and release of poison metal ions. And air pollution affects our surroundings: it corrodes metals and stone work through acid rain.

Besides such general effects, air pollution has other serious effects. Air pollution makes acid rain which washes away essential nutrients that the plants need, will reduce diversity and the population of some fish species, and will cause damage to common building materials.

Ozone layer depletion is also caused by air pollution. The thinning of the ozone layer may lead to an increase of skin cancer and eye cataracts. The yield

of crops may also decrease. The expense for medical cures and loss in food is uncountable.

And air pollution makes photochemical smog, which can cause headaches, eye, nose and throat irritations, may cause the lung function to be impaired, coughing, wheezing, can cause rubber and fabrics to deteriorate, and can damage plants, leading to the loss of crops.

The greenhouse effect also occurs because of air pollution. It causes global warming, which causes the polar ice sheets to melt and increases sea level. Warming also affects rainfall and food production. Some places will have an increase in rainfall, and some places will have a decrease. There may be flooding or drought in various farmlands.

Air pollution may make human beings and plants come to ruin. God created the best environment for humans to live. Because of greed to live better, man has destroyed the natural environment continuously. Earth has a natural way to purify itself, but now we may be exceeding its limit.

Although it is late, we must begin to protect the environment. The environment is not only the property of the people who live now but is also borrowed from the next generation. Therefore, we must suppress our desires and do our best to protect the environment for them, too. Rich countries, rich people who are consuming oil and food excessively must lead this movement.

But this movement cannot succeed through the efforts of just one country, one person. All countries, all people must participate in this huge project.



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