

Chapter 1 : Chan Buddhism - Wikipedia

The other two projects that the duo has bid for include the Western Region-Northern Region interconnector and the Eastern Region System Indian trade bodies and manufacturing associations have voiced their concerns over the entry of Chinese players in the power transmission sector.

The virus is maintained in an enzootic cycle between mosquitoes and amplifying vertebrate hosts, primarily pigs and wading birds. Humans are incidental or dead-end hosts, because they usually do not develop a level or duration of viremia sufficient to infect mosquitoes. Transmission principally occurs in rural agricultural areas, often associated with rice cultivation and flood irrigation. In some areas of Asia, these ecologic conditions may occur near, or occasionally within, urban centers. In temperate areas of Asia, transmission is seasonal, and human disease usually peaks in summer and fall. In the subtropics and tropics, seasonal transmission varies with monsoon rains and irrigation practices and may be prolonged or even occur year-round. In endemic countries, where adults have acquired immunity through natural infection, JE is primarily a disease of children. However, travel-associated JE can occur among people of any age. For most travelers to Asia, the risk for JE is extremely low but varies based on destination, duration, season, and activities. From through , 79 JE cases among travelers or expatriates from nonendemic countries were published or reported to CDC. However, expatriates and travelers who stay for prolonged periods in rural areas with active JE virus transmission are likely at similar risk as the susceptible resident population 5â€™50 cases per , children per year. Travelers on even brief trips might be at increased risk if they have extensive outdoor or nighttime exposure in rural areas during periods of active transmission. In some endemic areas, although there are few human cases among residents because of natural immunity among older people or vaccination, JE virus is still maintained locally in an enzootic cycle between animals and mosquitoes. Therefore, susceptible visitors may be at risk for infection. Acute encephalitis is the most commonly recognized clinical manifestation of JE virus infection. Milder forms of disease, such as aseptic meningitis or undifferentiated febrile illness, can also occur. The incubation period is 5â€™15 days. Illness usually begins with sudden onset of fever, headache, and vomiting. Mental status changes, focal neurologic deficits, generalized weakness, and movement disorders may develop over the next few days. The classical description of JE includes a parkinsonian syndrome with mask-like facies, tremor, cogwheel rigidity, and choreoathetoid movements. Acute flaccid paralysis, with clinical and pathological features similar to those of poliomyelitis, has also been associated with JE virus infection. Seizures are common, especially among children. Common clinical laboratory findings include moderate leukocytosis, mild anemia, and hyponatremia. Cerebrospinal fluid CSF typically has a mild to moderate pleocytosis with a lymphocytic predominance, slightly elevated protein, and normal ratio of CSF to plasma glucose. DIAGNOSIS JE should be suspected in a patient with evidence of a neurologic infection such as encephalitis, meningitis, or acute flaccid paralysis who has recently traveled to or resided in an endemic country in Asia or the western Pacific. JE virusâ€™specific IgM can be measured in the CSF of most patients by 4 days after onset of symptoms and in serum by 7 days after onset. Plaque reduction neutralization tests can be performed to confirm the presence of JE virusâ€™specific neutralizing antibodies and discriminate between cross-reacting antibodies from closely related flaviviruses such as dengue and West Nile viruses. Vaccination history, date of onset of symptoms, and information regarding other flaviviruses known to circulate in the geographic area that may cross-react in serologic assays need to be considered when interpreting results. Humans have low levels of transient viremia and usually have neutralizing antibodies by the time distinctive clinical symptoms are recognized. Clinicians should contact their state or local health department or CDC at for assistance with diagnostic testing. Other inactivated and live attenuated JE vaccines are manufactured and used in other countries but are not licensed for use in the United States. The data in the table should be interpreted cautiously, because JE virus transmission activity varies within countries and from year to year. This includes long-term travelers, recurrent travelers, or expatriates who will be based in urban areas but are likely to visit endemic rural or agricultural areas during a high-risk period of JE virus transmission. Vaccine should also be considered for the following: Examples of

higher-risk activities or itineraries include 1 spending substantial time outdoors in rural or agricultural areas, especially during the evening or night; 2 participating in extensive outdoor activities such as camping, hiking, trekking, biking, fishing, hunting, or farming ; and 3 staying in accommodations without air conditioning, screens, or bed nets. Travelers to an area with an ongoing JE outbreak. Travelers to endemic areas who are uncertain of specific destinations, activities, or duration of travel. JE vaccine is not recommended for short-term travelers whose visits will be restricted to urban areas or times outside a well-defined JE virus transmission season. The vaccine was licensed in the United States on the basis of its ability to induce JE virus neutralizing antibodies as a surrogate for protection, as well as safety evaluations in almost 5, adults. However, the study was conducted in areas where tickborne encephalitis TBE vaccine is available. One observational study investigated long-term protection following a booster dose of Ixiaro in adults. There are limited data on duration of seroprotection and need for a booster dose in children. This rate was higher than that in a comparative adult study. An accelerated primary series of 2 doses of Ixiaro administered 7 days apart has been studied in adults aged 18–65 years. The accelerated primary series was noninferior to the conventional dosing schedule. An accelerated schedule administered on days 0 and 7 has been licensed for use in Europe. For children aged 2 months through 2 years, each dose is 0. To administer a 0. There are limited data on the use of Ixiaro as a booster dose after a primary series with the mouse brain–derived inactivated JE vaccine. Two studies have been conducted, 1 in US military personnel and the other at 2 travel clinics in Europe. Both studies demonstrated that in adults who had previously received at least a primary series of mouse brain–derived inactivated JE vaccine, a single dose of Ixiaro adequately boosted neutralizing antibody levels and provided at least short-term protection. However, additional data are needed on the duration of protection after a single dose of Ixiaro in prior recipients of a mouse brain–derived vaccine. Until those data are available, people who have received JEVax, the mouse brain–derived vaccine formerly used in the United States, and require further vaccination against JE virus, should receive a 2-dose primary series of Ixiaro. In children, fever was the most commonly reported systemic reaction in studies. Ixiaro contains protamine sulfate, a compound known to cause hypersensitivity reactions in some people. No studies of Ixiaro in pregnant women have been conducted. Therefore, administration of Ixiaro to pregnant women usually should be deferred. However, pregnant women who must travel to an area where risk for JE virus infection is high should be vaccinated when the theoretical risk of immunization is outweighed by the risk of infection.

The establishment of Chan in China is traditionally credited to the Buddhist monk Bodhidharma, who is recorded as having come to China during the time of Southern and Northern Dynasties to teach a "special transmission outside scriptures" which "did not stand upon words".

The data presented are primarily derived from reports published by national ministries of health and reported through FluNet. Data sources and references are listed at the bottom of the page. There were case reports with no history of exposure to antiviral medications, consistent with some community transmission of resistant virus. Detailed description North America: Active transmission in Mexico continued throughout the rest of and overlapped with the start of the winter season in the temperate areas of the continent in late November. The season in Mexico was essentially over by late January of however an outbreak of influenza A H1N1 was reported in April in the northern border state of Chihuahua associated with a number deaths. In the United States of America USA , influenza activity first began in the southern states, slightly later in the southwest, and subsequently the northern states. In Canada, active community transmission first began in Ontario and Quebec Provinces and later in the more western provinces. Influenza virus transmission peaked in temperate North America around late January to early February and had returned to national baseline levels by the end of April. Transmission in Mexico was almost entirely associated with influenza A H3N2 with much smaller amounts of influenza type B appearing later in the season and the above mentioned localized H1N1 outbreak on the USA border occurring in late April. As compared to the season, the peak proportion of outpatient visits that were due to influenza-like illness ILI was lower in the season for both the USA and Canada; however, mortality from pneumonia and influenza was at or exceeded the epidemic threshold in the USA for a period of 12 consecutive weeks during this season. Ninety-five children under the age of 18 died in the USA and five in Canada. Risk factor data from the USA indicate that among adults hospitalized with laboratory-confirmed influenza the most commonly identified risk factors were cardiovascular disease, asthma or chronic lung disease, and metabolic disorders. Europe and the Middle East: Within two weeks, countries of the western European continent and the Middle East also began to report increased rates of influenza. Notable transmission occurred slightly later in Eastern Europe. The peak of transmission was seen in late January to early February in Western Europe and two to three weeks later in Eastern Europe. In contrast to North America, influenza A H1N1 was the predominant virus strain with lesser amounts of influenza type B. The season of was marked by an increase in the number of influenza-related fatalities in the UK compared to the season. This was also reflected in an excess in all-cause mortality that was higher than the previous season. Intensive care units reported being pressured by the high numbers of admissions in the UK, Ireland, Greece, and Georgia. While other countries of the continent also reported fatalities and severe cases requiring intensive care management, the magnitude in comparison to last season is uncertain. The risk groups with severe H1N1 influenza were similar to the previous season. Cases requiring intensive care or dying were more often young and middle-aged adults than is seen in a typical influenza season. Most severe cases had not been vaccinated against influenza in this season. The influenza season in the northern temperate areas of Asia began late October to early November and had peaked by the end of December. Transmission in Mongolia and northern China was nearly all influenza A H3N2 in the early weeks of the season, a continuation of summer time H3N2 transmission occurring primarily in southern China. Influenza A H1N1 began to be detected by the first week of in both countries and became the most commonly detected subtype within a few weeks. In the Republic of Korea, the timing of transmission was similar to that seen in Mongolia and China but, in contrast to those two countries, H1N1 was by far the most commonly detected virus from the beginning of the season, with much smaller numbers of H3N2. In Japan, sustained community transmission began around the same time as the countries of the mainland but peaked a few weeks later in late January While early transmission in Japan was a mix of H3N2 and H1N1 viruses, by January, H1N1 was clearly the predominant virus and remained so throughout the rest of the season. Only small numbers of influenza type B viruses were detected in northern Asia in the season. Rates of ILI were lower in all countries in than in the previous season but similar in

magnitude to previous years. In Mongolia, the proportion of hospitalizations due to pneumonia and the number of deaths reported due to pneumonia were all less than in the season. Similarly, a number of severe and fatal cases were reported in China but in lower numbers than the previous season. Later, during the northern hemisphere winter, Brazil, Columbia, Paraguay, Peru, and Ecuador had significant transmission of H3N2 extending from early November through January. Venezuela, in contrast, was noted to have a large number of cases of influenza A H1N1 beginning in late February and peaking at the end of March. Mali and Senegal both experienced peaks of H3N2 transmission with smaller amounts of influenza B and H1N1 in October and November followed by smaller peaks of H1N1 and type B in February. Ghana had a relatively large peak of H1N1 in May through July followed by low numbers of H3N2 throughout the rest of the year and a second peak of H1N1 in March. In eastern Africa, Kenya and Uganda experienced continuous transmission of influenza throughout the year primarily associated with H3N2 from July through mid December and transitioning to H1N1 and influenza type B predominance from mid December onwards. Rwanda, in contrast, had very little virus detected until February at which time H3N2 was noted to be circulating. India had a peak of H1N1 transmission in July but transmission was not detected beyond late September. Thailand and Bangladesh had circulation during the same period of time but also had significant amounts of influenza type B co-circulating with H1N1 later in their seasons. In southern China, H3N2 was the predominant virus circulating during the northern hemisphere summer, peaking in late August to early September, but was then replaced by H1N1 during the winter. Southern Asia as a whole, however, had relatively little influenza transmission during the northern hemisphere winter months. Notably, Australia reported unusual out-of-season transmission of influenza virus during their summer months, primarily H3N2. This was observed in most jurisdictions but reports were highest in the northern states of Queensland and the Northern Territories. These proportions did not vary substantially from region to region. All oseltamivir resistance was associated with a substitution of HY in the neuraminidase gene. Of note, Europe also had reports of oseltamivir resistant cases with no known exposure to the drug, indicating that some low level community transmission of resistant virus may have occurred. The frequency with which oseltamivir resistance was detected did not appear to increase on either continent during the course of the season. No zanamivir resistance was evident for any of the viruses tested. H3N2 and influenza type B were all sensitive to both oseltamivir and zanamivir except for one isolate of H3N2 with oseltamivir resistance detected in the USA in April. Conclusions Influenza A H1N1 continues to circulate widely. However in contrast to the pattern observed during the pandemic, the virus is now co-circulating with other influenza viruses and was not the predominant influenza A virus in many countries. Circulation this season occurred during the expected influenza seasonal time frame with no out-of-season community transmission reported in temperate northern countries. The pattern of association between severe disease and age was similar to that observed previously. Influenza A H1N1 continues to be more of a problem for young and middle-aged adults, while influenza A H3N2 causes more severe disease in adults over the age of 65 years. Influenza type B appears to disproportionately affect young children. A few countries appeared to have a higher number of severe cases compared to last year for reasons that are unclear. This was most notable in the UK though this observation may well be a surveillance artefact related to the active surveillance for severe disease that was carried out there. All three circulating viruses demonstrated very little antigenic drift over the last year and were closely related to the three strains contained in the seasonal influenza vaccine. In addition, all but a very small percentage of viruses tested remain sensitive to neuraminidase inhibitors. This reemphasises the need to continue to vaccinate and to treat early patients at high risk for developing severe disease, including those at the extremes of age, those with certain chronic medical illness, and pregnant women. Data sources and references 2.

Chapter 3 : China's role in power transmission raises concern -

Recently, increases in temperature have been observed in most parts of China, with an increasing warming trend from southern to northern China. 23 With a population of 3 million in Jinan, global warming and irregular weather events may have a significant impact on the transmission of infectious diseases, including dysentery. Therefore, planning.

Persons using assistive technology might not be able to fully access information in this file. For assistance, please send e-mail to: Type Accommodation and the title of the report in the subject line of e-mail. India has not reported a polio case since January , and is considered polio-free since February This report highlights progress toward global polio eradication during January –March Although progress toward polio eradication was substantial in , persistent WPV circulation in , particularly in Nigeria and Pakistan, poses an ongoing threat to eradication efforts, underscoring the need for emergency measures by polio-affected countries and those at risk for outbreaks after importation. However, coverage continues to vary substantially by country and subnationally. The SIAs included national immunization days, subnational immunization days, 17 child health days, and 10 mop-up rounds. In the polio-endemic countries of Afghanistan and Nigeria, more WPV cases were reported in each during January–March compared with the same period in ; in Pakistan, the number of cases decreased during January–March Countries Considered Polio-Endemic in Afghanistan. Countries with Reestablished Transmission Angola. The last indication of ongoing circulation of reestablished transmission was a cluster of four WPV1 cases in the southern province of Kuando-Kubango during January–March Figure. No cases were reported during January–March , as of May 15, compared with two WPV1 cases reported in the same period in In , 93 cases were reported, compared with in ; all were WPV1 Figure. Two genetically distinct outbreaks occurred in ; 79 WPV1 cases reported from January to September in western provinces resulted from importations from Angola and the Republic of the Congo, and 14 WPV1 cases reported from October to December in the eastern provinces of Katanga and Maniema represented ongoing reestablished transmission originally from importations in from Angola and continuous circulation in eastern DRC since or earlier Figure. No WPV cases were reported during January–March , as of May 15, compared with 42 cases reported in the same period in Of the 11 outbreaks, eight were interrupted i. The Mali WPV3 outbreak that continued into was not interrupted within 6 months after confirmation. No new outbreaks have been reported in , to date. Steve Wassilak, swassilak cdc. Success in India is attributed to creative approaches by the Indian government and partners, including 1 large-scale mobilization of human and financial resources to increase SIA coverage among children in high-risk endemic areas and migrant populations, 2 introduction of bOPV, 3 improvements in routine vaccination coverage, and 4 rapid responses to new outbreaks 4. Since , an unprecedented reduction in WPV3 cases also has occurred. Use of bOPV has driven the reduction since Khyber Agency in Pakistan and several northern states in Nigeria are the only areas where WPV3 cases continue to be reported, a result of low routine vaccination and SIA coverage in limited-access areas 5 , 6. Outbreaks following importations into polio-free countries pose a continued threat to the momentum of the GPEI. Large outbreaks occurred in the European Region and in Republic of Congo in 7 ; outbreaks in have been small because of timely detection and prompt response with SIAs. Older age groups have been affected by paralytic polio with high fatality rates in recent outbreaks, and even when not clinically affected, older persons appear to enhance WPV transmission. Reestablished transmission has continued in some countries because of chronic low population immunity 5. Until WPV transmission in all areas is interrupted, the threat of outbreaks in polio-free areas will continue, requiring all countries to maintain high routine vaccination coverage, sensitive AFP surveillance, and rapid response SIAs to WPV importations. Continued intense WPV transmission in northern Nigeria poses a significant threat for WPV importation and spread into other west and central African countries. In October , the Independent Monitoring Board of the GPEI stated that the program was not on track for its end of goal, or for any time soon after, unless fundamental problems were tackled 8. In January , the Executive Board of WHO declared completion of poliovirus eradication a programmatic emergency for global public health 9. In response, each of the remaining countries with endemic or reestablished transmission has developed an emergency action plan for

interrupting poliovirus transmission, which includes oversight and accountability mechanisms involving political and health leaders at all administrative levels. National emergency plans specify strategies to vaccinate chronically missed children, improve the quality of SIAs in persistently poor-performing areas, and achieve levels of immunity by end of that can lead to cessation of transmission. Special strategies were developed to access children in areas of armed conflict. National emergency plans also outline strategies to identify, map, and vaccinate children in migrant and mobile populations and to improve routine immunization services, particularly for high-risk population groups. Key elements include assisting Afghanistan, Nigeria, and Pakistan to significantly increase vaccination coverage by the end of to levels that will interrupt transmission shortly thereafter; helping to sustain the momentum achieved in Angola, Chad, and DRC to interrupt transmission in ; implementing a rigorous accountability process by which health-care workers and administrative leaders will monitor and be held accountable for program performance at the district and state levels; and further improving polio partner accountability and coordination. Lack of sufficient funds in the first half of has forced cancellation and scaling-back of critical SIAs in 24 countries. Full implementation of the national emergency plans is urgently needed or the goal of a polio-free world is at risk.

The period after the fall of the Han Dynasty, during which time China was divided into the Northern and Southern Dynasties. Chan A school of Buddhism (known in Japan as Zen) that rejected the authority of the sutras and claimed the superiority of mind-to-mind transmission of Buddhist truths.

Periodisation[edit] The history of Chan in China can be divided into several periods. Chan as we know it today is the result of a long history, with many changes and contingent factors. Each period had different types of Chan, some of which have remained influential, while others vanished. Little written information is left from this period. The split occurred between the Northern and the Southern School. The Literary period, from around to , [6] which spans the era of the Song Dynasty " Monks compiled collections of gongan , sayings and deeds by the famous masters, appended with poetry and commentary. This genre reflects the influence of literati on the development of Chan. People from this time idealized the previous period as the "golden age" of Chan, producing the literature that portrays the supposed spontaneity of the celebrated masters. It was based on the practice of dhyana, and is connected to the figures of Bodhiharma and Huike. Prime figures are the fifth patriarch Daman Hongren " , his dharma-heir Yuquan Shenxiu ? Main factions were the Hongzhou school and the Hubei faction [note 1] An important text is the Anthology of the Patriarchal Hall , which gives a great amount of "encounter stories", and the well-known genealogy of the Chan school. Key figures were Dahui Zonggao " , who introduced the Hua Tou practice, and Hongzhi Zhengjue " , who emphasized shikantaza. Main factions were the Linji school and the Caodong school. Classic koan collections, such as the Blue Cliff Record , were assembled [14] and reflect the influence of the literati on the development of Chan. Neither Ferguson nor McRae gives a periodisation for Chinese Chan after the Song Dynasty, though McRae mentions "at least a post-classical phase or perhaps multiple phases". Theories about the influence of other schools in the evolution of Chan vary widely and heavily reliant upon speculative correlation rather than on written records or histories. Buddhism was exposed to Confucian [22] and Taoist [23] [24] influences when it came to China. Suzuki , [note 3] calling Chan a "natural evolution of Buddhism under Taoist conditions". Buddha was seen as a foreign immortal who had achieved some form of Daoist nondeath. As the philosophy and practice infiltrated society, many traditionalists banded together to stop the foreign influence, not so much out of intolerance an attitude flatly rejected by both Taoism and Confucianism , but because they felt that the Chinese world view was being turned upside down. The training in virtue and discipline in the precepts Skt. It was in this context that Buddhism entered into Chinese culture. Three types of teachers with expertise in each training practice developed: Monasteries and practice centers were created that tended to focus on either the Vinaya and training of monks or the teachings focused on one scripture or a small group of texts. The later naming of the Zen school has its origins in this view of the threefold division of training. McRae goes so far as to say: Chan was not nearly as separate from these other types of Buddhist activities as one might think [The reader should bear this point in mind: In contrast to the independent denominations of Soto and Rinzaï that emerged largely by government fiat in seventeenth-century Japan, there was never any such thing as an institutionally separate Chan "school" at any time in Chinese Buddhist history emphasis McRae. When they gathered together, the Buddha was completely silent and some speculated that perhaps the Buddha was tired or ill. The Buddha silently held up and twirled a flower and his eyes twinkled; several of his disciples tried to interpret what this meant, though none of them were correct. First six patriarchs c. Only scarce historical information is available about him, but his hagiography developed when the Chan tradition grew stronger and gained prominence in the early 8th century. By this time a lineage of the six ancestral founders of Chan in China was developed.

Chapter 5 : WHO | Summary review of the northern hemisphere winter influenza season

In southern China, H3N2 was the predominant virus circulating during the northern hemisphere summer, peaking in late August to early September, but was then replaced by H1N1 () during the winter. Southern Asia as a whole, however, had relatively little influenza transmission during the northern hemisphere winter months.

Chinese character for " nothing " Hanyu Pinyin: Koans emphasize the non-conceptual insight that the Buddhist teachings are pointing to. The teacher may approve or disapprove of the answer and guide the student in the right direction. The interaction with a Zen teacher is central in Zen, but makes Zen practice also vulnerable to misunderstanding and exploitation. In the Japanese language, this practice is called Sesshin. While the daily routine may require monks to meditate for several hours each day, during the intensive period they devote themselves almost exclusively to the practice of sitting meditation. The numerous 30-50 minute long meditation periods are interwoven with rest breaks, meals, and short periods of work that are performed with the same mindfulness ; nightly sleep is kept to seven hours or less. In modern Buddhist practice in Japan, Taiwan , and the West, lay students often attend these intensive practice sessions, which are typically 1, 3, 5, or 7 days in length. One distinctive aspect of Zen meditation in groups is the use of a kyosaku , a flat, wooden slat used to strike meditators with the intention of keeping them focused and awake. Zen chanting and liturgy[edit] See also: Buddhist chant A practice in many Zen monasteries and centers is a daily liturgy service. The butsudan is the altar in a monastery where offerings are made to the images of the Buddha or bodhisattvas. The same term is also used in Japanese homes for the altar where one prays to and communicates with deceased family members. As such, reciting liturgy in Zen can be seen as a means to connect with the Bodhisattvas of the past. Liturgy is often used during funerals, memorials, and other special events as means to invoke the aid of supernatural powers. Lay services[edit] Though in western Zen the emphasis is on zen-meditation, and the application of Zen-teachings in daily life, Japanese Zen also serves a function in public religion. Funerals play an important role as a point of contact between the monks and the laity. Seventeen percent visit for spiritual reasons and 3 percent visit a Zen priest at a time of personal trouble or crisis. Doctrinal background of Zen Though Zen-narrative states that it is a "special transmission outside scriptures" which "did not stand upon words", [21] Zen does have a rich doctrinal background, which is firmly grounded in the Buddhist tradition. There are two different ways of understanding and actually practicing Zen. These two different ways are termed in Chinese pen chueh and shih-chueh respectively. Jinul , a 12th-century Korean Seon master, followed Zongmi, and also emphasized that insight into our true nature is sudden, but is to be followed by practice to ripen the insight and attain full buddhahood. By practicing shikantaza, attainment and Buddhahood are already being expressed. Zen and Sutras The role of scripture in Zen[edit] Contrary to the popular image, literature does play a role in the Zen-training. The use of koans, which are highly stylized literary texts, reflects this popularity among the higher classes. At the beginning of the Tang Dynasty , by the time of the Fifth Patriarch Hongren , the Zen school became established as a separate school of Buddhism. Various sutras were used for this, even before the time of Hongren: Zen literature The Zen-tradition developed a rich textual tradition, based on the interpretation of the Buddhist teachings and the recorded sayings of Zen-masters. Zen organization and institutions[edit] Main articles: Zen organisation and institutions , Zen ranks and hierarchy , Dharma transmission , and Zen lineage charts Religion is not only an individual matter, but "also a collective endeavour". Suzuki , [75] and further popularized by Hakuun Yasutani and the Sanbo Kyodan.

Chapter 6 : Allison Transmission Home

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"Northern Pass expects to receive all state and federal permits by early The Province of QuÃ©bec recently announced that it has granted HQ a permit to construct the hydroelectric transmission line that will connect with Northern Pass at the U.S. border.

Chapter 9 : Zen - Wikipedia

In Brazil's latest power grid map, a new transmission line stretching from the northern state of Para's Belo Monte Dam in the deep Amazon basin to the southern economic centers will become the first.