Commonwealth National Preventive Mechanism

OPCAT in Action

Fit to fly?

An Involuntary Removal Case Study involving the use of Chemical Restraint

3 December 2024

A member of the Australian National Preventive Mechanism

Contents

Acknowledgement of Country

The Office of the Commonwealth Ombudsman acknowledges the Traditional Owners and Custodians of Country throughout Australia and acknowledges their continuing connection to land, waters and community. We pay our respects to the people, the cultures and the Elders past and present.

Introduction

Australia's immigration processes sometimes involve the involuntary removal of people who have not been able to obtain a visa or have had their visa cancelled and they do not wish to leave Australia. The circumstances of the removal can be traumatic, difficult to manage and pose risks to the person being removed and others.

This issues paper provides a case study on parts of the involuntary removal process where use of force, and in particular, chemical restraint, was used to gain compliance from a person (Mx X) who had been held in immigration detention.

This case came to the attention of the Commonwealth National Preventive Mechanism (NPM) through routine reporting by the Department of Home Affairs (the Department). It was initially reported as an "unplanned use of force" and "self-harm whilst onboard aircraft".

During the removal process, but prior to the departure of Mx X's removal flight, Australian Border Force (ABF) reported that sedatives were administered to Mx X after their behaviour caused concerns. Our review identified the need for more information, and we decided to look into this incident further, sending a number of requests for information to the Department.

The Department provided us with the Operational Departure Plan; Incident Detail Reports; Standard Operating Procedures; Guidelines; Escort Officer Logs; Doctor's notes and statement; Post Incident Review; Post Activity Report; and Use of Force Reports.

The information confirmed that chemical restraint had been applied to Mx X during the removal process and this was done without Mx X's consent

By their very nature, places of detention (immigration detention facilities, prisons, etc) house people who are often vulnerable, and can present behaviours that are difficult to manage or that pose risks to themselves or other people. In immigration detention and during coercive activities such as removal from Australia, there is a danger that security is overemphasised to the detriment of the dignity and physical wellbeing of the persons being detained and/or removed. This case study is an example of where order

and security appeared to prevail too easily over dignity, physical wellbeing and fairness; specifically, the care and treatment of Mx X who was considered to be at risk of self-harm.

We urge the Department to consider new approaches in the care and management of detained persons or people being removed from Australia assessed as being at risk. There is much in the way of international good practice in the care of at-risk people in detention that incorporates a more person-centred approach, which involves interactive, supportive contact and not mere observation and forced compliance.

We did not do a comprehensive investigation into this matter. The person in this case study has been removed from Australia and we were not able to speak to them prior to publication of this paper. We did not interview the relevant Australian Border Force or Serco officers or the doctor involved. Our observations and recommendations are based solely on the information we have been provided by the Department.

We recommend the Department to do a more thorough investigation and improve their processes.

Recommendations

Recommendation 1

The Department of Home Affairs/Australian Border Force should promptly investigate why there were conflicting contemporaneous and written records of Mx X's removal

Recommendation 2

The Department of Home Affairs/Australian Border Force should promptly investigate the "off label" use of an intramuscular medication with potentially serious side-effects instead of using a recommended oral medication.

Recommendation 3

The Department of Home Affairs/Australian Border Force and their contracted service providers should amend their procedures to require a medical handover where a person being removed has been medicated in the course of the removal process.

Recommendation 4

The Department of Home Affairs/Australian Border Force should require written records of After Action Reviews, specifically to record whether there are any learnings, outcomes or actions arising.

Iain Anderson

Commonwealth NPM

Removal from Australia

In Australia, many individuals seeking asylum and other non-residents who have had their visa cancelled are detained in secure immigration detention centres while their case is processed. A decision is generally made to either grant a valid appropriate visa, or deport/remove them from Australia, although many remain in immigration detention for protracted periods of time. We previously commented on the potential for indefinite detention in our most recent Annual Report and in response to the High Court decision in the case of NZYQ[1].

Some individuals may request removal from Australia and, under the *Migration Act 1958*, the Department of Home Affairs is required to remove an individual who requests to be removed as soon as reasonably practicable. However, some individuals do not wish to leave Australia and involuntary removal is required.

When the Department decides to involuntarily remove a person, their planning for the removal includes conducting a risk assessment and fitness to fly assessment. They consider both community and individual safety and security as part of these assessments.

Chemical Restraint

Chemical restraint is a practice or intervention that involves the use of medication or a chemical substance for the primary purpose of influencing a person's behaviour[2]. Chemical restraint may involve the administration of higher than usual doses of a person's regular medication; or the administration of psychotropic medication (alone or in combination, whether given orally or by intramuscular or intravenous routes) to a person who does not have a diagnosed mental illness.

Chemical restraint is a very restrictive intervention, the application of which may cause distress both for the person and for staff members of detaining authorities. Chemical

[1] NZYQ v Minister for Immigration, Citizenship and Multicultural Affairs & Anor [2023] HCAASP 36
[2] Department of Health & Aged Care – Restrictive Practices Factsheet, and s6(b) of the *NDIS (Restrictive Practices and Behaviour Support) Rules 2018*

restraint may only lawfully be applied when absolutely necessary, and when less restrictive interventions have been tried without success or considered but excluded as inappropriate or unsuitable in the circumstances[3,4].

Chemical restraint should not be used without consent. For consent to be valid it must be voluntary, informed, specific, and current. Ensuring informed consent is particularly important in the framework of human rights, especially in sensitive settings such as detention facilities and in circumstances where English is not a person's first language.

In the context of medical treatment or medication administration, informed consent is crucial. Four landmark legal decisions established and solidified the principle of patient autonomy that ultimately formed the basis of the requirement for informed consent in medicine[5]. The common law respects and preserves the autonomy of adult persons of sound mind with respect to their bodies. By doing so, the common law accepts that a person has rights of control and self-determination in respect of his or her body which other persons must respect. Those rights can only be altered with the consent of the person concerned[6].

The Medical Board of Australia has published a code of conduct[7] to set the professional expectations for a range of topics including communication with patients and/or their carers; gaining informed consent; and the use of scheduled medicines. The code of conduct sets out that informed consent must be obtained before carrying out a medical or health care examination or investigation, or providing treatment, noting this may not be possible in an emergency. It also requires practitioners to comply with relevant legislation administered by states and territories, including medicines and poisons legislation which governs the prescribing, dispensing and administration of scheduled medicines.

Use of restrictive practices, including chemical restraint, contradicts international human rights obligations regarding the treatment of vulnerable people. There is an

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[3] NSW Communities and Justice – *Restrictive Practices Guidance: Chemical Restraint*
[4] United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules) Rule 48.1(a) and (b)
[5] *Pratt v Davis*. 118 Ill App 161 (1905), *Mohr v Williams*. 95 Minn 261, 104 NW 12 (1905), *Rolater v Strain*. 39 Okla 572, 137 P 96 (1913), *Schloendorff v Society of New York Hospital*. 211 NY 125, 105 NE 92 (1914)
[6] Secretary, Department Of Health And Community Services V. J.W.B. And S.M.B. (Marion's Case.) High Court Of Australia 6 May 1992 [1992] Hca 15; (1992) 175 Clr 218 F.C. 92/010
[7] *Good medicine practice: A Code of Conduct for doctors in Australia*

absolute non-derogable prohibition on torture and cruel, inhuman or degrading treatment or punishment under international law[8]. The use of chemical restraint without consent is prohibited in Australia unless it is an emergency situation where medical treatment must be performed and the person does not have the capacity to consent and no legally authorised representative is available to give consent on his or her behalf. An emergency is defined as a serious or dangerous situation that is unanticipated or unforeseen and that requires immediate action[9]. The principles of dignity and physical wellbeing are fundamental in upholding human rights standards to prevent torture and ill-treatment, protect people from violence, and promote equality and non-discrimination. Use of restrictive practices disregards the inherent dignity and physical wellbeing of vulnerable people.

The practice of using chemical restraints in Australian detention facilities has been a subject of controversy, with concerns raised about the lack of transparency and accountability in decision-making processes. The principles emphasise the importance of upholding informed consent in healthcare settings for vulnerable populations, including detained persons, and highlight that without proper information and understanding, individuals may be subject to undue influence or coercion, compromising their ability to make autonomous decisions about their care.

There are a number of ethical considerations related to informed consent in immigration detention, including the complexities of obtaining meaningful consent in a restrictive and often adversarial environment. Ethical dilemmas faced by healthcare professionals when implementing chemical restraint as a form of behaviour management in detention settings must also be considered.

[8] Article 7 *International Covenant on Civil and Political Rights*
[9] Australian Government (Department of Health) *Overview of Restrictive Practices*

Case Study

Profile of the person subject to removal

Mx X spent more than 1,900 days in immigration detention in Australia. Mx X was convicted of several serious offences and their visa was cancelled under section 116 of the *Migration Act 1958* because they were considered a risk to the safety of the Australian community. After exhausting their avenues for merits and judicial review, Mx X was placed on an involuntary removal pathway to their country of origin.

There were multiple attempts to remove Mx X from Australia – two were terminated due to the flight crew requesting they be removed from the aircraft due to their uncooperative behaviour. Following one of these earlier attempts, Mx X made a complaint to the Commonwealth Ombudsman. That complaint was managed by the Office (rather than the NPM) and is not addressed in this report.

Mx X's removal (third attempt) is the subject of this case study.

Planning

Mx X was scheduled to be involuntarily removed from Australia on a commercial flight accompanied by two escorts.

As part of the planning and risk assessment before removal, the Australian Border Force (ABF) completed an Operational Departure Plan (ODP), and the Detention Health Services provider, International Health & Medical Services (IHMS), undertook a medical risk assessment.

The final ODP notes: "*Mx X should be monitored continuously in preparation for their removal and* ***searched thoroughly prior to departure*** *from [the detention facility]. Any items that Mx X has on their person that may present a risk to the operation and their safety should be removed.*"

Further notes throughout the ODP and other pre-departure documentation reiterate that Mx X should be closely monitored, thoroughly searched before departing the detention facility, before entering and upon leaving the holding facility at the airport,

and again before boarding the aircraft, and remain in mechanical restraints until boarding the aircraft.

Mx X was assessed as being fit to travel, with the addition of a medical escort, reportedly due to Mx X's disruptive behaviour during the previous removal attempts. No special needs or prescribed medications were identified, nor was it identified that medication would be needed during escort.

It was noted in the ODP that a medical escort would be able to *"assist with behavioural de-escalation and to assist in the event of a self-harm incident as well as* ***voluntary medications for anxiety, noting we do not sedate detainees for transport."***

The Commonwealth NPM considered that appropriate due diligence was undertaken in the planning process before Mx X's departure and there should not have been any unforeseen or unanticipated emergencies

Onboard the Aircraft

The Post Activity Report (PAR) indicates that upon boarding the commercial aircraft for removal, Mx X became agitated and disruptive. Mechanical restraints (metal cuffs) had been fitted to Mx X before departing the detention facility and remained on whilst boarding, until they were swapped for flexicuffs. Two ABF officers, as well as the two Serco escorts and the doctor, boarded the plane with Mx X to assist with de-escalation. After being seated, it is reported that Mx X stated they had a key in their mouth and intended to swallow it.

There is insufficient detail about the incident in the reports provided by the Department. The Serco escort officers' reports both noted that Mx X stated they had a key in their mouth, and the doctor administered the medication, but made no mention of any attempts to de-escalate the situation. The Post Incident Review contained one sentence responses to all required fields and stated simply that "*Staff took correct actions in negotiating with detainee*". The Use of Force reports refer only to the planned (metal cuffs) and unplanned (flexicuffs) use of mechanical restraints and did not mention the incident with the key at all. The doctor's handwritten notes state they "*spent >30 mins attempting to calm detainee*" but provide no further detail. The doctor's typed notes, state "*We repeatedly asked him to remove the key or spit it out.*

….. Many staff (including myself) attempted to verbally de-escalate the situation without any success". The Escort Log Report refers only to 'negotiation', 'de-escalation' and 'encouragement'. None of the provided documents offer any detail of this 'negotiation', what methods were tried and why they failed, or who attempted de-escalation and for how long, before the decision was made to use chemical restraint. From these records, there is no way to confirm that all possible de-escalation methods and less-restrictive means of restraint were utilised before the administration of chemical restraint.

After a period of time, with the key still in Mx X's mouth, the doctor injected Mx X with Haloperidol. Mx X was then given water, at their request, and was observed drinking with the key still in their mouth. Escort officers observed that Mx X's head had dropped and appeared to be resting on a pillow. Approximately half an hour after administration of the Haloperidol, and after the plane had pushed back from the terminal (but before take-off), it was reported that Mx X spat the key out. Escort staff removed the flexicuffs from Mx X's wrists after take-off.

The Commonwealth NPM is concerned about insufficient reporting regarding the use of force and de-escalation procedure before resorting to chemical restraint

Chemical Restraint – Haloperidol

Haloperidol is a highly restricted anti-psychotic drug and not considered first-line management of Acute Health Related Behavioural Disturbance/Psychoses per Australian Medical Association guidelines. Its primary use is the management of symptoms of schizophrenia, including hallucinations and delusions. While it can be used to manage acute agitation, this is considered 'off label' use. Medication use is considered off-label when used for an indication, at a dose, via a route of administration, or in a patient group that is not included in the product information approved by the Therapeutic Goods Administration (TGA)[10].

[10] Seale JP. *Off-label prescribing*. Med J Aust 2014;200(2):65. doi: 10.5694/mja13.00184

When administered by injection, it can cause extrapyramidal side effects such as involuntary bodily movements similar to seizures or very slow jerky movements similar to Parkinson's disease, and cardiac concerns. Monitoring is important with this medication, especially in combination with other sedating agents. The prescribing guidelines state that you must be able to monitor vital signs and have resuscitation facilities readily available – these likely would not have been available on an aircraft. We note that in the General Observation Chart completed by the doctor, only Mx X's heart rate is recorded about an hour after administration of the haloperidol. The next set of observations (heart rate and oxygen saturation) was not recorded until 10 hours later.

Later in the flight, Mx X required medication to lessen the side effects they were experiencing, requiring administration of a sedative to treat their anxiety, and ultimately, another medication to counter the extrapyramidal effects of the Haloperidol.

The IHMS *Practice Guideline for Severe Behavioural Disturbances* notes that *"oral agents are preferred over the use of parenteral [intramuscular or intravenous] sedation*" and "*If a client has been provided with emergency parenteral sedation, staff should not attempt to continue to manage in the IHMS health facility, due to the medical risks associated with airway management*."

Further, there are three medications identified for intramuscular administration in the IHMS Practice Guidelines - Midazolam, Lorazepam and Olanzapine. Haloperidol is not mentioned anywhere in the document as an option for intramuscular, intravenous, or oral administration.

The doctor's notes stated they had warned Mx X in the hours before departure "*of potential side effects of the injection, in the event they required it*." It is unclear why this would have been necessary when, according to the Operational Departure Plan, there was no plan to use any medications. Additionally, Mx X may have interpreted those warnings as a threat that it would be used if they did not 'behave'. This is explicitly prohibited in the IHMS guidelines for managing severe behavioural disturbances, which *inter alia* states: "*IHMS staff must not: Use medications as a form of discipline, punishment or threat; Seek the use of restraint (physical or chemical) to reduce behaviours not associated with risk of harm; Physically or mechanically restrain a client.*"

We note that the doctor's registration and place of primary practice in the Australian Health Practitioner Regulation Agency (AHPRA) database is in a different state to that from which the removal occurred. It is possible the doctor was not familiar with the legislative requirements regarding restrictive practices in the state of removal, but they should have been well acquainted with the IHMS policy and guidance.

We note further the Guidelines for managing severe behavioural disturbance only cover incidents in IHMS health facilities, not removal operations.

The Commonwealth NPM is concerned that the records indicate the medical officer did not comply with the ODP or IHMS Policy and used a drug not indicated in the circumstances

The doctor's notes did identify that Mx X refused any and all medications multiple times before leaving (the detention facility) and at the airport. In response to our request for information, IHMS confirmed that Mx X did not request or consent to the administration of any medication.

The Commonwealth NPM is concerned that chemical restraint was administered without consent

In their notes, the doctor stated multiple times they did not believe Mx X's complaints of side effects of Haloperidol (headache, sore neck, muscle stiffness, anxiety) were occurring. Apart from paracetamol, it was almost four hours after Mx X complained of the symptoms, and the doctor identified them as extrapyramidal side effects, that the doctor administered a sedative to address them. It was another hour before medication was given to counter the Haloperidol.

The Commonwealth NPM is concerned that treatment for Mx X was delayed by four hours

Mx X was handed over to Immigration Officials on arrival in their destination country and the doctor reports telling Mx X "*they needed to see a GP immediately or attend an*

Emergency Department in [country] as they may require further doses of [medication]". There appeared to be no handover to medical officers in the destination country, despite the IHMS SOP identifying that this should occur.

The Commonwealth NPM is concerned that there was no medical handover of Mx X, who was likely still under the effects of the Haloperidol on arrival in their destination country and noting that extrapyramidal side effects can occur up to 48 hours after

The Key

Despite heightened monitoring, a number of searches before leaving the detention facility and at the airport, and going through airport security screening, escort officers reported that "*detainee [X] self-harmed by showing staff that they had a key inside their mouth whilst on board flight*".

It is unclear how Mx X managed to hide this key until boarding the aircraft. The Incident Detail Reports are very brief, with little detail.

The doctor's handwritten contemporaneous notes from the flight differ from the typed-up notes provided in response to our request for information and both versions differ from the reports provided by the escort officers.

The doctor's handwritten notes state "*detainee give [sic] metal key to Serco staff member*". In the typed notes, the doctor stated "*[Mx X] voluntarily without any prompting handed over the key in his mouth to the Serco Officer. The Officer handed it to me. Later, I discarded the key in a bin at [transit] airport.*"

In contradiction to this, the Escort Log Report states, before take-off, "*Mx X now compliant and sedate and spits out key which is removed and disposed of*" and the Post Activity Report (PAR) stated that an escort officer had disposed of the key.

The Commonwealth NPM is concerned about the destruction of potential evidence (disposal of the key) and conflicting records of the incident

All post activity documents identify that Mx X still had the key in their mouth during and after the administration of Haloperidol, a medication known to effect swallowing. They also report that, with acquiescence of the doctor, Mx X was offered, and drank, water while the key was still in their mouth. Further, escort officers noted that Mx X's head drooped and they lay on a pillow still with the key in their mouth.

Noting that the alleged reason for emergency administration of the Haloperidol was because of Mx X's threat to swallow the key, it seems counterintuitive to administer the drug before the key was removed, and indeed, may have heightened the likelihood that they would swallow it involuntarily because of the side effects of the medication.

The Commonwealth NPM is concerned that the haloperidol was administered while Mx X still had the key in their mouth

Decision Making

The presence of ABF officers on board the aircraft prior to take-off was noted in the PAR and in both the escort officers' logs and the doctor's notes, along with their interaction with the flight crew.

The doctor's notes stated that "*In charge person from ABF insisted on me sedating the patient*" and "*ABF adamant detainee not be removed from plane*".

The Commonwealth NPM is concerned that the presence of and direction from ABF officers may have influenced the doctor to administer the Haloperidol

We note the ABF officers and the escort officers had the option to abort the removal rather than resort to the use of chemical restraint.

The Department's Procedural Instruction on Removals from Australia provides for removal officers to abort the removal *"...where a removee's behaviour cannot be adequately managed without posing an unacceptable risk to the health and safety of the removee, the escort party, other persons or the aircraft."*

The Commonwealth NPM is concerned the removal was not aborted but rather allowed to escalate to the point of chemical restraint being used

Post Removal

The ABF completed a Post Activity Report (PAR) after the removal to identify lessons learned and areas for improvement. This PAR covered pre-removal, day of removal (pre-boarding/pre-flight/wheels up), post aircraft wheels up, and post-removal, and did identify a number of areas for improvement in most of these aspects.

Amongst these insights, the ABF identified some of the same issues we mention above, including:

- records of Mx X's escalation lacked detail to understand what steps were taken to de-escalate the situation
- it was unclear what risk strategies were implemented to ensure Mx X did not involuntarily swallow the key, and
- the IHMS Guidelines for managing severe behavioural disturbance only cover incidents in IHMS health facilities, not removal operations.

There were also a number of issues they did not identify that we did consider need improving, for example: the IHMS Guidelines not being followed in regard to the administration of the chemical restraint.

We also note that the Post Activity Report referred to an 'After Action Review' - *"The AAR, in conjunction with the finalisation of the PAR, will articulate lessons learnt from the examination of the incident, identify areas for improvement and form the basis of appropriate referral(s) to other agencies as well as any other immediate action required."* It took multiple requests for the Department to identify that the AAR was not a document, rather a meeting of relevant stakeholders with no written record.

The role of the Commonwealth National Prevention Mechanism

The *Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment* (OPCAT) is an international human rights treaty designed to strengthen the protections for people deprived of their liberty and potentially vulnerable to mistreatment and abuse.

In July 2018, the Australian Government announced the Commonwealth Ombudsman as the visiting body for Commonwealth places of detention (the Commonwealth NPM) after ratifying OPCAT.

National Preventive Mechanisms (NPMs) are independent visiting bodies, established in accordance with OPCAT, to examine the treatment of persons deprived of their liberty, with a view to strengthening their protection against torture and other cruel, inhuman, or degrading treatment or punishment.

During the process of deportation, or removal, from Australia, a person is still deprived of their liberty by an Australian Commonwealth authority and thus remains under the remit of the Commonwealth NPM for oversight.

To enliven our mandate, we can:

- monitor the treatment of people in detention and the conditions of their detention
- identify any systemic issues where there is a risk of torture or ill-treatment
- make recommendations, suggestions, or comments promoting systemic improvement.

Australian Government
Department of Home Affairs

SECRETARY

OFFICIAL

Our Ref: EC24-005636
Your Ref: A2427889

Mr Iain Anderson
Commonwealth Ombudsman
GPO Box 442
CANBERRA ACT 2601

Dear Mr Iain Anderson

I write in response to Ms McKay's letter of 2 October 2024, providing the issues paper: *Fit to fly? An Involuntary Removal Case Study involving the use of Chemical Restraint* for review and response.

I am committed to genuinely considering all recommendations included in your issues paper and, as such, I have asked my Department to undertake a thorough review into the circumstances of the removal operation referenced in the case study. A referral has been made to the Department's Chief Medical Officer to undertake a review of the medical care provided during the removal operation in order to identify improvements in process from a health perspective and/or other matters that may require further consideration or referral. Following the conclusion of this review, expected no later than 31 March 2025, I will be in a position to fully consider and respond to the recommendations.

On a broader level, the Department is continuing to enhance immigration compliance functions. As you are aware, in January 2023, Ms Christine Nixon AO, APM, led a review into the exploitation of Australia's visa system. In response, the compliance functions, including removals and field operations delivered by the Australian Border Force (ABF), have been consolidated under the Immigration Compliance Group. This restructuring centralises the removal program, transitioning from a regional to a national operating model. This change aims to strengthen governance and early intervention capabilities for enhanced program delivery.

The integration of removal capability into the Immigration Compliance Group provided a valuable opportunity to reflect on the critical role of removals within our migration system. Section 198 of the *Migration Act 1958* (the Act) requires that an unlawful non-citizen must be removed from Australia as soon as reasonably practicable in the circumstances set out in section 198. While the Department acknowledges your concerns about this removal, we note that removals are considered on a case-by-case basis and the individual's circumstances are at the centre of the planning and decision-making process for the removal.

Following the High Court judgment in *NZYQ v Minister for Immigration, Citizenship and Multicultural Affairs* [2023] HCA 37, the Department has focused its efforts on improving removal outcomes through several policy initiatives. While these efforts are still in a preliminary phase, a range of concurrent projects are well progressed to support nationally consistent delivery and harmonise the operating system. This includes a full review and foundational redesign of removal operational policy, the development of an improved removal training program based on identified skills gaps, as well as the introduction of strengthened program monitoring and governance to promote continuous delivery improvements.

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Recognising the complexity of removal operations and the need to consider state and territory based logistical requirements, the Department is currently working towards balancing these with a more nationally consistent operating approach. The introduction of the centralised operating model naturally promotes strengthened governance through consistent case management and escalation. This is complemented by the establishment of a committed Removal Operations Program Management team, who are driving a holistic review of the program and implementation of centralised quality, performance and risk monitoring measures to promote a continuous cycle of business improvement. Collectively, these initiatives support the Department's commitment to enhancing removal outcomes.

Should your staff wish to discuss any aspects of the response, they can contact [redacted]

Alternatively, you are welcome to contact me directly if that is helpful.

Yours sincerely,

[redacted]

Stephanie Foster PSM

20 November 2024

Disclaimer

Contact us

Inquiries regarding the licence and any use of this report are welcome at:

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