Banque commune d'épreuves des écoles de management (BCE), France

Session 2019, filière ECG

Langue vivante B : anglais (ELVi)

Durée : 3 heures

Ce que traite le sujet

- Traduction du français en anglais
- Traduction de l'anglais en français
- Expression écrite

Sujet reproduit sans retouche à partir de la page suivante.

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Code sujet : 76 GB

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OPTIONS : SCIENTIFIQUE, ÉCONOMIQUE, TECHNOLOGIQUE et LITTÉRAIRE

DEUXIÈME LANGUE

Vendredi 3 mai 2019, de 14 h. à 17 h.

ALLEMAND – ANGLAIS – ESPAGNOL

Traductions et Expression écrite

Durée : 3 heures

N.B. :
Les candidats ne doivent faire usage d'aucun document, dictionnaire ou lexique ; l'utilisation de toute calculatrice ou de tout matériel électronique est interdite.
Si au cours de l'épreuve, un candidat repère ce qui lui semble être une erreur d'énoncé, il la signalera sur sa copie et poursuivra en expliquant les raisons des initiatives qu'il sera amené à prendre.

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ANGLAIS LV2

TRADUCTION DU FRANÇAIS EN ANGLAIS

Matthieu fit part de son projet un soir de juillet [...]. Claudie et Jacques posèrent leurs couverts. Son grand-père continuait à manger méticuleusement sa soupe.

— Tu crois que nous allons te donner de l'argent pour que tu puisses arrêter tes études et devenir patron de bar ? Tu crois ça sérieusement ?

Il tenta de plaider sa cause en exposant des arguments qu'il jugeait irréfutables mais sa mère lui coupa brutalement la parole.

— Tais-toi.

La colère la rendait livide.

— Quitte la table tout de suite. Je n'ai plus envie de te voir.

Il se sentait humilié mais il lui obéit sans rien dire.

Il téléphona à sa sœur pour quémander son soutien mais il ne parvint pas à se faire entendre. Aurélie éclata de rire.

— C'est vraiment n'importe quoi ! Tu pensais que maman allait sauter de joie ?

Mathieu tenta à nouveau de se défendre mais elle ne l'écouta pas.

— Grandis un peu. Tu commences à être fatigant.

Jérôme Ferrari, Le sermon sur la chute de Rome, Actes Sud 2012

ANGLAIS LV2

TRADUCTION DE L'ANGLAIS EN FRANÇAIS

The following Saturday, Harry did close the door, but he kept hold of the handle, ready to bolt if the old man as much as twitched a muscle. They stared at each other for some time before Old Jack asked, "What's your name?"

"Harry."

"And where do you go to school?"

"I don't go to school."

"Then what are you hoping to do with your life, young man?"

"Join my uncle on the docks, of course," Harry replied.

"Why would you want to do that?" said the old man.

"Why not?" Harry bristled. "Don't you think I'm good enough?"

"You're far too good," replied Old Jack. "When I was your age," he continued, "I wanted to join the army, and nothing my old man could say would dissuade me." For the next hour Harry stood, mesmerized, while Old Jack Tar reminisced about the docks, the city of Bristol, and lands beyond the sea that he couldn't have been taught about in geography lessons.

The following Saturday, and for more Saturdays than he would remember, Harry continued to visit Old Jack Tar. But he never once told his uncle or his mother, for fear they would stop him going to see his first real friend.

Jeffrey Archer, Only Time Will Tell, Macmillan, 2011

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ANGLAIS LV 2

EXPRESSION ECRITE

"Data-driven Medicine Will Help People – But Can It Do So Equally?"

Technological advances threaten to make a crushingly unequal system even more so

The promise of data-driven medicine is clear. Using the latest analytical techniques can lead to better health outcomes and — over time as data technology inevitably becomes cheaper and more widely available — help many more people. But as medicine moves from the kind of clinical practice that has informed centuries of treatment to the data-driven practices that have already transformed commerce, finance and the media, it will also find itself facing some of the same social challenges. In particular, big-data technology might seem like a social neutralizer or even a leveling force, but it can have a way of increasing divisions.

One hint at why this is comes from what communications theorists describe as a knowledge gap. Basically, people who already have better information are also better at getting *more* information, even if that information is in theory universal and available to all. We see this again and again in different fields. In my own research on schools and computers, for example, I often encounter students doing advanced and creative "technology" activities on the computers in well-off schools, and students doing rote learning and typing on the computers in poorer ones. That division means that later on, when the kids face a putatively even playing field, some will know better than others how to get ahead. Privileged kids get more resources not simply because they (or the schools) can afford to pay for them but because their parents are better equipped to advocate for their acceptance into gifted and talented programs, or to academically support them better through tutoring, attention and encouragement — harder tasks for a poor or single parent. [...]

There is a great lesson here as we anticipate the rise of data-driven diagnostic and intervention techniques in health care. It's not that new methods won't help people; it's that they will increase health inequality — not just among those who can afford it and those who cannot, but among those who can undertake the research and take advantage of the new techniques and those who cannot.

Further, these new data-driven medical techniques could lead to more discrimination. If there are no legal restrictions, for example, what's to stop companies from trying to hire people who have fine-tuned their sleep patterns with biofeedback, who have better exercise outcomes thanks to genomic analyses or are less likely to develop cancer in the long run?

Legislators are not unaware of these problems. In 2008, the United States passed a landmark law called the Genetic Information Nondiscrimination Act, which bars companies from hiring, firing or promoting workers based on genetic-test results — or requiring such tests — and insurance companies from requiring or using such tests to decide coverage. But legislative protections are easily reversible. In fact, last year Republican lawmakers introduced a bill that would carve out several significant exceptions to the law.

It may seem perverse to worry about inequality when we are talking about something that can improve so many lives, but a society isn't held together by making wonderful things available to just a few rich people. This isn't an argument for holding back improvements in health care. It is an argument instead that we must focus on equitable outcomes for all of us: how to make sure that access to new forms of health care is fair and evenly distributed; how to make

sure that we guard against new forms of discrimination that can emerge from all this data; and how we avoid a corporate-driven version of these shifts, in which health outcomes are mobilized not for our happiness and our well-being but to squeeze another hour or two from us at work.

[…] The right measure for successful health care isn't about the maximum possible for a few but the average for everyone, the median for a society and the minimum opportunities available to even those with the fewest resources and privileges. That's not just fairness. That's what a healthy society looks like.

Zeynep Tufekci, *The New York Times Magazine*,
November 15, 2018

Répondre en Anglais aux questions ci-dessous : (environ 200 mots pour chaque réponse)

1 – According to the author of the article, how can new technology and data-driven practices increase inequalities? **Answer the question in your own words.**

2 – In your opinion, do technological advances provide solutions to current issues?
Answer using relevant examples from the English-speaking world.

Tournez la page S.V.P.

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