

Passage 3

A child born in Sweden is almost 30 times more likely to reach the age of five than a child born in Swaziland. While the national rates conceal variations in mortality between the rich and the poor, urban and rural, it is possible to suggest that national wealth is the key factor in determining mortality. However, the evidence clearly indicates that mortality is affected by factors other than national wealth. The most striking example is the comparison between the United States and Cuba. Though life expectancy in both is virtually identical, the former spends less than \$200 per person on healthcare while the latter spends almost \$4,400 per person. Cooper R et al. (2006) state that much of this is due to relatively small amounts invested in infrastructure combined with a well-developed public health strategy. As Cooper R et al. go on to emphasize, 'if the experience of Cuba could be extended to other poor and middle-income countries, human health would be transformed'. However, since the 1980s Cuba has also been involved in technology developments. The research, development, and marketing of advanced drugs on a worldwide scale illustrate how much can be achieved by a low-income country.

151 . The passage is mostly discussing

- a. the role of national wealth in health
- b. Cuban experience in health promotion
- c. factors reducing mortality rate
- d. mortality rate among the poor and the rich

152 . Mortality rate can be lowered by

- a. low investment in infrastructure
- b. production of advanced drugs
- c. a suitable public health strategy
- d. life expectancy among people

153 . The comparison made between the USA and Cuba the key role of national wealth in lowering mortality rate.

- a. refutes
- b. approves
- c. elaborates
- d. reaffirms

154 . The comparison between the United States and Cuba reveals that

- a. the former spends more on life expectancy
- b. the latter has a better healthcare system
- c. the average longevity in both is the same
- d. life expectancy in the former is higher

155 . According to Cooper et al., in order to promote public health, the Cuban model of health care system should be

- a. modified
- b. abandoned
- c. transformed
- d. followed

Passage 4

Researchers have examined data from 500 men followed for 14 years after a prostate biopsy that was found to be benign. This is the first of a group of studies to be conducted in order to determine if there are subpopulations of men diagnosed with benign conditions that may be at a greater risk for developing prostate cancer. Prostate abnormalities were detected in 11 percent of the patients, and after considering factors including family history of prostate cancer, the researchers concluded that obesity at the time of the initial biopsy was associated with a 57 percent increased risk of developing prostate cancer during the 14 years of follow-up. We don't absolutely know what the true biology is because the association was seen only for prostate cancer that occurred earlier in the follow-up period not in its later years. Therefore, this only reflects the association between the body size and larger prostate size, which is thought to reduce the sensitivity of the needle biopsy. It is possible that the tumors missed by initial biopsy grew and were detected in a follow-up biopsy. Although the association found in this study does not prove cause and effect, it indicates that obesity should be considered a factor for follow-ups after a benign prostate biopsy.