**SOLUTION 04**

**TASK I**

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| --- | --- | --- | --- |
| **Section 01** | **Section 02** | **Section 03** | **Section 04** |
| 1. **Faster** | **11. 142 weeks** | **21. D** | **31. AIDS epidemic** |
| 1. **More affordable** | **12. 2-3 weeks** | **22. B** | **32. better nutrition** |
| 1. **Luggage** | **13. February** | **23. C** | **33. developing countries** |
| 1. **92.4 percent** | **14. summer** | **24. A** | **34. Eastern Europe** |
| 1. **186** | **15. early autumn** | **25. D** | **35. three million** |
| 1. **11:46** | **16. C** | **26. tease** | **36. one third** |
| 1. **22:25** | **17. E** | **27. so nervous** | **37. drug addiction** |
| 1. **Overnight** | **18. F** | **28. individually** | **38. large cities** |
| 1. **Half (of)** | **19. B** | **29. different side** | **39. to cure** |
| 1. **2 hours** | **20. A** | **30. teacher** | **40. (serious) threat** |

**TASK II: GAP-FILLING**

**Section 1**

F= Travel agent M= Student

F: Good morning!

M: Hi.

F: How can I help you?

M: I'm looking for information about travelling to **France**. I’m studying in Nice next year and need to go there in September. I'm thinking of driving, so I guess it's either through the **Channel**, or by ferry. Um— I think the ferry's a lot slower, isn't it?

F: Indeed it is; it takes around nine hours from **London** to Paris, including the **overland** bits, and usually it's more expensive too, unless you book well ahead of time; then sometimes the ferry's more **affordable**.

M: How much does it cost?

F: Well, when you take the train and the **ferry** now, you must buy your tickets **separately…**

M: Actually I’d prefer to take the **Chunnel**. How much does that cost?

F: That depends on your travel date and availability of tickets, but you can **expect** to pay about **50 pounds** each way for the car, in addition to your **passenger** fares.

M: It's not cheap.

F: No; will you be using your car a lot while you're in France?

M: Uh, not really, but I'll have a lot of **luggage**, so it seems like the easiest way. Besides, I hate flying.

F: Driving is never the easiest way to get from the UK to France, I'm afraid! And of course, your **steering** wheel will be on the wrong side when you get there! If you’re not going to need your car when you **arrive**, may I suggest leaving it at home and travelling by train?

It's much faster, more affordable and you can take as much luggage as you need, there aren't limits.

M: Oh, I didn't know that about the luggage - that's good It would **certainly** be more relaxing, I suppose. Ok, tell me about the train.

F: It's **definitely** the most popular option these days. Eurostar has now captured over **70%** of the London to Paris market from the **airlines**, and maybe this has something to do with the fact that **92,4%** of Eurostar trains run on time, against just **65%** of flights on the same **routes**. From central London to central Paris, Eurostar is faster than flying as well.

M: And the Eurostar is \_ what exactly? A train company?

F: Oh, sorry! The Eurostar is the **high-speed** passenger train that runs from London to Paris via the Channel Tunnel. Eurostar can reach **186 miles** per hour, and the journey takes just 2 hous 15 minutes.

M: All right, so it's easy to get to Paris, but what about Nice? It's a fair bit farther.

F: Yes, but it couldn't be easier. There are two main options; you can leave London at seven twenty-seven in the morning, then **transfer** in Paris to catch the TGV train at **eleven forty-six**, which takes about five and a half hours, and be in Nice in time for an evening meal. Or, you can take any Eurostar to Paris in time to catch the twentv-two twenty-five from Paris, which arrives in Nice at **eight fifty-four**. It's a longer journey, but many people prefer the **convenience** of travelling overnight.

M: Yes, that appeals to me. About how much does the overnight journey cost?

F: The example I've pulled up on the computer now costs a hundred and thirty-five pounds return, but sometimes it's lower as low as **97 pounds**. I'll write down a couple of website **addresses** for you, and you can search for various times and fares on your own.

M: Thanks, that’s great \_ oh \_ one more thing. Ill need a single fare, because I won't be returning for a while. Is that going to be more **expensive**?

F: No, don't worry. Singles are **approximately** half of the return fare, though this wasn't true several years ago, when it wasn't **uncommon** for a return to be cheaper than a single.

Nt Ok, this sounds good, but what about flying? Is that an option?

F: If you aren't going to opt for taking the train, flying is another good option. While the train's the **fastest** way to travel from London to Paris, you can actually save time by opting to fly from London to the South of France.

M: I guess there's an airport in Nice, isn't there?

F: Yes; the Nice Cote d'Azur Airport. It's about **7km** from the centre of Nice. Since it's the third most important airport in France after Charles de Gaulle and Orly in Paris, there's no **shortage** of flights.

M: Do you know **exactly** how long it takes?

F: Two hours.

M: That's quick!

F: Yes, but you need to consider that you'll lose time checking in and waiting to collect luggage and such. And of course, there's a **baggage** allowance.

M: True. All right, thanks very much for your help. I've got a lot to think about now.

F: No problem at all. Feel free to come back if you have more questions.

**Section 2**

Good morning ladies and gentlemen! Thanks for joining me on our monthly **excursion** to visit new **architectural** and city planning devel opments in our city of Birmingham. Today, as you can see, we're here at the **development** site of “the Cube", and its construction is well **underway**. Indeed, the year ahead will be an exciting year for Birmingham Development Company and its **construction** arm, Buildability, as the construction of "the Cube', the most **spectacular** building in Birmingham, continues at speed. This new building, valued at over **£100 million**, has been designed by the internationally renowned **architects**, MAKE Their design team, led by Ken Shuttleworth, has created a **17-storey** cube aimed at providing a spectacular contrast to the increasing number of towers appearing on the Birmingham **cityscape**.

The complex **142-week** building programme that will trans¬form the Birmingham **skyline** upon its completion, is currently over halfway through its development. The building will continue to **rise**, over the coming year, with each floor taking **2-3 weeks** to complete. As you can see, to your right, the first **shipment** of the special gold **anodised** cladding that will adorn the cube has now arrived onsite, and from February, the **glistening** golden **exterior** will begin to be installed, bringing the **unique** building to life. Late summer will see the topping out1 of the **concrete** frame of the cube structure, with the **intricate** metallic fretwork screen beginning to take shape in the early **autumn**.

What has been **accomplished** to date in the city's regeneration has been nothing short of amazing, yet we hope to set a new **bench¬mark** for developments in Birmingham. The Cube will bring forward a new standard of architecture and a building, which will not only be Birmingham's most striking **waterside** location, but also one wNch is **identifiable** around the world. The Cube breaks all the **boundaries** of what has been achieved in Birmingham so far.

The finished Cube will be a mixed-use building. It will house the city’s first **rooftop** restaurant with **panoramic** views whilst a boutique hotel and residential apartments below will feature **internal** views over the twisting atrium. Further down, high specification.

Grade A office space is planned with more exclusive retail and **waterside** restaurants at the base. The Mailbox has already raised the bar in the quality and **calibre** of our architecture and the **retail** offerings, worldwide brand names and **stylish** restaurants have given Birmingham a **contemporary** profile rivalling the capitals of Europe.

From the outset, the Cube's design team sought to create a new **landmark** building for Birmingham which fits into its context and which tows people in. Lined with coloured glass and with an **exterior** dad in **shimmering** metal fretwork, the Cube has visible links to Birmingham’s heritage in engineering and **jewellery** manufacture It was essential that the building created a strong visual **presence**, immediately identi¬fiable as a gateway to the **canal** and city centre area to the north.

Our city is a city of the future and as a **futuristic** building with **phenomenal** foresight in style and design, the Cube is **indicative** of our plans in how we see Birmingham developing. The Cube will help to **elevate** us onto a global stage Now, let's go and have a look at the progress of the **entrance** gateway.

**SECTION 3**

L= Lynn T= Thomas S= Sophie D= David

L Thomas, let's not go to the **lab**. Let's just stay here in the student **lounge** and drink tea and review the chapter.

T: You know we can't do that. We've a **responsibility** to turn up and make sure our tutor has understood the week's lectures. If we don't go, no one will ever even **realize** she's got the **theories** ail mudded upi S: Oh really?

L Sophie, it's awful Marlena just opens her mouth and I'm **confused**. Really, she…

T: Marlena's our tutor.

S: Yeah, I gathered that...

L You lot have got no **manners**; I was in the middle of saying some¬thing? Shell say things that make no sense **whatsoever**, and I'm thinking I've **misunderstood** something, and f'm looking around the room and everyone has these looks on their faces of…

T: Disbelief and **merriment**!

L Maybe you do, Thomas, but we're not all **geniuses**. Really, I'll be so worried that I've got it all wrong, then people start asking questions, and by and by we figure out that she's **mixed** something up.

S: That's too bad It's not a good situation at all.

D: But surely you're **exaggerating** a bit. Lynn…

L No, it’s awfuf I don’t know how she got through her undergraduate studies, much less got **accepted** as a **postgrad** here. You'd think our professor would have some idea about her abilities.

D: Marlena's an unusual name. Is she English?

L She's Spanish, David She's got a really strong **accent**- T: Really that's a lot of the problem, I think. I don't think she's thick; she just doesn't **communicate** very well. I'm not sure she understands us completely, especially when someone's **joking** around. And we do **tease** her a bit I must admit

S: What a nightmare! I'd hate to have you in my class if I was a tutor, Tom!

T: As long as you're **clever** Sophie, you'd have nothing to worry about...

S: But you've just said she's not thick!

D: I think I've met her, actually; I think we had a class **together**, maybe last year. She was really shy and quiet Hardly spoke the whole term. But she was always **smiley** and friendly. She seemed nice, actually, and I think she got one of the **highest** marks in the class. Maybe you've all picked on her so much that she's so **nervous** that she cant think clearly. Ever think of that?

L But we don't need to baby-sit; we need help! It’s a difficult subject!

S: Has anyone ever gone up and asked her for help **individually**?

T: Yes, actually, I have. I couldn't understand one of the **formulas** in the first chapter - the theory about why it worked just made no **sense** to me, so I went and asked her about it and she cleared it right up. She was very **helpful**. She's not thick; I already said that.

S: She's just so much fun to **torment**, right?

T: Yep, that’s it!

S: Lynn, if you are having **trouble** with something why don't you make an **appointment** to meet with her individually and see if she can help you that way? Maybe you'd see a different side of her. I reckon she just hates getting up in front of the class and I can hardly **blame** her.

L Yes, I could try that I suppose.

D: Guys, the tutors aren't old **academics** who've been teaching for thirty years; they're just like us, two years down the road, if we're clever enough to continue with our **education**. I know I'd be **mortified** to get up in front of you lot, and I dont think I'll feel that differently in a couple of years' time. You know, we're far more **experienced** as students than they are as teachers.

T: You're right, David. Really, it’s more like one of our **mates** is trying to help us out, but you know, our mates aren't so **frightened** of us!

S: Yeah, but you aren't so **horrible** to your mates, are you?

**SECTION 4**

Hello there; can I have your **attention** please? We've got a lot to cover today and we need to get started If you recall, last week we **discussed** the AIDS **epidemic**, and its effect on health care systems in the countries with the highest **incidence**. Well, today I'm going to speak about another **significant** disease that is rather closely associated with the AIDS epidemic - **Tuberculosis**.

In the UK, active Tuberculosis, otherwise known as TB, was com¬mon in the **nineteenth** century - the old ‘consumption’ of romantic novels. Since then, better living conditions, better nutrition, **immunisation** and effective treatments in the twentieth century have all **combined** to make TB uncommon in the UK today. However. TB is still common in developing countries and parts of Eastern Europe. It causes more deaths **worldwide** than any other **infectious** disease - about three million per year. This is a tragic **statistic** since TB is now generally a **curable** disease. Overall, one third of the workfs population is currentfy infected with the bacteria that cause TB. However, people infected with TB **bacilli** will not necessari¬ly become sick with the disease. The immune system "walls off" the TB bacilli which, protected by a thick **waxy** coat can lie **dormant** for years. It's estimated that **5 to 10 percent** of people who are **infected** with TB bacilli, but who are not infected with HIV, become sick or infectious at some time during their life. Left **untreated**, each person with active TB disease will infect on average between 10 and 15 peo¬ple every year.

There are certain risk factors that make certain people more like¬ly to become ill with TB. When people's **immune** systems are weak¬ened, their chances of becoming sick are greater, for example, due to HIV infection, **immune-suppressing** treatment, or alcohol or drug addiction. Age is also a factor, with babies, young children and the elderly being most **susceptible**. In addition, poor nutrition and lack of vitamin D are linked to TB. Finally, TB is more common in cer¬tain environments such as among **homeless** people, among prisoners, in large cities and in more **impoverished** areas.

Until **50 years** ago, there were no medicines to cure TB. Finding medicines to cure TB was a **tremendous** breakthrough.

But now, strains that are **resistant** to a single drug have been docu-mented in every country **surveyed** what's more, strains of TB resist¬ant to all major anti-TB drugs have emerged. Drug-resistant TB is caused by **inconsistent** or partial treatment, when patients do not take all their medcines regularly for the required period because they start to feel better, because doctors and health workers **prescribe** the wrong treatment **regimens**, or because the drug supply is unreli¬able.

A particularly dangerous form of **drug-resistant** TB is multidrug- resistant TB, **abbreviated** as MDR TB, which is defined as the disease caused by TB bacilli resistant to at least the two most powerful anti- TB drugs. Rates of MDR-TB are high in some countries, especially in the former Soviet Union, and **threaten** TB control efforts. While drug- resistant TB is generally **treatable**, it requires extensive chemothera¬py - up to two years of treatment - with second-line anti-TB drugs These second-line drugs are more costly than first-line drugs, and produce **adverse** drug reactions that are more severe, though still **manageable**.

The recent emergence of **extensively** drug-resistant TB. called XDR-TB, particularly in settings where many TB patients are also **infected** with HV, poses a serious threat to TB control and con¬firms the urgent need to **strengthen** basic TB control and to apply the new WHO guidelines for the **management** of drug-resistant TB.