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### **English articles**

It's useful to read articles in English, even if you don't understand every word - it will help you increase your vocabulary and keep up to date with things happening in English-speaking countries!

This page will be updated on **Mondays**. The first article is aimed at a B1 and upwards level and the second article is aimed at a B2 and upwards level

### **Articles of the week**



# Indonesia's cocoa farmers work with businesses to fight the bitter impact of climate change



By VICTORIA MILKO and DITA ALANGKARA Associated Press

TANJUNG REJO, Indonesia (AP) — The loud whirr of a chainsaw sounds through the forest as a small group of farmers gathers around a tree filled with red seed pods. With one slow stroke, a severed

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knobby branch hits the ground.

"Now it will help the tree grow new fruit," farmer Tari Santoso says with a smile.

Thousands of cocoa farmers across Indonesia like Santoso are working with businesses and other organizations to protect their crops from the bitter impacts of climate change and underinvestment that have pushed cocoa prices to record levels.

Cocoa trees are high maintenance: Grown only near the equator, they require a precise combination of steady temperatures, humidity and sunlight. It takes five years for a tree to start producing the seeds that are processed into cocoa used to make chocolate and other delectable foods.

Climate change raises the risks for farmers: Hotter weather hurts yields and longer rainy seasons trigger the spread of fungus and deadly pests. Increasingly unpredictable weather patterns have made it harder for farmers to deal with those challenges.

So farmers are switching to other crops, further reducing cocoa supplies and pushing prices higher: In 2024, prices nearly tripled, reaching about US\$12,000 per ton, driving up chocolate costs and leading some chocolate makers to try growing cocoa in laboratories.

Indonesia is the third-largest producer of cocoa in the world, behind Cote D'Ivoire and Ghana, according to the United Nations Food and Agriculture Organization, farmers are joining with businesses and nongovernmental organizations to develop better growing practices and improve their livelihoods.

Sitting in the shade of his forest farm in south Sumatra, 3 miles (5 kilometers) from a national park where Sumatran tigers and rhinos roam, farmer Santoso is working with Indonesian chocolate maker Krakakoa.

After he began working with the company in 2016, Santoso starting using practices that helped his cocoa trees flourish, regularly pruning and grafting new branches onto older trees to promote growth and prevent the spread of disease. He is using organic fertilizer and has adopted agroforestry techniques, integrating other crops and trees such as bananas, dragon fruit, coffee and pepper, into his farm to foster a healthier ecosystem and invest in other income sources.

"It wasn't very successful before we met Krakakoa," Santoso said. "But then, we received training ... things are much better."

Krakakoa has trained more than 1,000 cocoa farmers in Indonesia according to its founder and CEO, Sabrina Mustopo. The company also provides financial support.

Santoso and other farmers in Sumatra said the partnership helped them to form a cooperative provides low-interest loans to farmers, with interest paid back into the cooperative rather than to banks outside of the community.

Cocoa farmers who need bigger loans from government-owned banks also benefit from partnering with businesses, as the guaranteed buyer agreements can provide collateral needed to get loans approved, said Armin Hari, a communications manager at the Cocoa Sustainability Partnership, a forum for public-private collaboration for cocoa development in Indonesia.

Dozens of other businesses, the government and nongovernmental organizations and cooperatives are also working with cocoa farmers to better cope with climate change, benefiting thousands, Hari said. He pointed to a collaboration between Indonesia's National Research and Innovation Agency and

the local division of international chocolate maker Mars, which have released a new variant of cocoa that produces more pods per tree.

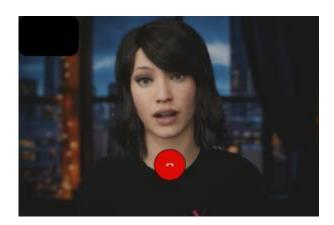
Challenges still remain, said Rajendra Aryal, the FAO's country director for Indonesia. Fewer people see cocoa farming as a lucrative business and instead are planting other crops such as palm oil. And many small-scale farmers still cannot get loans, he said.

But Aryal said he hopes that continued collaboration between farmers and others will help.

"If we can look at the major issues these (farmers) are facing ... I think this sector could be, again, very attractive to the farmers," he said. "Despite the challenges in Indonesia, I see that there are opportunities."

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## As AI nurses reshape hospital care, human nurses are pushing back



By MATTHEW PERRONE AP Health Writer

The next time you're due for a medical exam you may get a call from someone like Ana: a friendly voice that can help you prepare for your appointment and answer any pressing questions you might have.

With her calm, warm demeanor, Ana has been trained to put patients at ease — like many nurses across the U.S. But unlike them, she is also available to chat 24-7, in multiple languages, from Hindi to Haitian Creole.

That's because Ana isn't human, but an artificial intelligence program created by Hippocratic AI, one of a number of new companies offering ways to automate time-consuming tasks usually performed by nurses and medical assistants.

It's the most visible sign of Al's inroads into health care, where hundreds of hospitals are using increasingly sophisticated computer programs to monitor patients' vital signs, flag emergency situations and trigger step-by-step action plans for care — jobs that were all previously handled by

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nurses and other health professionals.

Hospitals say AI is helping their nurses work more efficiently while addressing burnout and understaffing. But nursing unions argue that this poorly understood technology is overriding nurses' expertise and degrading the quality of care patients receive.

"Hospitals have been waiting for the moment when they have something that appears to have enough legitimacy to replace nurses," said Michelle Mahon of National Nurses United. "The entire ecosystem is designed to automate, de-skill and ultimately replace caregivers."

Mahon's group, the largest nursing union in the U.S., has helped organize more than 20 demonstrations at hospitals across the country, pushing for the right to have say in how AI can be used — and protection from discipline if nurses decide to disregard automated advice. The group raised new alarms in January when Robert F. Kennedy Jr., the incoming health secretary, suggested AI nurses "as good as any doctor" could help deliver care in rural areas. On Friday, Dr. Mehmet Oz, who's been nominated to oversee Medicare and Medicaid, said he believes AI can "liberate doctors and nurses from all the paperwork."

Hippocratic AI initially promoted a rate of \$9 an hour for its AI assistants, compared with about \$40 an hour for a registered nurse. It has since dropped that language, instead touting its services and seeking to assure customers that they have been carefully tested. The company did not grant requests for an interview.

#### Al in the hospital can generate false alarms and dangerous advice

Hospitals have been experimenting for years with technology designed to improve care and streamline costs, including sensors, microphones and motion-sensing cameras. Now that data is being linked with electronic medical records and analyzed in an effort to predict medical problems and direct nurses' care — sometimes before they've evaluated the patient themselves.

Adam Hart was working in the emergency room at Dignity Health in Henderson, Nevada, when the hospital's computer system flagged a newly arrived patient for sepsis, a life-threatening reaction to infection. Under the hospital's protocol, he was supposed to immediately administer a large dose of IV fluids. But after further examination, Hart determined that he was treating a dialysis patient, or someone with kidney failure. Such patients have to be carefully managed to avoid overloading their kidneys with fluid.

Hart raised his concern with the supervising nurse but was told to just follow the standard protocol. Only after a nearby physician intervened did the patient instead begin to receive a slow infusion of IV fluids.

"You need to keep your thinking cap on—that's why you're being paid as a nurse," Hart said. "Turning over our thought processes to these devices is reckless and dangerous."

Hart and other nurses say they understand the goal of AI: to make it easier for nurses to monitor multiple patients and quickly respond to problems. But the reality is often a barrage of false alarms, sometimes erroneously flagging basic bodily functions — such as a patient having a bowel movement — as an emergency.

"You're trying to focus on your work but then you're getting all these distracting alerts that may or may not mean something," said Melissa Beebe, a cancer nurse at UC Davis Medical Center in Sacramento. "It's hard to even tell when it's accurate and when it's not because there are so many false alarms."

#### Can AI help in the hospital?

Even the most sophisticated technology will miss signs that nurses routinely pick up on, such as facial expressions and odors, notes Michelle Collins, dean of Loyola University's College of Nursing. But people aren't perfect either.

"It would be foolish to turn our back on this completely," Collins said. "We should embrace what it can do to augment our care, but we should also be careful it doesn't replace the human element."

More than 100,000 nurses left the workforce during the COVID-19 pandemic, according to one estimate, the biggest staffing drop in 40 years. As the U.S. population ages and nurses retire, the U.S. government estimates there will be more than 190,000 new openings for nurses every year through 2032.

Faced with this trend, hospital administrators see AI filling a vital role: not taking over care, but helping nurses and doctors gather information and communicate with patients.

#### 'Sometimes they are talking to a human and sometimes they're not'

At the University of Arkansas Medical Sciences in Little Rock, staffers need to make hundreds of calls every week to prepare patients for surgery. Nurses confirm information about prescriptions, heart conditions and other issues — like sleep apnea — that must be carefully reviewed before anesthesia.

The problem: many patients only answer their phones in the evening, usually between dinner and their children's bedtime.

"So what we need to do is find a way to call several hundred people in a 120-minute window – but I really don't want to pay my staff overtime to do so," said Dr. Joseph Sanford, who oversees the center's health IT.

Since January, the hospital has used an AI assistant from Qventus to contact patients and health providers, send and receive medical records and summarize their contents for human staffers. Qventus says 115 hospitals are using its technology, which aims to boost hospital earnings through quicker surgical turnarounds, fewer cancellations and reduced burnout.

#### Each call begins with the program identifying itself as an AI assistant.

"We always want to be fully transparent with our patients that sometimes they are talking to a human and sometimes they're not," Sanford said.

While companies like Qventus are providing an administrative service, other AI developers see a bigger role for their technology.

Israeli startup Xoltar specializes in humanlike avatars that conduct video calls with patients. The company is working with the Mayo Clinic on an Al assistant that teaches patients cognitive techniques for managing chronic pain. The company is also developing an avatar to help smokers quit. In early testing, patients spend about 14 minutes talking to the program, which can pickup on facial expressions, body language and other cues, according to Xoltar.

Nursing experts who study AI say such programs may work for people who are relatively healthy and proactive about their care. But that's not most people in the health system.

"It's the very sick who are taking up the bulk of health care in the U.S. and whether or not chatbots

are positioned for those folks is something we really have to consider," said Roschelle Fritz of the University of California Davis School of Nursing.

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