

MENTAL DISTRESS AMONG WINTER-OVER PERSONNEL IN ANTARCTICA pdf

1: Psychological changes arising from an Antarctic stay: systematic overview

Fourteenth Indian Expedition to Antarctica, Scientific Report, Department of Ocean Development, Technical Publication No. 12, pp. Mental Distress among Winter-over Personnel in.

Barriers to care after civilian reentry further disadvantage this already vulnerable population. The United States Congress and the Department of Veterans Affairs must take steps to improve access to mental health care for these veterans. Although APHA has issued a few policy statements on mental health, many are quite dated, and therefore APHA has called for new policy proposals to fill this gap. No existing APHA policies specifically address mental health services for veterans. APHA policies related to mental health for general populations include the following: More than a half million veterans in the United States are homeless at some time, and on any given night more than , are living on the streets or in shelters. Veterans are twice as likely as other Americans to become chronically homeless. Conversely, while veterans represent one in 10 adult civilians, they account for one in four homeless people. Although lack of education and limited transferable skills from military to civilian life are significant causes of these problems, physical and mental health problems and lack of care for those problems are also factors. The requirement that they have either an honorable or general discharge to receive Department of Veterans Affairs VA benefits. Social barriers to care-seeking behavior related to military culture. Also, the veteran must have served in the active military, naval, or air service or must have served as a reservist or National Guard member called to active duty and completed his or her full call-up period. The rules for minimum service to be eligible for care changed after Since then, veterans must have served at least 24 continuous months, or the full period for which they were called to active duty, to be eligible. These minimum duty requirements may not apply to veterans discharged for reasons of hardship, discharged early, or discharged owing to a disability incurred or aggravated in the line of duty. The VA has a series of eight eligibility priority tiers to ration care because of limited budgets and capacity. Three of the eight tiers include an income eligibility requirement. Former prisoners of war and medal winners are grouped in the third tier. Veterans in lower priority tiers may not be able to access care or may face copays for many types of care services. The VA provides medical care to veterans through a system of medical facilities that includes medical centers, veterans centers, and community-based outpatient clinics. If the veteran requires care that no nearby VA facility can provide, the VA may cover the expense of the veteran traveling to a VA facility that can provide the necessary care, or it may make special arrangements to have the veteran treated outside the system. The tiered system is evidence of a shortage of capacity to treat all eligible veterans. The latter two categories are punitive and highly stigmatized, and they can be assigned only after a court martial. Veterans with these discharge characterizations are not eligible for any benefits, including health care. A general discharge is assigned to those who, for a variety of reasons, have not honorably completed their service. While a general discharge disqualifies veterans from GI Bill educational benefits, it is not usually a barrier to accessing health care through the VA. Troops may be punished in one battalion for the same misconduct that garners a counseling statement or corrective training in a different battalion on the same installation. Furthermore, the possibility of bias or discrimination in the exercise of discretion is always cause for concern. Those with combat-related PTSD and other psychiatric disorders are at an elevated risk of misconduct. First, they can petition the discharge review board for their branch of service. These boards review nonpunitive discharges of former soldiers as long as the period since the discharge is less than 15 years. The discharge review board can determine whether the discharge was granted in accordance with regulatory procedures in effect at the time and can judge whether the discharge characterization was equitable. When enlisted personnel take or witness the taking of the lives of civilians, by mistake or otherwise, they often endure lasting psychological, biological, spiritual, behavioral, and social consequences. These moral injuries can result in problems that mimic PTSD but are not necessarily treatable in the same way. They can also result in behaviors leading to discharge characterizations that limit access to care. In the absence of removing

MENTAL DISTRESS AMONG WINTER-OVER PERSONNEL IN ANTARCTICA pdf

discharge status as a requirement for health benefits from the VA, appeals could be simpler, and advocates could be provided to support veterans in the appeal process. In addition, the problem of moral injury needs additional research to determine its role in mental health. In a series of stories written for The Bay Citizen Berkeley, CA in , reporter Aaron Glantz exposed massive delays within the VA in relation to the processing of disability claims, reporting that the number of veterans waiting on benefits claims had doubled to , in recent years. According to the VA, it is trying to fill vacancies to add to its roster of primary care doctors, which numbered 5, in Income replacement for new veterans who are disabled is an important step in their transition. As income is directly related to health status, this is not a peripheral issue. Disability benefits are designed to fill the gaps in loss of earning potential and quality of life that result from injuries sustained in military service. Another barrier to seamless reentry to civilian status is that medical records generated during active duty are not readily available to the VA health care system because the records systems of the Department of Defense and the Department of Veterans Affairs are not integrated. VA auditors have recommended a series of strategies for reducing waiting times for care, including filling open health care provider positions, reducing turnover, improving morale, clarifying and improving policies and procedures, updating and improving scheduling software and telephone technology, and providing customer service training. One is to attract new professionals, and the other is to retain the professionals currently in employment. The federal government has demonstrated its ability to both attract and retain providers elsewhere through financial incentives and subsidies to providers. Financial-based incentive programs have shown success in placing physicians in underserved areas. The incentives offered through these initiatives include scholarships and education loans with service requirements, loan repayment programs, and direct financial incentives. Secondary trauma and compassion fatigue are significant concerns for VA staff. The VA has admitted that its VistA scheduling module plays a much more fundamental role in the larger cycle of patient care and VA operations than previously disclosed. It is important that the new scheduling system be designed and implemented well. Continued pressure and oversight from Congress will help, along with ongoing technological innovations. Military culture promotes inner strength, self-reliance, and the ability to shake off injury, contributing heavily to stigma surrounding mental health issues. If soldiers are unprepared to deploy, units deploy to the field with insufficient resources. Thus, commanders face incentives to push personnel to deploy, even in the absence of full mental or physical health. These incentive structures contribute to maintenance of the military culture status quo. Nearly one in four veterans who have screened positive for mental illness state that they did not seek care because their leaders discouraged the use of mental health services. Bush declared that the stigma that surrounds mental illness is the major obstacle to Americans getting the quality mental health care they deserve. Self-stigma predicts less positive attitudes toward seeking treatment and mediates the relationship between public stigma and care-seeking attitudes. Although most evidence about the efficacy of education and awareness campaigns in reducing stigma is derived from nonmilitary population studies, models proposed for these populations may be applicable to military members as well. Research suggests that standardizing mental health care as a component of military training may reduce the stigma associated with seeking treatment. Increased military unit support, which can help decrease stigma and barriers to mental health care, is another way to improve the mental health of active-duty personnel. Increasing mental health education among unit leaders is also suggested to decrease stigma. Trials of models in which mental health care is incorporated into primary care have demonstrated effectiveness. Such models also contribute to stigma reduction because veterans do not experience fear of being singled out as needing mental health treatment. For similar reasons, providing veterans with the option of receiving mental health care outside of the VA can reduce self-stigma and lead to an increased willingness to seek treatment. Some alternatives to the strategies proposed here include the following. Preventing war would be an effective strategy for protecting service members and veterans from war-related disability. Imposing a military draft could create a larger pool of eligible service members for military conflict engagements, thus limiting the reliance on fewer people whose own exposures are therefore prolonged. A draft would create more equitable social and racial representation in the armed

MENTAL DISTRESS AMONG WINTER-OVER PERSONNEL IN ANTARCTICA pdf

forces, increase public scrutiny of US international commitments, augment mobilized active forces, and lower costs. Some partisans have called for privatizing VA services, allowing veterans to seek care in their communities for all service-related and non-service-related health problems. Opposing Arguments Opposing arguments fall under four areas: Defenders of providing full medical benefits only to veterans with an honorable discharge or higher argue that this ensures resources are reserved for veterans of good standing. In addition, they argue that providing services to veterans whose behaviors resulted in their less than honorable discharge status encourages misconduct and is disrespectful of veterans who served honorably. Punishing veterans for behaviors resulting from their wartime exposures constitutes a double injury. During a time of health workforce shortages associated with the US Patient Protection and Affordable Care Act, it could be argued that attracting health personnel away from the general pool of health workers to work in the VA system would undermine the larger health system. Moreover, the cost of hiring additional health workers would place a higher burden on taxpayers. There is wide consensus that the disability claims backlog is failing to provide veterans with the benefits they have been promised and have earned through their service. While there is little dispute that the disability backlog is a primary concern, some argue that the VA does not have the ability to oversee and manage any significant decrease in the backlog, and therefore Congress should not increase funding to a broken system. Furthermore, it is unconscionable to deny veterans the benefits they deserve. Providing additional levels of cognitive care for veterans suffering from mental health problems e. Reliance on pharmaceuticals is within acceptable standards of care, some argue, and they go on to claim that it is both cheaper and a reasonable alternative to hiring a larger mental health workforce. APHA counters that military culture seems to generate stigma toward seeking mental health care among service members and veterans. Individuals who need care but fail to seek it are endangering their health and the well-being of the communities in which they live. Veterans have earned the right to high-quality mental health care. Action Steps Given its concern about the health of millions of veterans, APHA recommends the following actions in each of three designated problem areas. Wait times for care: Military cultural climate in relation to mental health: American Public Health Association. Accessed January 20, Returning Home from Iraq and Afghanistan: National Academies Press; Measuring Army Deployments to Iraq and Afghanistan. National Coalition for Homeless Veterans. Post deployment care for returning combat veterans. J Gen Intern Med. Kemp J, Bossarte R. Suicide data report, Stigma and demographic correlates of help-seeking intentions in returning service members.

MENTAL DISTRESS AMONG WINTER-OVER PERSONNEL IN ANTARCTICA pdf

2: Changing the Way We Look at Mental Health

Mental distress among winter over personnel in Antarctica. Fourteenth Indian Expedition to Antarctica, Scientific Report, Department of Ocean Development, Technical Publication, 12, Google Scholar.

Psychological changes arising from an Antarctic stay: A systematic overview aimed to map studies about the psychological effects on Antarctic expeditioners. The reviewed data were categorized and divided into two thematic axes: Negative Effects, resulting from harmful psychophysiological variations caused by exposure to the polar stressors, which may present seasonal symptom patterns, altering cognitive performance, mood and interpersonal relationships; and Positive Effects, such as salutogenic results arising from successful adaption to environmental adversities. Due to the great deal of evidence, it is suggested that protection factors should be promoted through preventive approaches, such as psychological training and support in order to reduce symptoms and generate satisfactory adaptation to Antarctica. Antarctic regions; Environmental psychology; Social isolation; Stress. Human beings are highly resistant and adaptable to the most varied environmental conditions. However, to live and to work in an extreme-condition environment is a constant challenge to the health and well-being of individuals Mullin, Very little is known about the real psychological demands on people exposed to physical and social harshness in unusual environments, such as on submarines, space stations and polar expeditions Suedfeld, To understand such demands is of major importance for mission planning. However, there are few places that allow the investigation of psychological adaptation to extreme environmental conditions. Geographically remote, Antarctica is the coldest, windiest, and driest area with the highest average altitude on the planet, where photoperiods last as long as six months per year. These characteristics make this continent, dedicated to science and peace Souza, , a unique natural laboratory for research on the psychosocial adaptation of human beings to extremely severe circumstances. Ever since the first voyages into the interior of the Antarctic Continent, concerns with the success of the mission and the health risks due to the inherent challenges of the environment were constant in the planning and performing of expeditions Law, ; Mullin, ; Noakes, Research on the psychological and psychiatric aspects are being performed in many polar programs sponsored by those countries which participate in the Antarctic Treaty. However, psychosocial deprivation and the role of physical factors still represent significant challenges to human resilience. The majority of these studies concentrate on the harmful and pathogenic effects resulting from behavioral and psychophysiological alterations arising from exposure to environmental stressors and long periods of isolation and confinement Steel, Depressive symptomatology, sleep disturbances, cognitive impairment, irritability and interpersonal conflicts, social withdrawal, and fatigue have been frequently reported since the first studies were performed in Polar Regions Mullin, ; Nelson, ; Palmi, These studies also dealt with the identification of risk factors, such as personality traits and sociodemographic characteristics Law, Despite research on the symptoms and their relationships with environmental condition adjustment variations, a scientific consensus is still far from being reached. There is an emerging theme in polar research, highlighting the salutogenic and positive effects of such experiences Palinkas, ; Steel, These studies emphasize the strategies used to cope with the adversities of staying in a place with severe conditions and the capacity to overcome the typical daily stressors of polar expeditions. Currently this concept is increasingly altering the performance and design of research carried out in this environment. The understanding of these effects is of high importance for mission planning, as well as the prevention and promotion of factors related to successful psychosocial adaptation. Challenges can have a positive or negative impact both on the professional performance of the crew and their personal health. Thus, an increasing number of studies have focused on the need to improve prior screening and training in order for teams to successfully accomplish the mission and ensure salutogenic results for the expedition members Tafforin, ; Bishop, Considering the diversity of the factors that influence the psychophysiological responses at high latitudes, the need for the construction of this, so far non-existent, consensus on some variables should be emphasized. Thus, this should

MENTAL DISTRESS AMONG WINTER-OVER PERSONNEL IN ANTARCTICA pdf

be supported by the review of studies and the description of scientific data used as tools employed in theoretical development that indicate trends based on consistent evidence. This more comprehensive approach provides a systemic view of the factors related to environmental behavior, and is therefore essential for the consolidation of the field of knowledge throughout Latin America. Given this context, this review intends to identify, analyze, synthesize, and categorize data on the psychological and health effects in Antarctic expedition team members from the scientific literature published during s. Method The search for publications was performed in eight databases: In the Latin American databases the same search descriptors were employed with the corresponding Spanish and Portuguese keywords. In addition, reference citations from identified publications were reviewed when considered relevant. The following inclusion criteria were adopted for the study selection: Thus 65 publications were identified and from these, 8 were excluded for not being scientific papers; one for not being written in the aforementioned languages; 12 for not being available in free on-line format; as a result, 44 publications were reviewed. The reviewed papers were sorted by author, year of publication, aims, type of study, and results achieved. Afterwards, they were further grouped by similarity of findings into two thematic axes Negative Effects and Positive Effects and then organized according to categories. The category choices were set up from a consensus reached by the authors of the present paper. Results The revised data were categorized into two thematic axes: Negative Effects and Positive Effects Figure 1. However, a general overview of the papers on Antarctic psychological effects is presented first. The types of study design were Observational Research 18 studies ; Literature Review 17 studies ; and Experimental Research 7 studies while in the latter group only four were randomized studies. However, even in the studies performed in both seasons, there was a clear preferential focus on data generated during the course of the winter, precisely because it is a more extreme season in both physical cold and absence of solar light and psychological intense isolation and confinement terms. Among the eleven countries thus identified as performing studies on Antarctic expeditions, the United States 10 studies , France 6 studies , Australia 4 studies , Italy 3 studies , England 3 studies , and India 2 studies can be highlighted, as well as three other studies carried out by multinational teams. The analogy with space travel was rather recurrent throughout the studies 30 mentions. Negative effects Every reviewed study considered the possibility of negative psychological effects on expeditioners. These effects range from interferences in their general psychological health to higher psychiatric disturbances, going through environmental maladaptive difficulties and symptoms generated by the individual physical and social characteristics. Some of these effects can also compromise the working performance of the team and Psychological health can be significantly affected. Mood and cognition alteration problems are still reported on polar expeditions, even after significant investments in the research station structure. The often frequent symptoms reported by scientists in their publications were cognitive impairment Diverse etiologies for the alterations in cognitive performance were proposed, such as effects of hormone alterations Some of these studies considered the possibility of multiple influences on cognitive alterations John Paul et al. Sleep disturbances were cited in Isolated and confined environments are mentioned in Difficulties in adapting to the polar environment may exhibit a seasonal pattern of symptoms Palinkas et al. Many studies focused on the quantification of syndrome patters related to residing in Antarctica, being mentioned in The patterns of symptoms that were most often reported included Winter-over Syndrome It is relevant to note that prior to most Antarctic programs the expeditioners were submitted to medical and psychological screening before being accepted into the team, with each individual with a history of psychiatric disorders or otherwise considered unsuitable for the expedition being removed from the field mission. To understand the psychosocial stressors is also a significant goal present in these studies. The longing for family and friends is also considered as a source of stress in 6. In addition, gender differences within a work group can make individual adaptation more difficult Sandal et al. Three studies reported that heterogeneity may be a risk factor for the women in the group and the concern for the welfare of other members of the group the main cause of this distress. On the other hand, gender homogeneity is reported as detrimental in all-male groups 9. Evidence indicates a trend in the study of positive effects, which were reported in These effects vary from

MENTAL DISTRESS AMONG WINTER-OVER PERSONNEL IN ANTARCTICA pdf

individual characteristics to social and professional support as promoters of psychological health. Improved emotion and mood, and a decline in factors related to psychological functioning disturbances were quoted in However, the psychological adaptation explanatory mechanisms most mentioned were those related to successful coping strategies, a factor mentioned in Some evidence suggests that cultural and gender heterogeneity within the group may become facilitators for psychological adjustment Two studies found that women in mixed groups perform the roles of cohesion promoters within the team. All-female polar groups present good focus on the working tasks, high communication between members, high motivational levels, and low competitiveness 6. Some of the reviewed studies Personal growth and a satisfactory professional performance within the Antarctic environment are generally related to individual characteristics. The most mentioned individual traits that are predictors of good performance and successful adaptation were high motivational level Other factors also mentioned included tolerance to boredom, openness to new experiences, and shared problem solving and decision making. In addition, there was a consensus that people with a history of psychiatric disorder should be considered unsuitable. The proportion of studies with data on adverse effects is significantly higher than those that cover positive effects. Thus, the majority of the papers Prevention of psychological effects is an important factor in the planning of missions However, psychological assessment instruments used with Antarctic teams still need validation and cross-cultural adaptation Bishop, for these highly motivated scientific and military populations coming from a number of different countries. Overall, evaluation methods were combined for the proper assessment of psychological adaptation to that environment. No study with Latin American crew members was identified in the databases searched. Discussion The aim of this review was to examine the publications of the s, related to different variables in Antarctic Environmental Psychology in order to map trends and thus obtain a more realistic overview of the general interest shown in this research approach. The large amount of literature review studies evidences the permanent need for the synthesis and categorization of findings obtained in empirical studies. This is a relatively new and rather broad field of study and thus produces a large set of diffuse data related to the proportion of purely descriptive studies. However, there is an increasing interest in the comprehension of cause and effect mechanisms for the symptoms through experimental research. The predominance of austral winter investigation corroborates the intention of identifying and explaining the symptoms associated with larger social and physical deprivation, i. However, during the s, studies on symptom etiologies accounted for a significant percentile of publications. This reflects a concern with the influence that the environment may exert upon the development of such characteristics, namely those related to cognitive impairment symptoms. Exposure to extreme cold and isolation is often associated with reduced attention capacity, vigilance, reasoning, and memory, however, not all studies found this cognitive decline John Paul et al. These findings may reveal tendencies in the research design centered on data generation toward promoting satisfactory individual performance as well as those of the work teams while the mission is being executed. In this research approach, the current focus is not only on how to deal with those problems that eventually emerge during the period of isolation and confinement, where the evacuation of a polar station might present rather difficult complexities, but also on preventing harm Farrace et al. Palinkas and Suedfeld showed depression as one of the most common symptoms in Antarctic expeditions, followed by anxiety and irritability, thereby, even with few cases requiring clinical intervention, neglect of these factors could have serious consequences. The decrease in life and work satisfaction during a long period in Antarctica is frequently reported in the articles. This is mostly reported as temporary, i. Accordingly, an increasing number of studies have been performed that are directed toward the understanding of the protection factors associated with well-being and professional performance under conditions of extreme adversity. Research has revealed the key roles leadership and gender differences play in the functioning of the group and both factors are acknowledged as cohesion and adjustment facilitators within the team. Individual characteristics may provide good performance and successful adaptation. However, these data are controversial, indeed the multidimensionality shown by such variables within an environment of highly complex logistics has limited the research required for the determination of these patterns.

MENTAL DISTRESS AMONG WINTER-OVER PERSONNEL IN ANTARCTICA pdf

3: Removing Barriers to Mental Health Services for Veterans

Effects of physical and social environment on the health and well-being of Antarctic winter-over personnel. Environment & Behavior, 23 (6), [Links].

Although the population is only approximately 4 million, it is very diverse, with few features in common except the latitude of residence and hours of daylight. There is a wide range of interrelated factors, including demographics; the social, economic, and physical environments; personal health practices; and availability of good-quality and culturally appropriate health care services. Some of the benefits include greatly improved life expectancy, largely due to a decrease in morbidity and mortality from infectious diseases and diseases of childhood prevented by vaccines. Nevertheless, in indigenous Arctic peoples of the United States, Canada, and Greenland, infant mortality is higher and life expectancy is lower when compared with Arctic dwellers in Nordic countries. Other striking statistics reveal a suicide rate in Nunavik six times that of the southern provinces of Canada, 60, and an unintentional accidental death rate three to four times higher than the national average. Tuberculosis has decreased but is still unacceptably prevalent at 47 versus 7. Widely prevalent alcoholism and tobacco use greatly contribute to these problems. Changing social patterns have resulted in disturbing trends: Even so, promising new data reflect that strict environmental control e. During that same time, lake fishing and berry picking were curtailed because of contamination. Nevertheless, the young people exposed to the nuclear accident have shown an impressive increase in thyroid cancers, and those exposed to the highest doses of radiation show an increase in leukemias, solid cancers, and circulatory system diseases. Unfortunately, this can have negative nutritional effects, such as obesity, diabetes, and increased cardiovascular disease, and in some instances relative malnutrition. Local health departments have to weigh overall nutritional benefits of traditional land and marine food sources against the potential long-term risks of neuropsychological and other potential health problems, particularly in newborns and infants. For example, the number of Arctic childbearing-age women with excessive levels of PCBs, mercury, and lead is decreasing. This is believed to be due to dietary changes and increased awareness of the problem. However, new research is demonstrating many additional chemicals, some newly developed, that have the potential to collect in the Arctic food chain, so ongoing research, identification of these chemicals, and regulation of them are essential to continue improving the health of indigenous peoples. Accidents are more prevalent in the Arctic. In younger up to age 35 Inuit groups, injuries account for approximately one-third of all deaths. Other factors, however, may play a role. In recent years, the pilot occupational fatality rate has fallen from to per , less than twice the rate for all U. For a variety of reasons, stress seems to be higher in winter. The double apparent risk factors of high latitude and displaced indigenous populations have made alcohol abuse and concomitant violence a serious problem in the Arctic. In Greenland, one in three Inuit dies a violent death, and roughly 25, adults consume 28 million cans of beer a year, one of the highest per capita consumptions of alcohol in the world. However, other studies found the reverse. In the Canadian Arctic, alcohol consumption is one and a half times the national average, and Inuit and Indians between 15 and 24 years of age have a suicide rate up to 11 times the national average. In some communities, for boys and men ages 15 to 29, suicides are the most common form of injury leading to death. The incidence of low birth weight, 5. Unfortunately, the age-adjusted incidence of diabetes mellitus is dramatically rising among First Nations populations.

4: Polar Medicine | Clinical Gate

of Indian Scientific Expedition to Antarctica. Manju Mehta U. (). Mental distress among. winter over personnel in Antarctica. on the Health and Well-Being of Antarctic Winter-Over.

5: Workplace Bullying: Costly and Preventable

MENTAL DISTRESS AMONG WINTER-OVER PERSONNEL IN ANTARCTICA pdf

APF is also working, through its Typical or Troubled program, to train school personnel to recognize signs of mental distress among students and help refer to appropriate services if needed.

6: Battling the Effects of War

The U.S. Antarctic Program doesn't fly over Antarctica during the winter, even between bases, because temperatures get below degrees Fahrenheit, the point at which gasoline freezes.

7: VA backs off suicide study that indicated thousands of unreported military deaths

psychological changes among winter-over personnel. Gunderson (), for example, found that the incidence of mental disorders among Navy personnel assigned to Antarctic duty was.

8: Workplace Psychology Study | Sacred Heart University Online

Mental distress among winter-over personnel in Antarctica. Fourteenth Indian Expedition to Antarctica, Scientific Report, Department of Ocean Development, Technical Publication, No. 12, Google Scholar.

9: Articles â€” The Centre for Independent Studies

Trove: Find and get Australian resources. Books, images, historic newspapers, maps, archives and more.

MENTAL DISTRESS AMONG WINTER-OVER PERSONNEL IN ANTARCTICA pdf

Molly and the Magic Umbrella Naval History, Winter 1991 Assimilation and adolescence : Jamaica Kincaids Lucy and Lan Caos Monkey bridge Autodesk vehicle tracking manual Ecotoxicity of Chemicals to Photobacterium Phosphoreum (Handbooks of Ecotoxicological Data) Braudel structures of everyday life The Life and Thought of Hans Jonas Various and ingenious machines of Agostino Ramelli Brain Storms: A Collection of Free Verse Outside the taped space Building Our Future Not a one-way street Amflo retractable hose reel parts World of myth 2nd edition Boswells Life of Samuel Johnson, LL.D. Automatisierung Der Justage Von Drehankerrelais (Ipa-lao Forschung Und Praxis, Band 183) Mapsco 2000 Austin Street Guide and Directory Red skies over Wyoming Apple inc. product portfolio analysis Oxford handbook of the history of analytic philosophy Brave new film board D.B. Jones Morality among nations The Middle East and North Africa : Jewish and Islamic politics A blackbird singing [words Francis Ledwidge ; [music Michael Head Essentials of leadership and management Saint Marys Press Glossary of Theological Terms (Essentials of Catholic Theology Series) Gods in the making and other writings Teaching psychology as a science Enzinger and Weiss Soft Tissue Tumors with CD-ROM Method of freedom Tithi toran 2018 Molecular docking Garrett M. Morris and Marguerita Lim-Wilby. Wazaif books in english Textos Recobrados Integrating and extending birt 3rd edition Ways And Tricks Of Animals, With Stories About Aunt Marys Pets The Brass Bed and Other Stories Knowing your child through his handwriting and drawings Commercial minerals of California 25 years in a Maltese kitchen