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最新大学英语6级考试

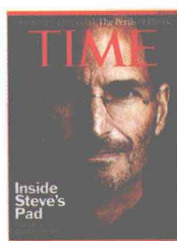
# 题源阅读

八大英美报刊100篇

上海交通大学

刘萍◎总主编

张春琴 刘小爱◎主编



《时代周刊》  
《新科学家》



《今日美国》  
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《华盛顿邮报》  
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# 题源阅读

八大英美报刊100篇

主 编：张春琴    刘小爱  
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中国海洋大学出版社

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# Contents

## 目录

### 第一部分 快速阅读

#### 社会生活类

Passage 1 《时代周刊》 ..... 3

Passage 2 《新闻周刊》 ..... 9

#### 文化教育类

Passage 3 《时代周刊》 ..... 15

Passage 4 《时代周刊》 ..... 23

Passage 5 《纽约时报》 ..... 29

Passage 6 《新闻周刊》 ..... 35

#### 商业经济类

Passage 7 《经济学人》 ..... 43

Passage 8 《今日美国》 ..... 49

Passage 9 《卫报》 ..... 55

#### 自然环境类

Passage 10 《新闻周刊》 ..... 63

Passage 11 《新科学家》 ..... 69

Passage 12 《华盛顿邮报》 ..... 75

#### 科普知识类

Passage 13 《新闻周刊》 ..... 82

Passage 14 《新科学家》 ..... 88

Passage 15 《时代周刊》 ..... 94

### 第二部分 短句问答

#### 社会生活类

Passage 1 《时代周刊》 ..... 103

Passage 2 《华盛顿邮报》 ..... 106

Passage 3 《新闻周刊》 ..... 109

#### 文化教育类

Passage 4 《纽约时报》 ..... 112

Passage 5 《卫报》 ..... 115

Passage 6 《华盛顿邮报》 ..... 119

#### 商业经济类

Passage 7 《经济学人》 ..... 124

Passage 8 《卫报》 ..... 127

Passage 9 《今日美国》 ..... 130

## /// 自然环境类

## /// 科普知识类

Passage 10	《华盛顿邮报》	133
Passage 11	《新闻周刊》	136
Passage 12	《时代周刊》	140
Passage 13	《经济学人》	143
Passage 14	《卫报》	146
Passage 15	《新闻周刊》	149

# 第三部分 短文理解

## /// 社会生活类

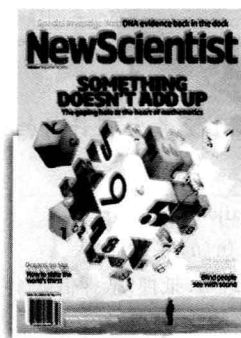
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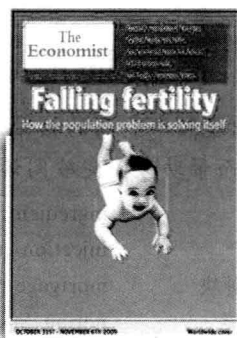
## /// 自然环境类

Passage 1	《纽约时报》	155
Passage 2	《纽约时报》	159
Passage 3	《纽约时报》	163
Passage 4	《纽约时报》	167
Passage 5	《经济学人》	171
Passage 6	《经济学人》	174
Passage 7	《新闻周刊》	179
Passage 8	《新闻周刊》	183
Passage 9	《新闻周刊》	189
Passage 10	《新闻周刊》	192
Passage 11	《纽约时报》	196
Passage 12	《纽约时报》	200
Passage 13	《卫报》	204
Passage 14	《卫报》	208
Passage 15	《经济学人》	214
Passage 16	《经济学人》	217
Passage 17	《经济学人》	222
Passage 18	《时代周刊》	226
Passage 19	《经济学人》	231
Passage 20	《经济学人》	235
Passage 21	《经济学人》	239
Passage 22	《经济学人》	243
Passage 23	《时代周刊》	247
Passage 24	《时代周刊》	251
Passage 25	《时代周刊》	255

# 第一部分 快速阅读



《新科学家》



《经济学人》



《时代周刊》



《纽约时报》



《华盛顿邮报》



《卫报》

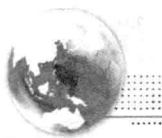


《新闻周刊》



《今日美国》





# 社会生活类

## 高频词汇

以下列出阅读文章中出现频率最高的核心词汇,方便考生有针对性地结合文章语境记忆单词,进而帮助考生突破阅读难关。

arise/ə'raɪz/v. 出现

barter/'bɑ:tə/v. 物物交换

bump/bʌmp/n. (碰撞造成的)肿块

capacity/kə'pæsəti/n. 能力,才能

censorship/'sensəʃɪp/n. 审查

clinical/'klɪnɪkl/a. 临床的

confuse/kən'fju:z/v. 使困惑,把...弄糊涂

consume/kən'sju:m/v. 吃完,喝光

correlate/'kɔ:rəleɪt/v. 使相互关联

credence/'kri:dns/n. 相信,信任

devastation/ˌdevə'steɪʃn/n. 破坏

diagnose/ˌdaɪəg'nəʊz/v. 诊断,判断

discharge/dɪs'tʃɑ:dʒ/v. 送走,允许离开

discount/dɪs'kaʊnt/v. 打折扣

efficient/ɪ'fɪʃnt/a. 效率高的;有能力的

evolution/ˌi:və'lju:ʃn/n. 进化,演化,发展

exaggerate/ɪg'zædʒəreɪt/v. 夸大,夸张

exquisitely/ɪk'skwɪzɪtli/ad. 精巧地

external/ɪk'stɜ:nl/a. 外部的,外面的

extreme/ɪk'stri:m/a. 极度的;末端的

frustrate/'frʌstreɪt/v. 挫败,阻挠

guarantee/ˌgærən'ti:/v. 保证,担保

haggle/'hægl/v. 砍价

havoc/'hævək/n. 大破坏,大毁灭

inferior/ɪn'fɪəriə/a. 劣等的;下等的

ingredient/ɪn'ɡri:dʒənt/n. 成分

injection/ɪn'dʒekʃn/n. 注射,注入

mortgage/'mɔ:ɡɪdʒ/n. 抵押,抵押贷款

notion/'nəʊʃn/n. 概念,观念

nutrient/'nju:triənt/n. 营养品

panel/'pænl/n. 专门小组

perceive/pə'si:v/v. 认识到,意识到

pessimistic/ˌpesɪ'mɪstɪk/a. 悲观(主义)的

procedure/prə'si:dʒə/n. 手续

pump/pʌmp/v. (用泵)抽(水),泵送;打气

rarely/'reəli/ad. 很少,难得

regardless/rɪ'ɡɑ:dləs/ad. 不顾后果地;不管怎样,无论如何

reluctant/rɪ'lʌktənt/a. 不情愿的,勉强的

remedy/'remədi/n. 治疗法

resignation/ˌrezɪg'neɪʃn/n. 辞职;放弃

rotate/rəʊ'teɪt/v. 旋转,轮流

shuttle/'ʃʌtl/v. 短程穿梭运送;穿梭般来回移动

switch/swɪtʃ/v. 转换,改变

vary/'veəri/v. 改变;(使)多样化

withdraw/wɪð'drɔ:/v. 收回,撤回;撤退

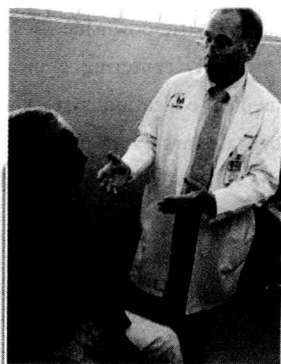
withhold/wɪð'həʊld/v. 抑制,制止

## Passage 1

题源:《时代周刊》 题材:社会生活 字数:1210 词 建议做题时间:15 分钟

## Teaching Doctors to Care

Claire Brickell, 25, an aspiring medical specialist in her third year at Harvard Medical School, already knows far more about health care than most of us. She can diagnose heart failure from a chest X ray. She can diagram the intricate circuits of the brain. And if she needed to, she could probably pull off a pretty decent *tracheotomy* (气管切开手术). But when it comes to communicating with patients, Brickell has a problem: she's too healthy. Like most of her classmates, she has spent very little time as a patient. She has never had to weigh the advice of a trusted friend against conflicting orders given by a cold and distant doctor. She has never had to take daily injections for a disease she doesn't understand. She has rarely even gone through the most basic trial of illness in the U.S., the endless wait in a doctor's office.



Enter Santa Ocasio, 56, a Dominican immigrant who is fighting a prolonged battle with Type 2 diabetes. In a pilot program that is the leading edge of a broad curriculum *overhaul* (详细检查) at Harvard Medical School, Brickell has been paired with Ocasio for nearly five months. She sees her as a patient every week at the Spanish Clinic of Boston's Brigham and Women's Hospital and tags along on visits to her specialists. In fact, the goal is for Brickell to be there every time Ocasio encounters the health-care system. It's not just a way to learn about treating diabetes; it's a crash course in the numerous frustrations of a patient caught in the trap of modern medicine—confusing prescriptions, language barriers and an endless parade of strangers in white coats.

Why would the America's top medical school ask its students to spend valuable time trailing a patient instead of a doctor? At Harvard and other medical schools across the country, educators are beginning to realize that empathy is as valuable to a doctor as any clinical skill. Whether it's acknowledging that a patient was inconvenienced by having to wait an hour before being seen or listening when someone explains why he didn't take his medicines, doctors who try to understand their patients may be the best remedy for the widespread dissatisfaction with today's health-care system.

So Harvard has built closer partnerships between students and patients into the



principal clinical experience, a small but important part of its most significant curriculum reform in two decades. The University of Pennsylvania Medical School began a similar program in 1997, and other schools are following suit. As long as medical students are still getting a healthy diet of clinical learning, educators say, there's little downside.

Still, centering clinical learning on patients is a fairly radical concept for a medical-education system that is notoriously resistant to change. Medical schools operate largely on principles established in 1910. For most of the intervening century, the third year of medical school has meant total immersion in a series of clerkships in the major fields—six weeks in cardiology, six weeks in intensive care and so on. Students met patients when they were admitted into that section of the hospital, and the relationships ended as soon as the patients were discharged or moved to another ward.

Dr. Erik Alexander, who directs the new program at Brigham and Women's, says the old model prevents students from seeing the larger picture. Every patient is a complex combination of sickness and health across multiple biological systems, and patients are regularly shuttled between various parts of the hospital in the course of their treatment. The best doctors in the future, he says, will make those connections across fields and treat the patient as a whole individual, not a series of symptoms.

Cambridge Hospital, a Harvard-affiliated branch of Cambridge Health Alliance, took the patient-partnering concept even further, including group lunches and, in some cases, home visits. Dr. Barbara Ogur, who co-directs the Cambridge pilot program, says that for too long, medical students in their third year suffered what she calls "ethical erosion", in which the pace and pressure of the hospital floor paralyzed students to the physical suffering and minor indignities of being a patient.

For third-year student Rachel Bortnick, 27, a science buff from childhood, one of the lasting lessons is that patients sometimes don't want the help she is being trained to give. One cancer patient, whom she had followed from initial diagnosis through treatment, decided to quit *chemotherapy* (化学疗法) so that he could leave the hospital, essentially to die.

"It's hard to watch a patient at death's door," says Bortnick. "You want to do something to prevent it. But this patient really wanted peace and quiet, to be somewhere he wouldn't be intruded in by doctors every hour of the night." Bortnick eventually made peace with her patient's resignation, and after he died earlier this year, she attended his funeral.

It's clear that experiences like that are meaningful to the students, but health-care advocates say patient-centered fine words have been around for at least as long as Health Maintenance Organizations. The fact is, even the most exquisitely ethical medical students will have to work in a health-care system that is driven by the pressure of the bottom line. Marcia Hams, program coordinator with the health-care advocacy group Community Catalyst, says Harvard has the right idea. For students from other Boston-area medical schools, her organization tries to impart a similar lesson with *Walk in My Shoes*, a program that asks students to simulate patient tasks like signing up for Medicaid or searching for an interpreter in a hospital. But Hams cautions that it will take more than curriculum reform to get patients the care they deserve. "If doctors only get a minute and a half with a patient," she says, "then whatever they learned in medical school about patients' needs isn't going to matter a lot."

For Dr. Guillermo Herrera, who has been running Brigham and Women's Spanish Clinic since he founded it in 1971, better patient-doctor communication is exactly what his growing Hispanic patient population needs. The close relationship between Ocasio and Brickell has helped Ocasio navigate her way to a more honest dialogue with doctors—and eventually to better health. Ocasio had resisted treating her diabetes for a dangerously long time, for example, and even after she started going to the clinic, she refused to take her medication. Only after spending a few weeks with Brickell did Ocasio open up enough to say that back in Santo Domingo, her friends had told her that insulin caused blindness and led people to have their limbs *amputated* (截肢). After Brickell heard that, she was able to convince Ocasio that those were symptoms of the disease, not the insulin. For the first time in her life, Ocasio has been taking her insulin regularly, and she's feeling much better.

Brickell says the experience taught her that learning to see the world from the patient's point of view isn't inferior science; it's a way to get the kind of results everyone wants from the medical system. "Doctors aren't supposed to feel sorry for their patients. They're supposed to fix them," says Brickell. "And I think this program will help us do that."

1. What is Claire Brickell's problem when it comes to communicating with patients?

- A) She is reluctant to explain the prescriptions for patients.
- B) She doesn't understand the patients' state of illness.
- C) She is too healthy to know patients' concerns.
- D) She doesn't know how to begin a talk with patients.

2. Why has Brickell been paired with Ocasio in a pilot program?

- A) To let her learn about Ocasio's illness.
- B) To help Ocasio find good specialists.

- C) To persuade Ocasio to accept the treatment.  
D) To enable her to understand her patients.
3. According to the passage, the empathy with patients from the doctors may \_\_\_\_\_.  
A) improve the bad situation in the health-care system  
B) encourage patients to express their concerns  
C) give the patients confidence in their doctors  
D) make the doctors willing to understand their patients
4. The reason that other schools are following the example of Harvard is that \_\_\_\_\_.  
A) it's too successful and there's little downside  
B) it's a small part of the significant curriculum reform  
C) medical students can get a healthy diet of clinical learning  
D) they want to build closer partnerships between students and patients
5. Under the principles established in 1910, students can't \_\_\_\_\_, according to Dr. Erik Alexander.  
A) develop a full knowledge about certain diseases  
B) shoulder their responsibilities for the patients  
C) get a thorough understanding about the patients  
D) have a good communication with their patients
6. According to Dr. Erik Alexander, what will the best doctors in the future do?  
A) See the patient as a whole individual.  
B) Treat the patient as a series of symptoms.  
C) Move patients between various parts of the hospital.  
D) Treat the symptoms individually.
7. According to Rachel Bortnick, the reason one cancer patient decided to quit chemotherapy is that \_\_\_\_\_.  
A) he had no confidence in her medical skill  
B) he really wanted peace and quiet  
C) he wanted to die alone and peacefully  
D) he didn't want to spend money on his disease
8. Marcia Hams notes that to get patients the care they deserve will take more than \_\_\_\_\_.  
A) he had no confidence in her medical skill  
B) he really wanted peace and quiet  
C) he wanted to die alone and peacefully  
D) he didn't want to spend money on his disease
9. The close relationship between Ocasio and Brickell has helped Ocasio eventually get \_\_\_\_\_.  
A) he had no confidence in her medical skill  
B) he really wanted peace and quiet  
C) he wanted to die alone and peacefully  
D) he didn't want to spend money on his disease
10. From the experience, Brickell has known that it's important to see the world from the perspective of \_\_\_\_\_.

## 背景贴士

医患关系。医患关系是医务人员与病人在医疗过程中产生的特定医治关系,是医疗人际关系中的关键。由于现代医学的高度发展,“医”已由单纯医学团体扩展为参与医疗活动的医院全体职工;“患”也由单纯求医者扩展为与之相关的每一种社会关系。医患关系在医疗过程中对医疗效果起着无形的作用。



## 答案详解

## 文章结构

<p>文章主要讨论了哈佛大学所提出的新的诊疗观念:医生看病要有足够的时间和耐心,并指出这一点和高超的治疗技术一样重要。</p>	1~4 段:介绍哈佛医学院进行的一项让学生接近病人的项目。
	5~6 段:介绍美国现存医疗保健体系的弊端。
	7~11 段:介绍其他学校和其他研究者类似的建立亲密医患关系的做法。
	第 12 段:通过 Brickell 的亲身经历强调亲密医患关系的意义。

## 1.【线索】 Claire Brickell's problem

【定位】第一段第五句:But when it comes to communicating with patients, Brickell has a problem; she's too healthy.

【详解】C)。Claire Brickell 在和病人交流时的问题就是她本人健康,下面几句话继续了解释,即她不能从病人的角度为病人着想,故选 C)项。

## 2.【线索】 Ocasio in a pilot program

【定位】第二段第四、五句:In fact, the goal is for Brickell to be there every time Ocasio encounters the health-care system. It's not just a way...

【详解】D)。这个试验是为了使 Ocasio 每次有健康问题时 Brickell 都能在场。能让她了解病人在看病时遇到的各种挫折。故选 D)项。

## 3.【线索】 the empathy

【定位】第三段第二句:At Harvard and other medical schools across the country, educators are beginning to realize that empathy is as valuable to a doctor as any clinical skill.

【详解】A)。该句指出,教育者们开始意识到心灵相通的重要性。第三句中的 doctors who try to understand their patients 对应 empathy,通过该句可知医生与病人的心灵相通可能是解决人们对现在的医疗保健体系不满的最好方法。A)是对原文的同义转述,故为答案。

4.【线索】following the example of

【定位】第四段第一、二句: So Harvard has built closer partnerships between students and patients into the principal clinical experience... and other schools are following suit.

【详解】D)。其他学校仿效哈佛是为了使学生和病人之间能建立更亲密的关系。题干中 follow the example of 是原文 follow suit 的替换。故选 D) 项。

5.【线索】the principles established in 1910, Dr. Erik Alexander

【定位】第五、六段: Medical schools operate largely on principles established in 1910... Students met patients when they were admitted into that section of the hospital, and the relationships ended as soon as the patients were discharged or moved to another ward... Dr. Erik Alexander, who directs the new program at Brigham and Women's, says the old model prevents students from seeing the larger picture.

【详解】C)。第五段中指出,在1910年设定的原则的基础上,学生和病人的关系在病人离开或是转移到另一个病房时就中止了。第六段中 Erik Alexander 评价了这一做法,即旧的模式使学生不能从整体上看问题。C) 是对原文的推断,故为答案。

6.【线索】Dr. Erik Alexander, the best doctors in the future

【定位】第六段末句: The best doctors in the future, he says, will make those connections across fields and treat the patient as a whole individual, not a series of symptoms.

【详解】A)。Erik Alexander 医生说,未来最好的医生都可以融会贯通,将病人看作一个整体,而不是一系列症状。A) 项中 see 是原文 treat 的替换,故选 A) 项。

7.【线索】Rachel Bortnick

【定位】第八、九段: One cancer patient, whom she had followed from initial diagnosis through treatment, decided to quit chemotherapy(化学疗法) so that he could leave the hospital, essentially to die... "You want to do something to prevent it. But this patient really wanted peace and quiet, to be somewhere he wouldn't be intruded in by doctors every hour of the night."

【详解】B)。第八段最后一句指出, Rachel Bortnick 的一位癌症病人决定放弃治疗。第九段第二句中, Rachel Bortnick 解释了原因,即这位病人非常需要宁静,能够去一个没有医生打扰的地方。B) 是原文的细节再现,故为答案。

8.【线索】Marcia Hams

【定位】第十段: But Hams cautions that it will take more than curriculum reform to get patients the care they deserve.

【详解】curriculum reform。倒数第二句中 Hams 警告说要使病人得到他们应得的护理,光有课程改革是不够的。故应填入 curriculum reform。

9.【线索】the close relationship between Ocasio and Brickell

【定位】第十一段第二句: The close relationship between Ocasio and Brickell has

helped Ocasio navigate her way to a more honest dialogue with doctors—and eventually to better health.

【详解】better health。Ocasio 和 Brickell 亲密的关系使得 Ocasio 能和医生进行更坦诚的对话,而且最终也使她的身体更加健康。题干中 helped...eventually get 是原文 navigate her way...eventually to 的同义替换。故应填入 better health。

10.【线索】Brickell, the experience

【定位】第十二段第一句:Brickell says the experience taught her that learning to see the world from the patient's point of view isn't inferior science...

【详解】the patient。Brickell 说经验告诉她学会从病人的角度看世界并不是下等的科学。题干中 perspective 是原文 point of view 的替换。故填入 the patient。

## Passage 2

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### Creature Comforts

Tim Parkinson knows his dog and cat are past due for teeth cleanings. But he isn't sure where the money will come from for the procedure. Parkinson, who lives in Lake Forest, Calif., is on disability and says rising prices are forcing him to look closely at how he spends his money on pet care.



As the country slips further into an economic depression, with unemployment rates at the highest in more than a decade, pet owners are trying to give their dog or cat the best care they can on a more limited budget. For some, it's a matter of simply cutting out the extras by buying fewer treats and doing more grooming at home. But some veterinarians (兽医) say they're seeing some pet owners skimping (节省) on preventive care by skipping checkups and even cutting back on some medications—which cuts costs, but could be putting their pet at risk.

Judi Siler, a veterinary technician in Glendale, Ariz., says the clinic where she works is still very busy, but that some owners are skipping their well-pet visits.

“Our vet clinic is situated between a lower-income part of town and a fairly wealthy part of town. The people with less income have reduced their visits to us except for emergencies,” Siler says. “Our other clients are still spending quite a bit of money but are a little more cautious and want to know prices prior to procedures being performed.”

When the economy was healthier, Siler says, clients weren't as concerned about cost.

“Now they might opt for a less expensive lab panel or maybe not have lumps or



bumps removed during other surgeries because they don't want the extra expense," she says.

### Risks of skipping pet checkups

Infectious diseases, *parasitism* (寄生虫病) and *degenerative* (病变性的) diseases such as heart problems, kidney disease and arthritis in pets can go untreated or unnoticed when people skip well-pet visits, says John Hamil, a veterinarian at Canyon Animal Hospital in Laguna Beach, Calif. That's especially true in lower socioeconomic areas, he says, where pets might be more likely to encounter other animals that haven't been *vaccinated* (接种疫苗) or given preventive medication for heartworms or fleas. And waiting until a pet needs emergency care can be far more expensive than taking steps to prevent a problem.

Most veterinarians say people are still taking care of their animals, but extras are going by the wayside. Some pet owners are buying fewer treats and toys. Becky Buffum of Austin, Texas, doles out fewer treats to her three *rottweilers* (洛特威尔牧犬) and looks for cheap toys at the dollar store. One of her friends rotates toys instead of buying new ones.

"We may hear a few more complaints about dollars, but people are still wanting to care for their pets," says Mary Paige Corcoran, DVM, of Buttercup Creek Animal Hospital in Cedar Park, Texas. "We have, however, seen a decrease in boarding and grooming. Thanksgiving is normally booked, and we are only half full."

Bob Vetere, president of the American Pet Products Manufacturing Association, says that even as the economy is sinking, people are reluctant to cut back on what they spend on their pets.

"No matter what they stop spending on, pets seem to still be a necessity to a lot of folks," Vetere says.

Many pet owners wonder if it's ever OK to buy cheaper store brands of pet food, and experts' opinions vary on whether switching to a lower-cost food is the best way to go.

As a rule, cheaper foods use lesser quality ingredients, says Liz Palika of Oceanside, Calif., the author of "The Ultimate Pet Food Guide: Everything You Need to Know about Feeding Your Dog or Cat". Instead of muscle meat, they may use meat by-products or by-products meal. Although in laboratory analysis, those foods might show the same levels of nutrients, such as protein, dog and cat foods are not allowed to post the digestibility of their foods on the label. That's how *melamine* (三聚氰胺) ended up in pet foods and now baby foods; it was added to boost the laboratory analysis of protein. So by using lesser quality products, the lab results may show good foods, but the digestibility may be in question and as a result the dog may be lacking

certain nutrients.

But Hamil, the Laguna Beach, Calif., veterinarian, says that paying more for food doesn't necessarily mean it's better. "You can buy a lot of relatively inexpensive foods and get perfectly adequate nutrition," he says. "If you go with the larger, well-known, moderately priced foods, you're in good shape."

### **Haggling a deal**

Ingenuity and smart shopping can help you save money and still give your pets good care. With the economy on the skids, the ancient practice of bartering is back in vogue. If you have a particular skill, consider offering it in trade for pet services.

"I bartered a basic dog training session with the guy who detailed my van," says Palika. "His dog got some training, and my van got cleaned."

Veterinarian Debra Eldredge of Vernon, N. Y., says one clinic she worked at traded vet care for handmade pottery. She suggests offering to mow or garden. If you're not handy, Eldredge says, many clinics will offer a payment plan for regular clients.

Buying in bulk is another budget saver. Look for dog treats and chews from online dog supply catalogs and store them in the freezer until you need them.

Some cities offer free or low-cost rabies vaccinations. When pet sitter Terri Albert's dogs and cats need their shots, she takes them to a vaccination clinic at a pet supply superstore instead of the vet's office. She shaves her wirehaired dog's coat herself, although the Shetland sheepdogs still go to the groomer.

"I got a call from my groomer, who offered a \$ 10 per dog discount if I brought them all on a slow day, so I took her up on it," says Albert, who lives in Poway, Calif.

But regardless of what other ways you cut back, don't skimp on preventive care such as heartworm medication, Eldredge says.

"With the financial problems many families are facing, it may seem like a great idea to drop heartworm preventive or stop using flea and tick preventives," she says. "Unfortunately, those problems can be much more expensive to treat than to prevent. Look to cut corners elsewhere, such as fewer or homemade dog toys or purchasing old comforters at garage sales for comfy dog beds. Look for coupons. If a catalog has a low price for heartworm or flea and tick preventives, see if your vet will match it. Most do. Alternatively, try to get into group orders with a discounted bulk price."

### **Owners put pets first**

Most pet owners say they would decrease spending for themselves before they'd let their pets go without. In Fairview, N. C., *clumber spaniel* (西班牙小猎犬) owner Kim Smith McLendon would do whatever was necessary to make sure her dogs were

taken care of. "My husband and I are lucky in that we only owe a mortgage. If worse came to worst, we could put the cell phones on hold, I could do without the Internet, and we'd have to cut out Blockbuster online," she says.

Labrador breeder Diane Ammerman of Mahwah, N.J., has given up manicures and other luxuries and drives only one vehicle, a big van in which to haul her dogs.

"The dogs are better cared for than I am," she says. "If a dog gets sick, I'll rush it to the vet. Me, I get sick, it's no big deal."

1. What kind of difficult situation does Tim Parkinson face concerning his pets?
  - A) His dog and cat are past due for teeth cleanings.
  - B) He is on disability and can not look after his pets.
  - C) The prices for pet care are rising drastically.
  - D) Rising prices tighten his spending on pet care.
2. What do pet owners do under the economic depression?
  - A) Care their pets with restricted money.
  - B) Give up the preventive care to save money.
  - C) Buy their pets treats and cut out extras.
  - D) Do all the grooming at home.
3. What changes have occurred to the clients at Judi Siler's vet clinic?
  - A) Only wealthy people come to their clinic.
  - B) People without much money only visit them for emergencies.
  - C) They are still spending quite a bit of money.
  - D) They are no longer concerned about the spending.
4. What are the risks of skipping pet checkups?
  - A) Pets might spread diseases among people.
  - B) Diseases can go untreated or unnoticed.
  - C) Pets will be likely to catch heartworms or fleas.
  - D) Pets will die of severe diseases.
5. What does Bob Vetere say about pet caring among people in a sinking economy?
  - A) They don't want to reduce their expenditure on pets.
  - B) People stop the spending on their pets.
  - C) Pets still seem to be a necessity to people.
  - D) People have reduced their pets' boarding and grooming.
6. What is the result of using lesser quality foods?
  - A) The dog may develop some strange diseases.
  - B) The dog may be killed by poisonous ingredients.
  - C) The dog may be short of certain nutrients.