

SÈRIE 4**STONEHENGE: AN ANCIENT SEX SYMBOL?**

Choose the best answer.

(0.5 points for each correct answer)

1. Stonehenge is...
one of the world's greatest monuments from ancient times
2. Dr Anthony Perks claims that Stonehenge ...
has the shape of female genitalia
3. Dr. Perks claims that there are no tombs or burial grounds near Stonehenge
because ...
Stonehenge was a place of life and birth
4. Dr. Perks thinks that the central area of Stonehenge is empty ...
as it may represent the opening to life and livelihood
5. One of the following statements IS FALSE. Which one?
People were farmers but not hunters in that area.
6. David Miles thinks Dr Perks's theory...
cannot be proved
7. The builders of Stonehenge...
were mostly Celtic druids who made the place enchanted
8. "Stonehenge was a spaceport for aliens" This is what many people believed in the ...
New Age Period

PAU 2004

Pautes de correcció Anglès

PART AUDITIVA

ORPHANS OF THE STORM

Introduction

Hi,

In this radio programme, you are going to hear the following words. Read and listen to them.

Make

sure you know what they mean.

AIDS (acquired immunodeficiency syndrome) SIDA

HIV (human immunodeficiency virus) virus d'immunodeficiència adquirida, virus causant de la SIDA / virus de inmunodeficiencia adquirida, virus causante del SIDA

UN (United Nations) Naciones Unidas / Naciones Unidas

shift desplaçament / desplazamiento

sleepwalk sonambulisme / sonambulismo

stunting raquitisme, manca de creixement / raquitismo, falta de crecimiento

Ready?

Now read the questions on the next page. Read them carefully before listening to the radio programme.

Oficina d'Organització de Proves d'Accés a la Universitat Pàgina 5 de 7

ORPHANS OF THE STORM

In medicine, 20 years is a long time to be at war. It is now 2 decades since scientists identified the

cause of AIDS... HIV -"a strange new syndrome devastating immune systems and destroying lives."

Within this period, many things have happened. For some, the prognosis is good, for others the future

will bring only disaster. To discuss the present and the future of AIDS we have a panel of 3 publichealth

experts -Dr. Nora Smith, Jean Roberts, journalist, and Ray Rob, a UN inspector,

Pres.: What's the current situation, Ray? Do you have any statistics?

Ray: In its 2003 report UNAIDS, the United Nations agency, estimated that 40m people are infected

with HIV and that 2.5m of them are children. In 2003 alone, 5m were newly infected.

Jean: Officially, the number of infected people has stopped growing.

Ray: It's a false picture, Jean. The rising curve has stopped going up. True, but it's because of mortality. Death's figures raised from over 2m people in 1999 to 3m in 2003.

Pres.: Why then all the sudden optimism in developed countries?

Nora: Well. At first, the typical sufferer was wealthy, white, intravenous drug-user and gay. Now the

largest group is of African women, which means poor, heterosexual and black. This geographical shift has led to optimism among politicians in non-3rd world countries.

Pres.: So, there is no real reason for optimism.

Ray: We can see some light at the end of the tunnel. Health authorities and experts believe that the

battle against the disease has reached a turning point.

Jean: For several factors. First, there is increasing recognition of the problem. People are not afraid to accept that there is a big problem. Political leaders, especially in sub-Saharan Africa, are no longer silent or apathetic as they were in the 1990s.

Nora: Much of this, though, has yet to translate into action, but at least they are discussing how to make their national health-care systems deal with AIDS.

Pres.: Does it also mean that there is more money available?

Ray: Yes. That's a second factor. In 1996, \$200m were spent in poorer countries. Compare it to the \$4.7 billion spent this year.

Pres.: Is it enough?

Ray: No. The UNAIDS says that the world needs a total of \$10 billion a year in 2005 just to keep AIDS controlled.

Nora: A third factor. Public recognition means better access to medication. Better opportunity to provide anti HIV medication. And this happens everywhere.

Jean: And treatments are cheaper. In poorer regions generics are starting to replace the very expensive medication sold in most countries.

Nora: Drugs are also better and there is a greater variety of them.

Ray: An important point is that there is now more experimentation on voluntary patients. Rather than waiting for years to complete complex laboratory evaluation, treatments start straight away with patients who want to try new drugs rather than simply wait for death.

Pres.: Do all the countries cooperate in the same way?

Jean: It varies. In some Middle East countries where homosexuality, drug use and commercial sex are illegal or socially rejected, acceptance of the problem is much lower. Religion may also give a false sense of security. People like to believe that AIDS is not a problem for the region.

Pres.: And is it?

Ray: Of course it is. Just look at the figures in the latest UNAIDS report. And it is crucial that governments start planning and doing things immediately.

Nora: Yes. Delay means only disaster when dealing with AIDS. Take South Africa. A fifth of adults were infected in 1998. Because nobody listened to the experts, their predictions came true. Today South Africa has more HIV positive citizens than any other country: 5.3m, out of a population of 45m.

Ray: All governments should look at Africa and tremble. In some countries, more than half the population will die of AIDS. The UN is afraid that several of the most populated countries - Russia, India, China- may be sleepwalking into calamity.

Pres.: So, in spite of advancements, the situation is really dramatic.

Ray: Yes. Since HIV was first discovered in the early 80s, the epidemic has mutated. Everything is slow. Research is slow, money is slow. The worst is still to come. Ten years from now, who knows? It may mean economic disaster in three generations. Epidemics can explode suddenly.

Pres.: Are all levels of population equally affected?

Ray: The ones who suffer the most are the orphans. In the sub-Saharan countries there are now 11m of them. One in 10 children is orphan, 1/3 of them because of AIDS.

Nora: Orphans are poorer and they suffer from hunger, stunting and death. Not to mention the psychological trauma of seeing their parents die and of being separated from their brothers and sisters.

Jean: Schools reject them. They live in the streets and prostitution is often their only means of survival. In time they become parents, without knowing what it means, as they could never learn parental skills from their own parents.

Pres.: This sounds almost hopeless. What is it we can do?

Ray: We must act now. Before it's too late. We have the means. We need the will.

QUESTIONS

1. Between 1999 and 2003 the number of people who died from AIDS

A. didn't vary.

B. went up.

C. went down.

2. The balance of AIDS-infected population has shifted from

A. white, rich and homosexual to poor, black heterosexual feminine.

B. gay to heterosexual, independently of race and wealth.

C. a general population of intravenous-drug users to African drug-addict women.

3. As for the present situation, there is ...

A. no hope -we don't see the end of the tunnel yet.

B. some hope -we are at a critical moment when things may start changing.

C. almost no hope -leaders are still silent and apathetic as they were in the 1990s.

4. Drug-experimentation periods are becoming shorter because

A. generics are replacing expensive drugs almost everywhere.

B. there are many more voluntaries than before.

C. there is less money available for laboratory assessment.

5. South Africa is

A. is a very good example of good health policy.

B. has managed to contain AIDS better than any other country in the world.

C. is the country with the largest population of HIV-infected people.

6. Experts predict that

A. In some African places 50% of the people may be killed by the virus.

B. The worst is over and the main thing to fear now is economic disaster.

C. Epidemics are already under control.

7. What's the number of orphan children as a result of AIDS?

A. One in 10.

B. One out of three.

C. 11 million.

8. AIDS-orphans

A. are encouraged to attend school but they reject it.

B. quite often find in prostitution their only source of food and money.

C. often become good parents because of their hard and cruel sufferings