UNIVERSITY OF ESWATINI
DEPARTMENT OF ACADEMIC COMMUNICATION SKILLS
FIRST SEMESTER MAIN EXAMINATION
FEBRUARY 2021

TITLE OF PAPER: ACADEMIC COMMUNICATION SKILLS

COURSE CODE: ACS 111: ENGLISH FOR ACADEMIC PURPOSES

TIME ALLOWED: 2 (TWO) HOURS

INSTRUCTIONS:

1. THE QUESTION PAPER CONTAINS TWO SECTIONS. ANSWER **ALL QUESTIONS.**
2. START EACH **SECTION** ON A FRESH PAGE.
3. **WRITE THE NAME OF YOUR FACULTY AND PROGRAMME ON THE COVER OF YOUR ANSWER BOOKLET.**

TOTAL MARKS: 100

This paper contains 8 pages, including the cover page.

This paper is not to be opened until permission has been granted by the invigilator.

SECTION A READING COMPREHENSION 50 MARKS

Read the passage below and then answer the questions that follow.

The new slavery

High-profit exploitation of poor people is increasing rapidly with globalisation of markets. Kevin Bales reports on the millions being ignored by governments.

Guardian Unlimited Wednesday May 12, 1999

1. Did slavery disappear in the 19th century? Many people think so. But the case of Seba, who spent the last 14 years of her life as a household slave in Paris. When I met this 21-year-old woman last summer, she told her story:

2. "I was raised by my grandmother in Mali, and when I was little girl a woman my family knew came and asked her if she could take me to Paris to care for her children. She told my grandmother that she would put me in school and that I would learn French. But when I came to Paris I was not sent to school; I had to work every day. I did all the work - I cleaned the house, cooked the meals, cared for the children, and washed and fed the baby. Every day I started work before 7am and finished about 11pm. My mistress did nothing."

3. Seba had become a slave - beaten, locked up and tortured. She received no education and had no experience outside the home, except walking the children back and forth to school. Illnesses, problems with her teeth, even puberty came and went without any medical care or understanding. Her world was her work. Seba was freed when a neighbour managed to talk to her. Seeing the wounds and scars, the neighbour called the French Committee against Modern Slavery, who raided the house with the police and took Seba into care. Medical examination confirmed her torture. She now lives with a foster family.

4. Seba's story would be shocking enough if it was **unique**, but she was one of perhaps 2,000 household slaves in Paris today. And those slaves are a tiny part of the estimated 27 million slaves worldwide. Slavery is growing because slaves are cheaper than they have ever been. How has this come about?

5. The population explosion and economic changes after the Second World War meant large numbers of people in the developing world were pushed into **economic vulnerability. Migrating** from the countryside to shanty towns, they are a pool of potential slaves. Of course, overpopulation and poverty alone don't lead to slavery, but if police and government are corrupt, if laws against kidnapping and slavery are not enforced, then slaves can be harvested. Across south-east Asia, India, Pakistan, north and west Africa and Brazil, large-scale slavery rests on the corruption and complicity of government and police. When police sell the right to use violence, they are effectively selling a license of hunting slaves. In the lean, mean global economy, slaves' equal profits and violence ensures that the profits keep coming. And slavery has never

been so lucrative. Take steel, one of Brazil's biggest exports to Europe and North America. Steel is made from Iron ore and slave-produced charcoal. All across western Brazil, forests are being cleared and burned to make charcoal. Trapped in the charcoal camps are thousands of slaves recruited from shanty towns in the east.

6. Miguel, a worker in one of the camps, told me that one day a man turned up offering well-paid jobs in western Brazil. "He was able to fill up his truck with workers very easily," Miguel says, "On the trip, when we would stop for fuel, he would say, "Go into the café and eat as much as you like, I'll pay for it." We had been hungry for a long time, so you can imagine how we ate!

7. "When we got to Mato Grosso, we drove more than 50 miles into the forest. The camp is completely **isolated**, and there is just one road. When we reached the camp we could see that it was terrible: the conditions were not good enough for animals. Standing around the camp were men with guns. And then the man said, "You each owe me a lot of money-there is the cost of the trip, and all that food you ate – so don't even think about leaving."

8. By using slave labour, the boss running the camp makes more than 100 percent profit. The land owners make even more, and in Brazil many of these are US or European multinationals. The steel companies, in turn, get low-cost raw materials. And we profit from the low price we pay for steel goods and excellent returns made by our investments.

9. The average slave in Mississippi in 1850 cost about $60,000 in today's money and profits fluctuated around the 5% mark. The slave was an asset to be looked after and bred; an investment that could generate years of labour. This meant a long-term relationship and certain level of care. Today, a slave is not worth keeping longer than is absolutely necessary.

10. With these changes, our ideas about slavery have been outmoded. Today, race has little to do with slavery. Slaves are chosen by vulnerability not colour, with devastating consequences for women and children. Slavery is not about legal ownership of a person, it is the complete control of a person-through violence-for economic exploitation, like other parts of the global economy, slavery has become a "just in time" component of the production process.

11. This **low-cost, high profit slavery** is evolving rapidly with globalisation, and governments are not keeping up. UN weapons inspectors search Iraq and are backed up by force when they are excluded. But where are the UN teams searching out slavery? The US Drug Enforcement Agency spends billions combating the drug trade, but the traffic in humans receives little attention. Under World Trade Organisation rules, Britain can be punished for preferring one sort of banana to another, but no country can be sanctioned for exporting goods made with slave labour.

12. The new slave is a stark reminder that, as the free market penetrates the global economy, it does not necessarily bring democracy, human rights or improved living conditions. Are we willing to accept living in a world with slaves, and to profit from their slavery?

Adapted from: Bales, K. (1999). *Disposable People*. California Press.

QUESTIONS

For questions 1-7, choose the correct answer and write it on the answer booklet provided (do not circle the answer on the question paper).

1. When the writer says, 'her world was her work' (Par. 3), he means that... [3]

   A. Seba worked all the time.
   B. Seba had no medical care.
   C. Seba had no proper education.
   D. Seba had no one when puberty came.

2. The phrase, 'a pool of potential slaves' (Par. 5) means... [3]

   A. That all potential slaves came from pools.
   B. That because of their poverty, slaves bathed in pools.
   C. That all the slaves were poor.
   D. That slave owners had a lot of options.

3. Miguel's story tells us that.... [3]

   A. Miguel and the other slaves took advantage of the slave master's kindness.
   B. The slave master was generous, that is why he fed Miguel and his friends.
   C. The slave master took advantage of Miguel and the others workers' poverty.
   D. Miguel, his co-workers, and the slave owner all benefitted from the arrangement.

4. The slaves in the story are mostly.... [3]

   A. Brazilians
   B. Africans
   C. Americans
   D. Europeans

5. Owning slaves in the 1850s ensures that... [3]

A. Slave masters got a return on their investment.
B. Slaves were bred and looked after.
C. Slaves put in years of labour
D. All of the above.

6. The referent 'she' in the last sentence of Par 3 refers back to… [3]

A. Seba
B. Neighbour
C. French Committee
D. Seba's employer

7. Give the meaning of the following words or phrases as used in the passage.

a) Migrating (Par. 5)
b) Economic vulnerability (Par. 5)
c) Isolated (Par. 7)
d) Low-cost, high profit slavery (Par. 11) [12]

8. What two lies did the family friend tell the little girl's grandmother? [4]
9. What are the two disadvantages that come with steel production in Brazil? [4]
10. The author uses the word *'slaves'* throughout the passage. Explain the difference between the traditional meaning of the word *slave* with how it is used in the passage. [4]
11. Based on the information presented in the passage, what would you say is the writer's attitude towards slavery? Explain your answer. [4]
12. The writer says that Seba's story would be shocking enough if it was unique, but she was one of perhaps 2,000 household slaves in Paris today. In your own words, explain how Seba's story is similar to the experiences of the vulnerable in our communities today. [4]

SECTION B SUMMARY 50 MARKS

Read the following passage on the medical use of marijuana and in not more than 200 words, write a summary outlining the arguments the author advances against the use of marijuana as a prescriptive drug.

MARIJUANA

The term 'medical marijuana' implies that marijuana is like any other medication prescribed by a physician. Yet the ways in which medical marijuana has been approved, prescribed, and made available to the public are very different from other commercially available prescription drugs, posing a plethora of problems unrecognised by the public and by many physicians.

In the United States, commercially available drugs are subject to rigorous clinical trials to evaluate safety and efficacy. Data appraising the effectiveness of marijuana in conditions such as HIV/AIDS, epilepsy, and chemotherapy-associated vomiting is limited and often only anecdotal. To date, there has been only one randomised, double-blind, placebo- and active-controlled trial evaluating the efficacy of smoked marijuana for any of its potential indications, which showed that marijuana was superior to placebo but inferior to Ondansetron in treating nausea. Recent reviews by the Cochrane Collaboration find insufficient evidence to support the use of smoked marijuana for a number of potential indications, including pain related to rheumatoid arthritis, dementia, ataxia or tremor in multiple sclerosis, and cachexia and other symptoms in HIV/AIDS. Given the unfavourable side effect profile of marijuana, the evidence to justify use in these conditions is still lacking.

Unlike any other prescription drug used for medical purposes, marijuana is not subject to central regulatory oversight. It is grown in dispensaries, which, depending on the state, have regulatory standards ranging from strict to almost non-existent. The crude marijuana plant and its products may be contaminated with fungus or mold. This is especially problematic for immune compromised patients, including those with HIV/AIDS or cancer. Furthermore, crude marijuana contains over 60 active cannabinoids, few of which are well studied. Marijuana growers often breed their plants to alter the concentrations of different chemical compounds. Without rigorous clinical trials, we have no way of knowing which combinations of cannabinoids may be therapeutic and which may be deleterious. As marijuana dispensaries experiment by breeding out different cannabinoids in order to increase the potency of THC, there may be unanticipated negative and lasting effects for individuals who smoke these strains.

Marijuana is also the only 'medication' that is smoked, and, while still incompletely understood there are legitimate concerns about long-term effects of marijuana smoke on the lungs. Compared with cigarette smoke, marijuana smoke can result in three times the amount of inhaled tar and four times the amount of inhaled carbon-monoxide. Further,

smoking marijuana has been shown to be a risk factor for lung cancer in many but not all studies.

FDA-approved forms of THC (Dronabinol) and a THC-analog (Nabilone), both available orally, already exist. Indications for these drugs are HIV/AIDS cachexia and chemotherapy-associated nausea and vomiting. Unlike smoked, crude marijuana, these medications have been subject to randomised, placebo-controlled, clinical trials. Yet despite these limited indications where marijuana compounds have a proven but modest effect in high-quality clinical trials, medical marijuana is used overwhelmingly for non-specific pain or muscle spasms. Recent data from Colorado show that 94% of patients with medical marijuana cards received them for treatment of "severe pain." Similar trends are evident in California. Evidence for the benefit of marijuana in neuropathic pain is seen in many but not all clinical trials. There is no high-quality evidence, however, that the drug reduces non-neuropathic pain; this remains an indication for which data sufficient to justify the risks of medical marijuana is lacking.

The question of recreational marijuana is a broader social policy consideration involving implications of the effects of legalization on international drug cartels, domestic criminal justice policy, and federal and state tax revenue in addition to public health. Yet physicians, with a responsibility for public health, are experts with a vested interest in this issue. Recent legislation, reflecting changes in the public's attitudes towards marijuana, has permitted the recreational use of marijuana in Colorado and Washington. Unfortunately, the negative health consequences of the drug are not prominent in the debate over legalising marijuana for recreational use. In many cases, these negative effects are more pronounced in adolescents. A compelling argument, based on these negative health effects in both adolescents and adults, can be made to abort the direction society is moving with regards to the legalisation of recreational marijuana.

A growing myth among the public is that marijuana is not an addictive substance. Data clearly show that about 10% of those who use cannabis become addicted; this number is higher among adolescents. Users who seek treatment for marijuana addiction average 10 years of daily use. A withdrawal syndrome has been described, consisting of anxiety, restlessness, insomnia, depression, and changes in appetite and affects as many as 44% of frequent users, contributing to the addictive potential of the drug. This addictive potential may be less than that of opiates; but the belief, especially among adolescents, that the drug is not addictive is misguided.

Marijuana has been consistently shown to be a risk factor for schizophrenia and other psychotic disorders. The association between marijuana and schizophrenia fulfils many, but not all, of the standard criteria for the epidemiological establishment of causation, including experimental evidence, temporal relationship, biological gradient, and biological plausibility. Genetic variation may explain why marijuana use does not strongly fulfil remaining criteria, such as strength of association and specificity. As these genetic variants are explored and further characterized, marijuana use may be shown to cause or precipitate

schizophrenia in a genetically vulnerable population. The risk of psychotic disorder is more pronounced when marijuana is used at an earlier age.

Early studies suggested cognitive declines associated with marijuana (especially early and heavy use); these declines persisted long after the period of acute cannabis intoxication. Recently, Meier and colleagues analysed data from a prospective study which followed subjects from birth to adolescence; their findings yielded supportive evidence that cannabis use, when begun during adolescence, was associated with cognitive impairment in multiple areas, including executive functioning, processing speed, memory, perceptual reasoning, and verbal comprehension. Rogeberg criticised the study's methodology, claiming that the results were confounded by differences in socioeconomic status; this claim, however, was based on sub-analyses that used very small numbers. Additional sub-analyses of the original study cohort showed that marijuana was just as prevalent in populations of higher socioeconomic status, suggesting that socioeconomic status was not a confounding variable. However, the findings of the original study by Meier et al show there is indeed an independent relationship between loss of intelligence and adolescent marijuana use.

Lastly, substantial evidence exists suggesting that marijuana is harmful to the respiratory system. It is associated with symptoms of obstructive and inflammatory lung disease an increased risk of lung cancer, and it is suspected to be associated with reduced pulmonary function in heavy users. Further, its use has been associated with harmful effects to other organ systems, including the reproductive, gastrointestinal, and immunologic systems.

If marijuana is to be 'prescribed' by physicians and used as a medication, it should be subject to the same rigorous approval process that other commercially available drugs undergo. Potentially therapeutic components of marijuana should be investigated, but they should only be made available to the public after adequately powered, double-blind, placebo-controlled trials have demonstrated efficacy and acceptable safety profiles. Furthermore, these compounds should be administered in a way that poses less risk than smoking and dispensed via standardized and FDA-regulated pharmacies to ensure purity and concentration. Bypassing the FDA and approving 'medicine' at the ballot box sets a dangerous precedent. Physicians should therefore be discouraged from recommending medical marijuana.