



Upper Tribunal
(Immigration and Asylum Chamber)

Appeal Number: HU/00969/2017

THE IMMIGRATION ACTS

Heard at Field House
On 4th April 2018

Decision & Reasons Promulgated
On 16th May 2018

Before

DEPUTY UPPER TRIBUNAL JUDGE JUSS

Between

MRS INGA [B]
(ANONYMITY DIRECTION NOT MADE)

Appellant

and

THE SECRETARY OF STATE FOR THE HOME DEPARTMENT

Respondent

Representation:

For the Appellant: Mr M Symes (Counsel), Westkin Associates

For the Respondent: Mr C Avery (Senior HOPO)

DECISION AND REASONS

1. This is a second stage hearing, following an appeal heard by DUTJ McGeachy on 22nd December 2017, whereby in a decision promulgated on 16th February 2018 it was determined that the determination of the First-tier Tribunal promulgated on 17th July 2017, which dismissed the Appellant's application to enter the UK as an adult dependent relative in order to join her daughter from Armenia under the provisions of paragraphs S-EC.1.6(d) and EC-DR.1.1.(d) of Appendix FM of HC 395, with reference to paragraphs E-ECDR.2.4 and E-ECDR.2.5 was flawed because the First-tier

Tribunal Judge had failed to consider all the evidence before him, including that which related to the lack of provision of care for the elderly and disabled in Armenia.

2. The determination of UTJ McGeachy, in the first stage hearing, followed the permission to appeal being granted by UTJ Finch on 4th October 2017 when she wrote that paragraph 39 of the Immigration Rules did exempt a person from the requirement to produce a TB certificate if they have not been in a country listed in Appendix T for more than six months immediately prior to their application. This being so, the refusal of the application by the Secretary of State on this basis was unwarranted. Judge Finch had also stated that the central issue in the appeal was whether the Appellant would be unable, “even with the practical and financial help of the Sponsor and the Sponsor’s sister to obtain the level of care commensurate with her age, illness and disability”. This being so, the First-tier Tribunal Judge had failed to take into account the content of the Sponsor’s very detailed supporting letter and the appendix attached to it; “all of which had reference to more information on the internet”.
3. In the light of the above, UTJ McGeachy made a finding on an error of law and directed that the decision of the First-tier Tribunal Judge should be set aside, and that the appeal now proceed to a hearing afresh on all the issues. It is in these circumstances that the matter comes before me.
4. At the hearing before me on 4th April 2018, Mr Symes, appearing as Counsel on behalf of the Appellant began by drawing my attention to the very detailed, comprehensive and well-compiled bundle of 657 pages, sent over by letter of cover dated 26th March 2018, which I had before me, as did Mr Avery, appearing on behalf of the Respondent Secretary of State. Mr Symes also drew my attention to his skeleton argument, which was handed up, running into 22 paragraphs, and carefully and comprehensively setting out the position on behalf of the Appellant, with cross-references in the footnotes to the relevant materials, such as the witness statements of the Appellant and those witnesses appearing on her behalf. With the preliminary matters out of the way, Mr Symes called his first witness.
5. The first witness was the Appellant’s eldest daughter, and her sponsoring relative upon whom the Appellant was dependent, namely Anita [B]. She adopted her witness statement of 25 paragraphs dated 23rd March 2018 (at pages 10 to 14 of the bundle), as well as her earlier witness statement of 23rd June 2017 of 51 paragraphs (at pages 16 to 26). In her evidence-in-chief, she explained that she herself had come to the UK some ten years ago, having worked in the financial services industry in Armenia on a HSMP visa, and subsequently obtained indefinite leave to remain on 13th January 2013, and British citizenship on 1st April 2015. She was working in financial regulation presently also, for Barclays Bank, earning £105,000 plus additional annual fixed amounts of £4,590, together with bonuses of up to £25,000, which she was awarded in 2017. She had come to this country because in Armenia there was considerable corruption and she was often asked to do things that she did not wish to, and when she objected, she was told to simply get on with things.

6. She went on to explain that she would wish to have her Appellant mother come to the UK because there is no available treatment for her given her present condition and age that she would reasonably access and her mother would not be in a position to obtain the level of care which is commensurate with her age, illness and disability. In relation to her younger sister, Aida, she explained that she had also come to the UK as a student in October 2012, working in organisational psychology, which was difficult for her to pursue in Armenia, and she had subsequently married a British citizen by the name of Alex Koper in January 2014, and will now become eligible for indefinite leave to remain in January 2019. When asked by Mr Symes about the nature of her relationship with Aida, she broke down and wept, stating that her younger sister was entirely emotionally dependent upon her, and now that she was pregnant with her first child, she could not leave her to go and look after her mother in Armenia. She said that she sees Aida at least twice a week.
7. In cross-examination Mr Avery helpfully began by putting it to the witness that it was during her Appellant mother's dental treatment some years ago that she was diagnosed with Carpal Tunnel Syndrome in November 2015. Given that this was the case, Mr Avery wished to know whether the witness, Anita [B], had done anything to ensure that her mother could seek any other alternative treatment apart from the osteopathic treatment, which had helped her during her last UK visit, and which she stated was not available in Armenia. The witness stated that she had taken her mother to the osteopath that she herself frequented and had found helpful, and it was the view of the osteopath that the Appellant was responding well to treatment and that this treatment had value to the Appellant given that it was non-evasive and did not require surgery, and was working probably well. Mr Avery then showed the witness a printout "NHS Choices" from the internet which was on the "Carpal Tunnel Syndrome" and which stated that this condition is caused by pressure on a nerve in the wrist, which causes tingling, numbness and pain in the hand and fingers, but one which can be treated by oneself often enough, but could take months to get better.
8. In any event, surgery could be performed, in what was no more than a twenty minute operation, and without the use of general anaesthetic. Ms Anita [B] then replied that her osteopath had stated that the surgery would be temporary only, and given that the Appellant was 78 years of age, it was not known how long she would take to recover, such that the risks entailed in an alternative procedure or surgery, were not worth undertaking. When asked what her current condition was, the witness stated that her mother could not cook and could not wash. She was unable to get in and out of the bath. She had very strong trembling in her hands. When asked how she coped, she replied that her mother was struggling but there was no outside help that had been enlisted to enable her to cope within the home. It was put to her that her witness statement pointed out that culturally it was an anathema for people in Armenia to be looked after in a care home outside the family, because for the most part such care was provided by family members themselves. The witness said that this was absolutely true and that she had made periodic visits to her mother, the last one being in October 2017 when she stayed for two weeks. She pointed out that although her mother got a pension it was not enough in terms of providing her with the care that she needed.

9. There was no re-examination.
10. The second witness called by Mr Symes was the Sponsor's younger sister, Aida [B]. She adopted her witness statement of 9th January 2017 (at pages 28 to 29); of 13th August 2016 (at page 30 to 39); and of 23rd March 2018 (at page 40). Also confirmed was a witness statement of 22nd June 2017 (at pages 43 to 47). In her evidence-in-chief, she explained that her relationship with her elder sister, Anita [B] was particularly close. She explained that when her sister was late at work she would cook for her and when she was not well, she would look after her. She went on to explain that she had lost her father quite early in her life and Anita [B] now performed her father's role as she had done in the past.
11. In cross-examination the witness was directed to what she had said in her witness statement dated 23rd March 2018, where she had indicated that she skyped with her mother every day. The witness explained that she speaks with her but is conscious of the fact that very often her mother forgets what she has said and cannot remember and she has increasingly been getting concerned at the condition of her mother. She said that she had no-one to look after her at the moment. She could not cook or wash. Mr Avery asked her what options had been considered. The witness replied that osteopathy had been considered, but whatever treatment she had availed herself of in the UK, was not available in Armenia.
12. There was no re-examination.
13. The third witness was Mr Alex Cooper and he adopted his witness statement of 23rd March 2018 (at page 51) together with the earlier witness statement of 22nd June 2017 (at pages 53 to 55). Mr Symes asked him to explain what he perceived to be the relationship between Anita and Aida [B] and he went on to explain that they were very close and went on holiday together and looked after each other, such that if Anita [B] now had to go to Armenia to look after her mother, it would be very difficult for the family.
14. In his closing speech, Mr Avery relied upon the refusal letter of the ECO dated 15th December 2016. He submitted that the Immigration Rules were the starting point in this case. The ECO had considered these (at page 539) and the Appellant could not succeed as an adult dependent relative. This is because the requirements of the Rules required a quite strict in that what the Appellant had to show was that she would be unable, even with the practical and financial help of the Sponsor, to obtain the required level of care in the country where she was living, either because the treatment was not available there, and there was no person in Armenia who could reasonably provide it; or that it was not affordable. The ECO pointed out that there had been a letter from New Body Osteopathy dated 3rd October 2016 which states that the Appellant first received treatment on 28th November 2015 for Carpal Tunnel Syndrome, exacerbated by cervical spondylosis.
15. This letter refers to surgery being available which the osteopath had dismissed along with other alternative treatment, except that which they themselves offered. It was

said by the ECO that this letter would have been written by the Appellant's own request. Other medical documentation that had been submitted included a visit to medical chambers in London on 8th August 2013 regarding a rash on the Appellant's left cheek and for dental work at City Smile in the UK, where she had been registered since 21st October 2015. These documents, however, did not demonstrate that the Appellant's health problems are so debilitating that she required long-term personal care to perform everyday tasks.

16. Mr Avery submitted that the letter from the doctors in Armenia were extremely brief. They did not tell us very much at all. For example, if one looked at the letter dated 16th June 2017 from the physician D. V. Mkhitarian, this was very brief. It is true that it set out a number of diseases which the Appellant had attributed to her. There was reference to multiple system cerebral atrophy and moderate cognitive abnormality, Parkinson's disease, muscular rigidity, postural tremor, memory impairment, tunnel syndrome, trembling dysarthria. It was said that the Appellant had been followed up by a neuropathologist and during her last examination there was an increase of the tremor, together with arm and knee weakness which were revealed. The first Appellant, submitted Mr Avery, was initially unaware of the prospect of surgery, and only mentioned it after the NHS Choices document was put in front of her. Furthermore, if the Appellant really had been unable to cook for herself and wash for herself, something would have been done for her by the first Appellant who was financially well-resourced enough to be able to do so. Finally, there was no protected Article 8(1) family life here given that both the daughters came to the UK voluntarily and have settled here leaving their mother alone in Armenia.
17. For his part, Mr Symes submitted that there were two issues before this Tribunal. First, whether the appeal could be allowed under the Immigration Rules. Second, if not, whether it could be allowed outside the Immigration Rules. In relation to the Immigration Rules itself, he drew my attention to his detailed skeleton argument (at paragraph 9). The Rules state that the Appellant "must as a result of age, illness or disability require long-term personal care to perform everyday tasks.
18. Second, where this was the case, then, provided it is a case that even with the practical and financial help of the Sponsor, it is not possible to obtain the required level of care in the country where the Appellant was living, the appeal should be allowed. What was meant by this was either that the required level of care was not available in Armenia or that it was not affordable. As to what formed the evidence, Mr Symes submitted that the evidence with respect to age, illness, or disability should take the form of (a) medical evidence that the applicant's physical or mental condition means that they cannot perform everyday tasks; and (b) that this must be from a doctor or other health professional. Mr Symes submitted that both conditions had been satisfied here. The Rules were the Rules and if the Appellant could show that she complied with the Rules then the appeal should be allowed.
19. Third, the evidence that the Appellant, even with the practical and financial help of her Sponsor in the UK could not obtain the required level of care in Armenia could take the form of either evidence from a central or local authority, or a health authority,

or a doctor or other health professional. Once again, the Appellant had complied with these requirements as well in that there was evidence in the bundle in this respect. For example, it was not just the letter from the physician D. V. Mkhitarian, dated 16th June 2017 (at page 64) which was of relevance, but also the letter from the professor of neurology, dated 24th April 2017, who had referred to “brain multiple system atrophy”, as well as “mild cognitive impairment”. His diagnosis was that the patient needed “permanent caregiver’s support” and he had gone on to set out the essentials of the treatment that would be required.

20. Fourth, there was also the unchallenged witness evidence before this Tribunal. For example, the first witness Anita [B], had stated at paragraph 12 (in page 19) that,

“When I went to see my mother recently (15th to 30th April 2017) I took her to see a doctor because of the tremor she had in her hands and occasionally in head. This condition is now much worse than it was when she left the UK a year ago. It is a struggle for my mother to hold objects and I witnessed how she had to hold a cup of coffee with both hands and would still be spilling it on her. I took her to see Professor H Manvelyan who diagnosed her with ‘brain multiple system atrophy’ and ‘mild cognitive impairment’. He emphasised that she needed care, and that she could not be on her own having this condition” (paragraph 12).

21. Fifth, there was a question whether the care could be met in Armenia. Unusual in this case, submitted Mr Symes, there was evidence of a poor relationship between the Appellant and her son. The Appellant was estranged from her son and her daughter was residing in Armenia. She had not communicated with her son for over a decade after 1992, when her son broke up from his first wife. There had not been a mother and daughter relationship with the daughter in America by the name of Armine, who had been taken away from the Appellant by her parents when she was age just 6 months. None of this evidence, submitted Mr Symes, had been challenged today. There was also no cultural tradition of providing for the elderly outside the family. Although in this case there was a family in Armenia, it was also the case that to an unusual, but credible degree, there was ostracism of the Appellant from his family members. Furthermore, there were a limited number of care homes for an aging population in Armenia and there was no guarantee that the Appellant would have access to these in any real and meaningful manner.

22. Sixth, there is no prospect of medical treatment being available in Armenia. In **BRITCITS [2017] EWCA Civ 368**, Etherton LJ, stated (see page 65 of the Appellant’s bundle) that, insofar as the Rules and the guidance were concerned, “the focus is on whether the care required by the ADR applicant can be ‘reasonably’ provided and to ‘the required level’ in their home country.” His lordship had gone on to say that,

“the provision of care in the home country must be reasonable both from the perspective of the provider and the perspective of the applicant, and the standard of such care must be what is required for that particular applicant. It is possible that insufficient attention has been paid in the past to these considerations, which focus on what care is both necessary and reasonable for the applicant to receive in their home country. Those considerations include issues as to the accessibility and geographical location of the provision of care and the standard of care. They are

capable of embracing emotional and psychological requirements verified by expert medical evidence. What is reasonable is, of course, to be objectively assessed.” (Paragraph 59).

Given the evidence, submitted Mr Symes, from the witnesses, it was clear that this was not simply a matter of a surgical operation being performed on the Appellant or any particular treatment being provided, but whether the provision of care and the standard of care was such as to embrace both the emotional and psychological needs of the Appellant. The real issue, in this respect, was that of social isolation, to which the Appellant in her old age was going to be subjected, given her estrangement from her son and her daughter in America.

23. Finally, the Appellant did not simply have Carpal Tunnel Syndrome but she had other ailments. In fact, the physician D. V. Mkhitaryan, had set out eight different conditions that the Appellant, and although Mr Avery had put before the first witness a document from “NHS Choices” this did not refer to the applicability of such treatment to a geriatric such as the Appellant, who was age 78 years, and there was nothing there to suggest what her rate of recovery would be after such a surgery. In a witness statement, the first witness had stated that even if the Appellant could go into a care home the “care facilities” were not developed enough in Armenia.
24. As far as Article 8 ECHR was concerned, it must not be forgotten that the two sisters, Anita and Aida, had lived with the Appellant as a single family unit in Armenia, and even when the two sisters had then come to the UK, the Appellant had visited them over a considerable period of time, spending as much as six years in a year with them, so that there was a degree of interdependence between the women folk in this family, which was quite distinctive. The suggestion that this did not comprise a protected family life was accordingly misconceived. That left only the question of proportionality. The first witness, Anita [B] was earning over £100,000. There had never been a recourse to public funds when the Appellant had visited and there would be no prospect of this happening if she were to join the sponsoring daughter in this country now. There had always been proper compliance with the Immigration Rules when the Appellant had visited and no criticism could be made of her immigration history in this respect. In her witness statement of 23rd March 2018, the first witness points out that “in January 2018 I requested a health insurance quote from AXA PPP to get a fresh estimate of how much I would need to pay were my mother here in the UK. The quote is £244.56 a month, which is perfectly affordable”. The first witness also goes on to explain that as the result of the separation between the mother and the two daughters in the UK, which has now lasted for almost two years, “my family is living through constant stress, hopes, disappointments, tears, anxiety” (paragraph 22). She goes on to say that although she has a demanding job this does not prevent her from looking after her mother (paragraph 23). She ends with the observation that, “I live with constant feeling of guilt because I feel that I failed my mother and made her go through this, especially now when she is so vulnerable and needs our presence and care” (paragraph 24).

25. Importantly, in her witness statement of 23rd March 2018, the first witness does address the question of the availability of care homes in Armenia. She states that,
- “Neither my sister, nor I can possibly put our elderly mother in one of those institutions. In addition, my mother would absolutely lose her ability to communicate with us via Skype – the only thing that keeps her going and helps her not feel isolation as strongly as she would otherwise. Given how poor these care homes are I doubt they have internet, plus they have several people living in one room, which does not allow any privacy to an individual.” (Paragraph 17).
26. The first witness also pointed out that “in Armenia there are no firms specialised in providing service like cooking at home. These may be done by random out of work individuals, who need somehow to earn their living” (paragraph 19). None of this evidence has been challenged before me. In fact, the handout presented by Mr Symes at the outset of the hearing headed “Healthcare Systems in Transition” states at the outset that “there were no voluntary organisations as such under the previous system and extreme economic and social hardships of recent years have militated against the organisation of the population into either charitable organisations or pressure groups” (see page 585).
27. I have given careful consideration to all the oral evidence and the documentary material before me, together with the clear and comprehensive submissions from both sides. The standard of proof is on a balance of probabilities. I am allowing this appeal for the following reasons.
28. First, this is a case where in refusing the Appellant’s application as an adult dependent relative in December 2016, decided that the evidence relied upon did not demonstrate that the Appellant required assistance with everyday care. If she did, then the evidence did not show that there was any lack of required care in Armenia. The Appellant did not require a TB certificate as she had not been present in the country for more than six months immediately prior to her application. However, the evidence does show that the Appellant is unable to cook for herself and struggles to hold things, and cannot wash other than with a cloth when she comes in and out of the bath. This is unsurprising given that the Appellant suffers from Carpal Tunnel Syndrome and is aged 78 and is undergoing osteopathy. The evidence is not in the form of what the first and second Appellant have said (see letter at page 279), but also in the form of medical evidence (see pages 62 to 64). The condition that the Appellant complains of is relevant also given that the Home Office guidance (599) recognises that a person may properly be described as requiring the necessary personal care where they are “incapable” of performing everyday tasks for themselves, e.g. washing, dressing and cooking”. During the first Appellant’s last visit in April 2017 she discovered that the Appellant suffered from brain multiple systems cerebral atrophy and mild cognitive impairment (see the letter at page 185 already referred to above).
29. Second, in terms of the adult dependent relative Rules at Section E-ECDR of Appendix FM, it is made clear that there are three essential requirements, namely, that the Appellant must, as a result of age, illness or disability require long-term personal care to perform everyday tasks; that the Appellant must, even with the practical and

financial help from the sponsoring relative in the UK, be unable to obtain the required level of care in her country or origin; and that the Appellant is able to produce evidence that she requires long-term personal care, such that she cannot perform her everyday tasks. On the balance of probabilities, I am satisfied I am satisfied that this evidence has been produced.

30. Third, I am equally satisfied that there is no alternative care available in Armenia. Quite unusually in this case, the Appellant, in a country where such care is invariably provided through close family members, is estranged from her son and daughter. At the same time, the cultural tradition of providing for the elderly within the family has been such that it has led to the first Appellant, Anita, taking steps to ensure that her mother, the Appellant was looked after as much as possible, either through the Appellant visiting the UK, which she started doing from January 2008, after the first Appellant had herself moved to this country, or in the form of the first Appellant herself returning to look after her mother in Armenia.
31. The strength of their family connections between themselves have been such that the Appellant was spending one or two months in the year from 2008 onwards but then from her retirement in 2014 when her health began to deteriorate, she was spending a maximum of six months in this country with both her daughters in the UK. Her condition, was in fact, first diagnosed in the UK in March 2016. The osteopath in the UK treating her explained that “she responded very well to treatment” (see pages 155 to 157) and the evidence of the first Appellant was that there were concerns that, given that this treatment was working so well, that she should not undergo at her age a surgical intervention, recovery from which may well be unpredictable. The fact, however, is that the requisite treatment for the Appellant is not available in Armenia and the FCO guidance itself makes it clear that medical facilities are generally poor and treatment is not recommended for anything beyond minor matters (see page 52).
32. The public social care facilities are also extremely limited (see Healthcare Systems in Transition report at page 620) and the system is generally damaged by corruption (see the same report at page 930). This report, which was handed up by Mr Symes on the morning of the hearing, is particularly revealing and makes it clear furthermore that there is very little by way of charitable organisations that the Appellant could turn to (page 585) and indeed many healthcare institutions face bankruptcy (page 587). On top of this, bureaucratic systems, better access to pain relief (page 855) and staff have little incentive to treat patients with respect (page 864). Against this background, the Appellant in her present condition, is more or less confined to her home given the wintry conditions in Armenia (see letter at page 153 and the media report at page 350).
33. The point about all this evidence is that it fits in with the observations of Sir Terence Etherton, MR in **BRITCITS [2017] EWCA Civ 368** where his lordship stated, “that the relevant considerations could include issues as to the accessibility and geographical location of the provision of care and the standard of care” (paragraph 59).

34. On a balance of probabilities, I am satisfied that the evidence before me does demonstrate that there are serious concerns about accessibility and provision of care and the standard of such care. This is to stay nothing of what Sri Terrance Etherton added in terms of the provision and standard of care being “capable of embracing emotional and psychological requirements verified by expert medical evidence. What is reasonable is, of course, to be objectively assessed”.
35. I find that given the strong degree of protected family life that has emerged in the relationship of these women folk, arising from how the Appellant, together with the first and second witnesses lived together in Armenia, prior to the first witness coming to the UK in 2008, and this being followed by regular visits by the Appellant to see the first witness, and with corresponding visits in return by the first witness to see her mother in Armenia, which was then in turn followed by the first witness, taking steps to ensure that she was provided with private medical health treatment in the UK, as well as ensuring that such treatment, as was available in Armenia could be accessed, that the emotional and psychological requirements can simply not be replicated for this Appellant in Armenia, which she currently enjoys with her two daughters in the UK.
36. Fourth, what this clearly then points to is the confusion that family life was established, given the emotional and financial dependency which exceeds the norm that would normally exist between a daughter and a mother, given that Anita has taken the lead in arranging her mother’s care, residing with her for significant periods, and covering her expenses with remittances and funding her medical support (see Appendix 3 to the first witness’s witness statement). That evidence, and the evidence of the three witnesses before me today I found to be entirely credible, because what was said by the first Appellant was corroborated by the second and third Appellants as well, and is moreover backed up by documentary evidence.
37. It is also relevant that Aikens LJ in MM [2014] EWCA Civ 985 stated that “the refusal of the Secretary of State to permit the non-EEA spouses to reside in the UK with their UK spouses must be an interference with the party’s Article 8(1) rights. Accordingly, the only sensible enquiry can be into whether the refusals were justified” under Article 8(2). I find that it is not justified because it was not proportionate, given that under the Section 117B considerations, the first witness, Anita, has the means to maintain private healthcare and accommodate the Appellant mother without any recourse to public funds; the Appellant herself speaks English and was a professor or Italian demonstrating a facility with languages; and there are no questions arising from a “precarious” or “unlawful residence” immigration status in the UK such as to make immigration control a priority in her case.
38. At the same time, the first witness, Anita, herself is finding the present separation and her limited ability to care for her mother very stressful and emotionally draining, and did indeed break down during giving her evidence at this hearing, being terrified of the possibility that a visa will ultimately be denied to her mother, and this has caused Anita to have chest pains herself, such that she has to undergo cognitive behavioural therapy (see pages 165 to 169).

39. The first witness, Anita, has herself minimal connections with Armenia, such that before the Appellant mother's last return visit to the UK, she had gone back only once between 2007 and 2016. It is also the case that both the first and second witnesses, Anita and Aida, maintained an active family relationship with the Appellant in Armenia, with Aida giving evidence that she Skypes her mother every day of the week. As against this, the Appellant is socially isolated in Armenia, keeping regular contact through Skype interactions (see the Skype records at page 218).
40. Finally, it cannot be irrelevant that there is increasing recognition that preserving the dignity of the elderly is a central concern of private and family life law now as is demonstrated by the European Court judgment in **Pretty v UK [2002] 35 EHRR**, where it was stated that, "the very essence of the Convention is respect for human dignity and human freedom" (paragraph 65).
41. For all these reasons, I allow this appeal.
42. No anonymity direction is made.

Signed

Date

Deputy Upper Tribunal Judge Juss

14th May 2018