［Ⅰ］ 次の英文はアメリカの医学生が書いたものである。文章を読んで問いに答えなさい。

For immigrants, a medical appointment is never just another routine errand. Instead, it is a challenge, a test that (　ア　) anxiety at every step. Will the receptionist understand my accent, or give me an insincere smile while asking me to repeat myself for the third time? Will the doctor ask my own child to translate my diagnosis for me? Should I mention I am taking traditional herbal medicine, or will I be criticized for using (A)"fake medicine"?

Nearly 14 percent of the U.S. population are first-generation immigrants, and over 25 million individuals have limited English proficiency (LEP). (B)Nevertheless, immigrant patients face countless barriers constructed by the medical system, encompassing issues related to LEP, health literacy, and cultural differences. The Civil Rights Act of 1964 and U.S. Department of Health and Human Services standards require all hospitals to provide language services to LEP patients. Yet, in practice, (C)there is inconsistent compliance with these requirements, with over 30 percent of hospitals providing no language services at all.

And it is not only language differences that cause problems: the health care system fundamentally fails to take account of the diverse backgrounds of the patients it treats. The (　イ　) issue here is how we collect and classify information about our patients. Medicine depends largely on race-based markers to determine disease prevalence and to categorize patients, but information about a patient's country of origin and migration history is often (　ウ　) from U.S. medical records. While nearly all hospitals collect data about race and ethnicity, more than half do not collect such basic information as where patients were born.

As I scroll through patients' electronic medical records, I am presented with demographic variables at the top of each file, including ethnicity, race, and religion. Yet such records make me, an American-born individual, appear to have the same needs as my mother, who grew up amongst the turmoil of China's Cultural Revolution, and who (　エ　) on me to help her understand her diagnoses.

During my clinical skills training in medical school, I (　オ　) extensive guidance on how to gather a patient's social history and record everything from their occupation to their relationships. But what about migration experiences?

These migration histories are often complicated and a source of trauma. Yet medical students barely receive any education on how to collect (D)this sensitive yet crucial information. As clinicians, we may also encounter situations where it is in the patient's best interests to minimize explicit documentation of immigration status. However, (E)all physicians should be equipped with an understanding of how to discuss migration history, record this information if it is safe to do so, and recognize what effect it should have on the medical care offered. Unfortunately, throughout my formal preclinical education, (F)患者たちの出身国がどのように健康リスクに影響するのか一度も聞いたことがない—even though several diseases primarily affect immigrants.

Hepatitis B is one. While the (　カ　) U.S. prevalence of chronic hepatitis B virus (HBV) infection is only 0.3 percent, in Asian Americans and Pacific Islanders (AAPIs) it is 8.3 percent. AAPIs make up 5 percent of the U.S. population, but they (　キ　) for more than 50 percent of Americans with chronic HBV. Official guidelines recommend that anyone born in high-prevalence regions, which include many countries in Africa and Asia, should be actively tested for HBV. But how can physicians follow this recommendation if they don't know where their patients were born? As my parents' medical advocate, I was shocked to discover that my mother was never vaccinated against or screened for HBV, even though it has a high prevalence in China, it can be transmitted through families, and my father was infected with it. This oversight increased her risk of severe complications, including liver cancer.

Just like countless first- and second-generation immigrant health care providers, I was (　ク　) to pursue medicine because of my family's miserable experiences in the medical system. I wanted to help change the situation and be someone who could deliver the compassionate and comprehensive care that I wish my parents had received. However, now that I'm in medical school, I feel inadequately prepared to (　ケ　) on this enormous task.

So, medicine, please teach me how to care for immigrant patients. Don't just teach me to be aware of cultural differences. Give me the tools I need to (　コ　) appropriate care to each individual. Standardize the collection of migration history into a patient's social history and medical records. Train medical providers and students to conduct targeted screenings based on their patients' migration records. (G)多様性の国としての誇りを持つならば、私たちが実践する医療には、その誇りが反映されていることを確認しよう。

設問

問1　（ア）～（コ）に入れるのに最もふさわしい動詞を選択肢から選び、必要に応じて、形を変えて書きなさい。同じ単語を二回用いてはならない。

account	estimate	miss	motivate	provide
provoke	receive	rely	take	underlie

問2　筆者はどのような感情をいだいて下線部（A）を引用符に入れたのか、日本語40字以内で説明しなさい。

問3　LEPが何を指すのかを明らかにして、下線部（B）を和訳しなさい。

問4　下線部（C）はどのようなことを指すのか、具体例を含めて日本語40字以内で説明しなさい。

問5　下線部（D）について、以下の二つの問いに答えなさい。解答欄は問4の隣にある。

1. Which of the following best explains why the writer thinks information about a patient's migration history is sensitive?

（a）It could potentially cause legal problems for patients.
（b）It might lead to discrimination against patients.
（c）Patients are likely to lie about it.
（d）Patients may not recall it accurately.

2. Which of the following best explains why the writer thinks information about a patient's migration history is crucial?

（a）Collecting it might be traumatic for patients.
（b）It gives doctors important hints as to a patient's immigration status.
（c）It helps doctors to show greater cultural sensitivity.
（d）It is highly relevant to specific health risks a patient might face.

問6　下線部（E）を和訳しなさい。

問7　下線部（F）の日本語を英語に訳しなさい。

問8　下線部（G）の日本語を英語に訳しなさい。

［Ⅱ］ 次の英文を読んで設問に答えなさい。

As the school year begins amid a global pandemic, many are concerned about the negative impact that virtual or socially distanced learning may have on children's developing social skills. But what about grown-ups? It seems adults deprived (　あ　) consistent and varied peer contact can get just as clumsy at social interactions as inexperienced kids.

Research on prisoners, hermits*, soldiers, astronauts, polar explorers, and others who have spent extended periods in isolation indicates that social skills are like muscles that atrophy* from lack of use. (1)People separated from society—by circumstance or by choice—report feeling more socially anxious, impulsive, awkward, and intolerant when they return to normal life.

Psychologists and neuroscientists say something similar is happening to all of us now, thanks to the pandemic. We are slowly but surely losing our ability to handle social situations skillfully, whether we are aware of it or not. The signs are everywhere: people oversharing on Zoom, overreacting, or misinterpreting one another's behavior, longing (　い　) but then not really enjoying contact with others. It's an odd social malaise* that can easily become firmly established if we don't recognize why it's occurring and take steps to minimize its effects.

"[　A　]," said Stephanie Cacioppo, the director of the Brain Dynamics Laboratory at the University of Chicago. "It's not a disease or mental disorder." Even the most introverted among us, she said, are naturally programmed to desire company. (2)It's an evolutionary imperative because there's historically been safety in numbers. Loners had a tough time killing woolly mammoths and defending themselves from enemy attacks.

So when we are cut off from others, our brains interpret it (　う　) a mortal threat. (3)寂しい、あるいは孤立していると感じることは飢えや喉の渇きと同じくらいの生体信号なのだ。 And just like not eating when you're starved or not drinking when you're dehydrated, failing to interact with others when you are lonely leads to negative cognitive, emotional, and physiological effects, which Dr. Cacioppo said many of us are likely experiencing now.

Even if you are spending the pandemic with a romantic partner or family members, you can still feel lonely—often camouflaged as sadness, irritability, anger and lethargy*—because you're not getting the full range of human interactions that you need, almost like not (4)eating a balanced diet. We

underestimate how much we benefit from casual companionship at the office, gym, choir practice, or art class, not to mention spontaneous exchanges with strangers. Many of us have not met anyone new in months.

(5)"This daily interacting with individuals out in the world gives you a sense of belonging and security that comes from feeling you are part of, or have access to, a wider community and network," said Stefan Hofmann, a professor of psychology at Boston University. "Social isolation destroys that network." And not having it sends our brains (え) survival mode, which dampens our ability to recognize and appropriately respond to the subtleties and complexities inherent (お) social situations. Instead, we become hypervigilant and oversensitive. Layer on top of that an unpredictable virus, and we're all tightly coiled for fight or flight*. You receive a sidelong glance and immediately think the other person dislikes you. An innocent comment seems like an insult. At the same time, you feel more self-conscious, fearing any missteps will put you further at risk. As a result, social situations, even a friendly phone call, become something to avoid. (6)People start to withdraw, rationalizing they are too tired, didn't like the person much to begin with, or there's something they'd rather watch on TV.

It's a phenomenon that anyone who has experienced lengthy isolation is familiar (か), whether as a researcher at a remote outpost in Antarctica, a soldier returning from a long deployment, or a prisoner released after years in solitary confinement. Even when such people come home to supportive families, in days or weeks, they want to go back.

"I don't want to make an equivalence between prisoners in solitary confinement and what all of us are going (き) now with COVID-19, but there are definite similarities," said Craig Haney, an expert in the effects of isolation (く) prisoners. "[B]." What you need to do, he says, is take action to keep your social skills as nimble* as possible during this unsocial time, adding that the prisoners who rebound after solitary confinement are the ones who realize their isolation is a serious threat (け) their sense of self and security and take every opportunity to reach out to other people. "The guys who survive best are the ones who write letters and accept visitors," he said. "[C]." That's why, during the isolation caused by a pandemic, it's important to make time every day to connect with others, whether through a socially distanced chat, telephone call or, (こ) the very least, a thoughtful text message.

設問

問1　（あ）～（こ）に入れるのにふさわしい前置詞をそれぞれ選んで、その番号を解答欄に書きなさい。

（あ）1 by	2 in	3 of	4 with
（い）1 at	2 for	3 into	4 to
（う）1 as	2 by	3 on	4 to
（え）1 for	2 into	3 like	4 on
（お）1 as	2 for	3 in	4 on
（か）1 at	2 for	3 to	4 with
（き）1 for	2 in	3 through	4 to
（く）1 by	2 for	3 on	4 to
（け）1 by	2 from	3 on	4 to
（こ）1 as	2 at	3 for	4 in

問2　下線部（1）を和訳しなさい。

問3　（A）～（C）に入れるのにふさわしい意見を選んで、その番号を解答欄に書きなさい。

1 Feeling uncomfortable with other people is part of what happens when we are denied the normal social contact that we so much depend on
2 It's the ones who withdraw and avoid contact with others who do the worst
3 Such aggressive behavior can never be tolerated
4 The first thing to understand is that there are biological reasons for this

問4　下線部（2）を和訳しなさい。

問5　下線部（3）の日本語を英訳しなさい。

問6　下線部（4）はどのようなことをたとえた表現か、日本語25字以内で説明しなさい。

問7　下線部（5）を和訳しなさい。

問8　下線部（6）を和訳しなさい。

問9　新型コロナウイルス感染対策としての社会的隔離がもたらしうる弊害について、次の英文（イ）～（ヘ）について、本文の内容と一致するものにはAを、一致しないものにはBを解答欄に記入しなさい。解答欄は問3の解答欄の右横にある。

（イ）People's social skills tend to weaken.
（ロ）People develop a tendency to harm themselves.
（ハ）People tend to become more irritable and lose their temper more easily.
（ニ）People tend to become depressed because of lack of physical contact with others.
（ホ）People tend to misunderstand others, with the result that they come to avoid even casual communication.
（ヘ）Like prisoners who have spent long periods in solitary confinement, people develop a tendency to prefer being alone.

［Ⅲ］ Read the passage below and answer the questions that follow it.

A new typhoid* vaccine works "fantastically well" and is being used to help stop an almost untreatable strain of the infection, doctors say. Cases of the bacterial disease fell by more than 80% in a trial reported in the *New England Journal of Medicine*. Experts said the vaccine was a game-changer and would reduce the "terrible toll wrought* by typhoid".

Typhoid fever is caused by highly contagious *Salmonella Typhi* bacteria and is spread through contaminated food and water. [(1)] Symptoms include prolonged fever, headache, nausea, loss of appetite, and constipation. It causes fatal complications, such as internal bleeding, in one in 100 people. Precise numbers on typhoid are hard to collect, but it affects between 11 million and 21 million people around the world each year and kills 128,000 to 161,000.

More than 20,000 children aged from nine months to 16 years took part in the trial in Kathmandu Valley, Nepal, where typhoid is a major public-health problem. Half of the children were given the vaccine, and the other half received a placebo. At the end of the first year of the study, the rate of infections was 81% lower in the group that had received the vaccine. "It works fantastically well in preventing a disease that affects some of the world's most vulnerable children," Prof. Andrew Pollard, from the University of Oxford, who has been involved in the trials, told BBC News. "The burden of typhoid is so huge that

we're seeing families taking children into hospital to be treated and being plunged into poverty paying for the costs of investigation and treatment with antibiotics. The arrival of this vaccine to control the disease [(2)]."

The children in Nepal, as well as those taking part in other trials in Malawi and Bangladesh, will now be followed up to see how long protection lasts. Typhoid Vaccine Acceleration Consortium director Dr Kathleen Neuzil said the vaccine could "reduce disease and save lives in populations that lack clean water and improved sanitation". A vaccine is particularly needed, because typhoid has, according to a World Health Organization report, acquired a "crazy amount" of antibiotic resistance, and the world is "reaching the limit" of current treatments. Rapid urbanisation in the developing world has left many countries unable to provide the most effective preventative measure—clean water and flushing toilets. And while there are two typhoid vaccines already available, neither is licensed for children under the age of two, so the most vulnerable people are unprotected.

Pakistan has an outbreak of what is called extensively drug-resistant (XDR) typhoid fever. "Right now in Pakistan, a strain of typhoid has developed resistance to all but one of the antibiotics we use to treat the disease, threatening to take us back to the days when typhoid killed as many as one-fifth of the people that contracted it," Dr Seth Berkley, chief executive of Gavi, the Vaccine Alliance, told BBC News. It started in Hyderbad, in Sindh province, in November 2016 and more than 10,000 people have been infected. Gavi is paying for nine million children to be vaccinated, and Sindh province will now become the first region in the world to add the vaccine to routine childhood vaccinations.

[A] Dr Berkley describes the new vaccine as a game-changer in the battle against typhoid, adding that it couldn't have arrived at a better time: "This vaccine should play a key role in bringing this dangerous disease under control and, once introduced into more countries' routine vaccination programmes, reducing the terrible toll wrought by typhoid worldwide." Prof. Pollard added, "It is really exciting to have a new intervention, in a very rapid space of time, that can not only prevent the disease but also help in the fight against antibiotic resistance."

Questions

1. According to the passage, are the following statements true or false? On the answer sheet, indicate those you consider to be true with an A, and those you think are false with a B. If you think it is impossible to tell from the passage whether a particular statement is true or false, indicate this with a C.

（ア） Two typhoid vaccines are currently in use in addition to the new one undergoing trials.
（イ） There is more than one strain of typhoid.
（ウ） The cost of treating typhoid fever is unaffordable for some families in Nepal.
（エ） Health insurance does not cover typhoid fever treatment in most countries.
（オ） Pakistan has no effective antibiotics to treat typhoid fever.
（カ） There was a time when typhoid fever was responsible for about 20% of deaths in Pakistan.
（キ） Typhoid fever is less likely to be fatal in infants than in any other age group.

2. Which of the following sentences would best fill the blank space marked (1)? (On the answer sheet, the space for the answer to Q2 is on the same line as the space for Q1.)

（A） It is a disease for which no treatment is yet available.
（B） It is a disease for which there is currently no vaccine on the market.
（C） It is a disease of poverty, most common in countries with poor sanitation and a lack of clean water.
（D） It is a disease that is easily spread by hygienic practices like washing vegetables in clean water.

3. Which of the following would best fill the blank space marked (2)? (On the answer sheet, the space for the answer to Q3 is on the same line as the space for Q1 and Q2.)

（A） is a danger to us all
（B） is a pretty exciting moment
（C） is something we are greatly looking forward to
（D） is something we had not planned

4. In each of the questions below, (1) – (3), select the option that best completes the sentence.

(1) Typhoid fever is

(a) a condition which can in some cases lead to death.
(b) a condition which causes headache and nausea without constipation.
(c) a disease which is passed from parents to their children.
(d) a viral disease which spreads rapidly via dirty sewage water.

(2) The new typhoid vaccine described in the article has been shown to be effective for at least

(a) one month.
(b) three months.
(c) one year.
(d) three years.

(3) A major reason given in the passage for the continued spread of typhoid fever is that

(a) the bacteria that cause it can be transmitted through too many different routes.
(b) many countries have not yet achieved high levels of hygiene and sanitation.
(c) the efficacy of the new vaccine being trialled in Nepal and elsewhere has not been properly tested.
(d) the general public are not taking the disease seriously enough.

5. Referring to the first sentence of the final paragraph (underlined and marked [A]), explain why Dr Berkley thinks the new vaccine "couldn't have arrived at a better time". Answer in Japanese, using no more than 60 characters.

[IV] During the COVID-19 pandemic, there has been a trend among those who can do so toward working from home. Write 100 words or so in English on what you consider to be the advantages and disadvantages of this trend.

NOTES

atrophy If a part of the body atrophies, it becomes weak because it is not used or because it does not have enough blood.
flight the act of running away from a dangerous or difficult situation
hermit someone who withdraws from all social contact
lethargy the state of not having any energy or enthusiasm for doing things
malaise the problems affecting a particular situation or group of people that are difficult to explain or identify
nimble quick and exact either in movement or thoughts
typhoid チフス
wreak to do great damage or harm to something

Adapted from *Collins COBUILD English Dictionary for Advanced Learners* (3rd ed.) and *Oxford Dictionary of English* (2nd ed. rev.)

［出典］ 以下の資料に基づく
［Ⅰ］ Caroline Lee, "Medical Students Should Be Taught How to Care for Immigrant Patients." *Scientific American*. July 13, 2020.
［Ⅱ］ Kate Murphy. "We're All Socially Awkward Now." *New York Times*. Sept. 1, 2020.
［Ⅲ］ "Typhoid vaccine 'works fantastically well.'" *BBC*. Dec. 5, 2019.